

C. A. RUSSELL FORD, LLC

APPLICATION FOR EMPLOYMENT

As an equal opportunity employer, C. A. RUSSELL FORD, LLC has a policy of nondiscrimination in employment on any basis including race, color, creed, sex, national origin, or disability. C. A. RUSSELL FORD, LLC will not refuse to hire a disabled applicant who is capable of performing the essential requirements of the job with reasonable accommodations.

Please print clearly. Fill in all blanks as accurately as possible. If employed, this document becomes part of your permanent records. Application expires in six months.

Date _____

Full Name

First Middle Last Nickname

Permanent Address

Street Address City State Zip

How long have you lived at this address? _____ Social Security No. _____

Phone No. _____ Alternate _____ belongs to: _____

U.S. Citizen? Yes No Status: Single Married Separated Divorced

Spouse _____ Phone _____

Total Number of Dependents _____

Emergency Contact _____ Phone _____

Relationship: Spouse Friend Parent Other _____

Have you ever applied for work at C. A. RUSSELL FORD, LLC and were not hired? No Yes If yes, when? _____

Have you ever worked for C. A. RUSSELL FORD, LLC? No Yes If yes, when? From _____ to _____

Relatives or Acquaintances Employed by C. A. RUSSELL FORD, LLC _____

Referred to C. A. RUSSELL FORD, LLC by _____

Date you can start work _____

Do you have a valid driver's license? Yes No

Can you provide a birth certificate? Yes No

Can you work any shift? Yes No

Have you ever been terminated due to unsatisfactory conduct or job performance? Yes No Name of employer _____

Have you ever been convicted of a criminal offense? Yes No

GENERAL

This application is submitted to C. A. RUSSELL FORD, LLC with full knowledge, understanding, and consent by me of the following:

1. I agree, if employed, to abide by all rules and regulations of C. A. RUSSELL FORD, LLC.
2. If employed, in the event I should lose or destroy through negligence or misuse, equipment furnished my by C. A. RUSSELL FORD, LLC, I authorize C. A. RUSSELL FORD, LLC to deduct from my wages
an amount necessary to replace the equipment.
3. I understand that an incompletely filled out application or an unsigned application may not be considered.
4. I authorize investigation of all statements contained in this application, which statements I certify to be true. I understand that any false or misleading statements may be cause for rejection of my application and/or if employed, may be just cause for subsequent dismissal.
5. I authorize all of my former employers to answer fully any and all questions that may be asked of them by C. A. RUSSELL FORD, LLC, concerning my employment with them, and herewith hold such former employers harmless for giving any and all information within their knowledge or records. A photocopy of this signed authorization shall have the same effect as the original.
6. I understand that if I am employed by C. A. RUSSELL FORD, LLC that my relationship with the Company will be that of an employee at will. As such I may resign my employment at any time and C. A. RUSSELL FORD, LLC may terminate my employment at any time for any reason or no reason at all.

Applicant's Signature _____

(must be signed)

EMPLOYMENT RECORD

Give a complete account of full time employment. Begin at the top with your present or most recent position and work back in time.

| | | | | |
|---------------|--------------------|--------------------|-------------|--------------------|
| Employer Name | Start Date | End Date | Rate of Pay | Name of Supervisor |
| Address | Last Position Held | | | |
| City | State | Job Duties | | |
| Zip | Phone | Reason for Leaving | | |

| | | | | |
|---------------|--------------------|--------------------|-------------|--------------------|
| Employer Name | Start Date | End Date | Rate of Pay | Name of Supervisor |
| Address | Last Position Held | | | |
| City | State | Job Duties | | |
| Zip | Phone | Reason for Leaving | | |

| | | | | |
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|---------------|--------------------|--------------------|-------------|--------------------|
| Employer Name | Start Date | End Date | Rate of Pay | Name of Supervisor |
| Address | Last Position Held | | | |
| City | State | Job Duties | | |
| Zip | Phone | Reason for Leaving | | |

May we contact your present employer? Yes No May we contact your past employers? Yes No

OFFICE USE ONLY - Results of Reference Check

EDUCATION AND TRAINING

High School _____
(Name and Location)

From (month / year) _____ To (month / year) _____
Last Year Attended _____ Graduated Yes No Date _____

Vocational, Technical, Jr. College _____
(Name and Location)

From (month / year) _____ To (month / year) _____
Last Year Attended _____ Graduated Yes No Date _____

College or University _____
(Name and Location)

From (month / year) _____ To (month / year) _____
Last Year Attended _____ Graduated Yes No Date _____

MILITARY SERVICE

Have you served in the U.S. Military? Yes No If yes, from _____ to _____
(month / year) (month / year)

Branch _____ Date of Separation _____

Primary Duties _____

Reserve or National Guard Status: Active Inactive Involved in summer training? Yes No

