

ACCOUNT FOR ANY PERIODS OF UNEMPLOYMENT: _____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS/PHONE #	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

Please read the following statements prior to signing below.

Your application will remain in an active status for a period of 60 days. Should you wish to remain under consideration for employment beyond that period, it will be necessary for you to complete an additional Application of Employment.

The Company reserves the right to require all Applicants to submit to a pre-employment drug/alcohol test, review of previous employment references and work history, background, credit and/or criminal convictions check. If you are applying for a position that requires the use/operation of company and/or customer vehicles, an offer of employment will also be conditioned upon the receipt of a Motor Vehicle Report which is acceptable to our insurance carrier.

Unlawful discrimination on the basis of race, religion, color, age, qualified disabled veteran, national origin, disability, marital status and medical condition is prohibited under the Company's employment policies and practices. We are an Equal Employment Opportunity Employer.

**APPLICANT NOTICE
DISPUTE RESOLUTION PROGRAM**

By my submission of this application to you for employment, I understand that any legal dispute related to this application for employment or any legal dispute during any subsequent employment with the Company will be conducted under its Dispute Resolution Program.

The Dispute Resolution Program is a multi-step process, which requires that I provide notice to the Company of any issue regarding this application for employment or any subsequent employment. I understand that the last and final step under the Dispute Resolution Program is a requirement of mandatory and binding arbitration, which will be conducted under the American Arbitration Association's "National Rules for the Resolution of Employment Disputes".

The types of claims covered under the program are all legal claims, including: claims for wages or other compensation; claims for breach of any contract, covenant or warranty (expressed or implied); tort claims (including, but not limited to, claims for physical, mental or psychological injury, without regard to whether such injury was sustained in the course and scope of employment); claims for wrongful termination; sexual harassment; discrimination (including, but not limited to, claims based on race, sex, religion, national origin, age, medical condition or disability whether under federal, state or local law); claims for benefits or claims for damages under any employee benefit program sponsored by the Company (after exhausting administrative remedies under the terms of such plans); "whistleblower" claims under any federal, state or other governmental law, statute, regulation or ordinance; claims for retaliation under any law, statute, regulation or ordinance, including retaliation under any workers compensation law or regulation; and claims for a violation of any other non-criminal federal, state or other governmental law, statute, regulation or ordinance.

I agree, in consideration of the Company's consideration of my application of employment or any subsequent employment of me by the Company, that I will follow the Company's Dispute Resolution process, which includes mandatory binding arbitration.

APPLICANT CERTIFICATION

I authorize the agencies, companies, schools or persons named in this application to give any information regarding my employment, education or conviction records. I hereby release and authorize said agencies, companies, schools, and persons of the Company from any and all liability for any damage for issuing this information.

I certify that the answers to the questions asked in this application are true and correct to the best of my knowledge. I understand that falsification of information, omission, or misinformation contained in this application will disqualify me for consideration for employment and, if employed, may result in my being terminated from the Company.

I understand that nothing contained in this application for employment creates a contract, or offer of employment. If employed, I agree to conform to the rules and regulations of the Company. I understand that if I am employed my employment can be terminated with or without cause and with or without notice, at any time, by either the Company or myself. No one other than the President of the Company has the authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be made in writing.

APPLICANT SIGNATURE: _____ **DATE:** _____

Applicant (Print Name)