

Application for Employment – Warehouse

Equal Opportunity Employer

Elite HR Logistics is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, sexual orientation, national origin, disability or handicap, or veteran status. We comply with all Federal, State, and Local laws concerning discrimination in employment.

| Position(s) Applied for: | | Da | te of Applicatio | n:/_ | _/ |
|--|-----------------------|-----------------------|------------------|------------|--------------|
| Name: | | | | | |
| (Last) | | (First) | -A | (Middle) | |
| Nickname or other names you | have used while | working: | | | |
| Street Address: | | | Apt./Ui | nit No.: | |
| City: | Sta | te: | Zip Code | :: | |
| Mailing Address: | | | Apt./Un | it No.: | |
| City: | Sta | te: | Zip Code | : | |
| Home phone: | Cell Phone:_ | | _Cell Provider:_ | | |
| Email Address: | | | | | |
| Emergency Contact: | | | | | |
| | (Name) | (Relationship) | (Contact N | umber) | |
| Social Security #: | | . Date o | f Birth:/ | _/ | |
| Have you ever been employed by | Elite HR Logistics Be | efore? | | □Yes | □No |
| If yes, please give date and position | ons: | | | | |
| Can you present evidence of your | U.S. citizenship or p | roof of your legal ri | ght to live | | |
| and work in this county? | | | | $\Box Yes$ | \square No |
| Are you telephone accessible? | | | | \Box Yes | \square No |
| Are you willing to take a drug scre | en according to ou | r policy? | | \Box Yes | \square No |
| Will you release your background What areas are you willing to wor | • | • | | □Yes | □No |
| what areas are you willing to wor | N.; | | | | |
| (Print Name) | (App | licant Signature) | (C |)ate) | |

*No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of he offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be



*The ability to be bonded is a condition of hire: A photograph and a copy of your fingerprints may be required as part of our requirement during your employment.

PRE-EMPLOYMENT BACKGROUND INVESTIGATION RELEASE

In connection with, and for the duration of, my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. This information will, in whole or in part, be obtained from California Drug Testing Associates (CDTA, 1011 Camino Del Rio South, Suite 200, San Diego, CA 92108, Phone Number: 888-908-2382. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, civil and other experiences as well as claims involving me in the files of insurance companies. This release may also be used to obtain worker's compensation and education records.

Please Print Clearly

| First Name | Middle Na | me | | Last Name | | |
|--|--|--|----------------------------|-------------------|---------------------|---------------------|
| Alias/Maiden Name(s) | | | | | | |
| Current Address | | City | | | State | Zip Code |
| Driver's License Number | | State | Pate | //_ of Birth* | Social . | Security Number |
| *Date of Birth is being reques | ted in order to obtain ac | ccurate retrieval | of records. | | | |
| I authorize, without reservation | n, any party or agency co | ntacted by this er | nployer to f | urnish the abo | ve mention | ed information. |
| Applicant Signature | | Prin | t Name | | | Date |
| ACKN | OWLEDGEMENT | OF AVAIL | ABLE M | ODIFIED [| DUTY | |
| Elite HR Logistics desires to proving injuries. Elite HR Logistics has developed status by making accommodation. I understand that failure to repo | a modified duty program t ns for any work restriction | hat will allow our s as outlined by a | injured work company au | kers to return to | o work on a ian. | modified duty |
| missed. | - , | | | - , | | , , , . |
| (Applicant Signature |) | (Print N | 'ame) | | 1 | (Date) |
| AVAILABILITY | | | | | | |
| How were you referred to our comp | pany? | | | | | |
| Date you are available for work: | // Salary | Rate: Minimum \$ | /Hr | Desired: \$ | /Hi | r |
| Type of employment accepted: | Full Time Part Time | Temporary □Tem | p to Hire 🔲 | Direct Hire 🔲 | On-Call | |
| Hours available to work: Beginning time Ending time | Monday Tuesday | WEDNESDAY | Thursday | FRIDAY | SATURDAY | Y SUNDAY |

