

JOB APPLICATION ADDENDUM

Name _____ Date of Hire _____

Driver License Number _____ State__ Expires _____

Have you been convicted of any moving violations in the last 5 years? _____

If yes, please explain _____

Have you had any accidents in the last 5 years? _____ If yes, please explain _____

Date of Birth _____ Social Security Number _____

Have you ever been convicted of a felony? _____ If yes, please give dates and explanation:

Have you ever been convicted of a misdemeanor involving theft, larceny, vandalism or related offense? If so, please give dates and explain:

Are you a user of any illegal substance or an abuser of prescription medications? _____

Have you ever been disciplined, suspended, dismissed, relieved or otherwise cited for illegal use of drugs or alcohol (both on or off the job) or having used same while on or prior to reporting for work? _____

Is there any reason or situation that may impair your ability to perform your duties? If yes, please explain:

In witness of the signature below I attest that the above is true to the best of my knowledge. I understand that a criminal background and driver record check will be obtained and may be run at any time. I also understand and agree that should I be charged with any misdemeanor or felony offense I shall notify my employer immediately. I further understand and agree to random drug and alcohol screening and that I shall submit to testing in the event of a workplace accident including job site injury and vehicle accident. I further understand that should I answer untruthfully to any of the above I shall be subject to immediate termination. I understand and agree to these terms:

Employee

Printed Name

Date