OFFICE USE ONLY

Log No. _____

Offered Job Yes No

Accepted Date _____ Refused Date _____

Physical Date _____ Employment Date _____

HANDICAP SELF-IDENTIFICATION

- BACKGROUND AND PURPOSE.**
C. A. RUSSELL FORD, LLC is an equal opportunity employer, and our EEP policy prohibits, among other things, any form of discrimination against persons with disabilities. The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination against persons with disabilities in hiring as well as in all terms and conditions of employment. Employers are required to make reasonable accommodations for all known impairments to insure opportunity in the application process, and to enable employees with disabilities to perform the essential functions of the job and enjoy the same benefits and privileges of employment as are enjoyed by employees without disabilities. In order for a person to obtain the protections offered by the ADA, an individual must have a physical or mental impairment that substantially limits one or more major life activities, have a record of such impairment, or be regarded as having such an impairment. We need your assistance to help us ensure the proper placement and accommodation of all applicants and employees who have a disability.
- VOLUNTARY SUBMISSION AND CONFIDENTIALITY.**
Submission of the information in this form is completely voluntary, and you will not be discharged, disciplined, or subject to any other adverse treatment if you do not provide the information. The information shall be kept confidential, except that appropriate supervisors, managers, and safety and health personnel may be informed regarding any restrictions in work duties or necessary accommodations, and government representatives may be provided information in compliance with various laws and regulations.
- SELF-IDENTIFICATION.**
You are not required to disclose information about any physical or mental limitation whether or not you believe it will interfere with your capability to perform the essential functions of the position sought or held. On the other hand, if you want C. A. RUSSELL FORD, LLC to consider any special arrangements to accommodate a physical or mental impairment, you may identify that impairment and suggest the type of accommodation that you believe would be appropriate in the space provided.

C. A. RUSSELL FORD, LLC

1507 S QUINTARD AVE.
ANNISTON, AL 36201
256-831-5300

Authorization to Procure Background Report

Disclosure

The purpose of this Authorization is to permit C. A. Russell Ford (the "Company") to obtain from Checkr, Inc. a consumer reporting agency, one or more consumer reports and/or investigative consumer reports (collectively, "Background Reports") about you for employment purposes, as permitted by the Fair Credit Reporting Act ("FCRA") and applicable state law. Checkr, Inc.'s contact is: One Montgomery Street, Suite 2400, San Francisco, CA 94104; (844) 824-3257; www.checkr.com.

Authorization

By signing below, I hereby voluntarily and unconditionally authorize the Company to procure Background Reports from Checkr, Inc. at any time after the date of this authorization and, if I am hired, during the course of my employment to the extent permitted by law. I further authorize any lawful source-including, without limitation, past or present employers; educational institutions; professional licensing boards; law enforcement agencies; motor vehicle departments; federal, state, and local courts; and any other repository of public or private records-to furnish any information in its possession requested by Checkr, Inc. for the preparation of such Background Reports. I instruct Checkr, Inc. to provide the Background Reports so obtained to the Company.

Copies

A photocopy, facsimile, electronically scanned, or other duplicate of this document shall be deemed the equivalent of an original for all purposes.

Acknowledgment of Rights

I acknowledge that I have received and read a copy of the document entitled A Summary of Your Rights Under the Fair Credit Reporting Act. I understand that I may request from Checkr, Inc. the nature and scope of any investigative consumer report and that I may dispute any incomplete or inaccurate information contained in any Background Report.

Applicant Certification

By my signature below, I certify that I have carefully read, understand, and agree to the terms set forth above, and that this Authorization is being executed voluntarily and with the intent to be legally bound.

Signature

Today's Date

Print

Information Provided to Request MVR

| | | |
|-------------------------|---------------|------------------------|
| Name: Last | First | Middle |
| Driver's License Number | Date of Birth | Social Security Number |

Identity of Person Requesting Information

| | | | |
|---------------------------|-------|--------|-----|
| Name: Last | First | Middle | |
| Address | City | State | Zip |
| Daytime Telephone Number: | | | |
| Whom Do You Represent? | | | |

The Federal Driver's Privacy Protection Act allows individuals to request that disclosure of certain personal information contained in driver license and vehicle records be restricted. The Alabama Department of Public Safety may disclose that personal information to any person on proof of the identity of the person requesting a record and representation by the requester that the use of the personal information will be strictly limited to one or more of the following.

Enter your initials in the blank to the left of the appropriate category.

1. For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person acting on behalf of a government agency in carrying out its functions.
2. For use in connection with matters or motor vehicles or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle Market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers.
3. For use in the normal course of business by a legitimate business or its agents, employees, or contractors;
 - a. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees or contractors; and
 - b. If the information as submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against the individual.
4. For us in connection with any proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the enforcement of judgements and orders, or pursuant to an order of any court.
5. For us in research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals.
6. For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors in connection with claims investigation activities, anti-fraud activities, rating, or underwriting.
7. For use in providing notice to the owner or lien holder of a towed or impounded vehicle.
8. For use by any licensed private investigative agency or licensed security service for any purpose permitted under this section.
9. For use by an employer or its agents or insurer to obtain or verify information relating to a holder of a commercial driver license which is required under the Commercial Motor Vehicle Safety Act of 1986 (Title XH of Public Law 99-570).
10. For use in connection with the operation of private toll transportation facilities.
11. For any use specifically authorized by law that is related to the operation of a motor vehicle or public safety.
12. Unrestricted or specified use with written consent of the person who is the subject of the information. (Attach written proof of consent.)

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (Public Law 103-322) and Alabama state law. This is signed and the request made under the penalties of law

Note: A \$5.75 fee is required along with this completed and signed form (no personal checks).

Signature

Date