WORK EXPERIENCE

List all current and previous employment for a minimum of five (5) years beginning with your most recent employer. Account for all periods of unemployment. Include military service and any volunteer service that is relevant to the position for which you are applying. Do not mark "See Resume".

| Are | you currently em | nployed? | o If "Yes", may we contact your current of | employer? 🗆 Yes 🔲 No |
|-------|---------------------|----------------------------|---|--|
| 1. | FROM | ТО | IPLOYER | PHONE |
| JOB T | ITLE | ☐ FULL-TIME | DDRESS | 1 |
| IMME | DIATE SUPERVISOR A | ND TITLE | WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRI | ER SAFETY REGULATIONS WHILE EMPLOYED? |
| SUMM | IARIZE NATURE OF WO | ork and Job Responsib | ies | |
| 2. | FROM | ТО | IPLOYER | PHONE |
| JOB T | ITLE | ☐ FULL-TIME ☐ PART-TIME | DDRESS | |
| | DIATE SUPERVISOR AF | | WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRI | ER SAFETY REGULATIONS WHILE EMPLOYED? YES NO |
| SUMM | MARIZE NATURE OF WO | ORK AND JOB RESPONSIB | IES | |
| 3. | FROM | ТО | IPLOYER | PHONE |
| JOB T | ÎTLE | ☐ FULL-TIME ☐ PART-TIME | DRESS | , |
| IMME | DIATE SUPERVISOR AI | ND TITLE | WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRI | ER SAFETY REGULATIONS WHILE EMPLOYED? |
| SUMM | IARIZE NATURE OF WO | ork and Job Responsib | IES | |
| 4. | FROM | ТО | IPLOYER | PHONE |
| JOB T | ITLE | ☐ FULL-TIME | DRESS | , |
| IMME | DIATE SUPERVISOR AI | ☐ PART-TIME | WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRI | ER SAFETY REGULATIONS WHILE EMPLOYED? |
| SUMM | IARIZE NATURE OF WO | DRK AND JOB RESPONSIE | IES | |
| 5. | FROM | ТО | IPLOYER | PHONE |
| JOB T | ITLE | ☐ FULL-TIME ☐ PART-TIME | DRESS | |
| IMME | DIATE SUPERVISOR A | ND TITLE | WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRI | ER SAFETY REGULATIONS WHILE EMPLOYED? |
| SUMM | IARIZE NATURE OF WO | DRK AND JOB RESPONSIE | IES . | |
| 6. | FROM | ТО | IPLOYER | PHONE |
| JOB T | ITLE | ☐ FULL-TIME | DDRESS | , |
| IMME | DIATE SUPERVISOR A | ND TITLE | WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRI | ER SAFETY REGULATIONS WHILE EMPLOYED? |
| SUMM | MARIZE NATURE OF WO | ork and Job Responsib | ies - | |
| 7. | FROM | ТО | IPLOYER | PHONE |
| JOB T | ITLE | ☐ FULL-TIME☐ PART-TIME | DDRESS | |
| IMME | DIATE SUPERVISOR AI | | WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRI | ER SAFETY REGULATIONS WHILE EMPLOYED? |
| SUMM | IARIZE NATURE OF WO | DRK AND JOB RESPONSIB | | |

| | | ADDITION | NAL QUEST | IONS | | |
|---|---------------------|-----------------------------|----------------|------------------------------|-------|------|
| ☐ Bobtail☐ Box truck Driving | | years years | | | | |
| Types of Equipment O | perated: | | | | | |
| All Driver Licenses Held | d in the past . | 3 years: | | | | |
| | STATE | LICENSE # | CLASS | EXP DATE | | |
| | STATE | LICENSE # | CLASS | EXP DATE | | |
| | STATE | LICENSE # | CLASS | EXP DATE | | |
| | | | | | | |
| or without reasonable | accommoda | tion? | | are applying, either with | ☐ Yes | □ No |
| Do you have any relati If yes, please list their | | | | | ☐ Yes | □ No |
| Have you submitted an application with Elite HR Logistics before? | | | | | ☐ Yes | □ No |
| Have you ever been bo If yes, where: | | | | | ☐ Yes | □ No |
| Have you ever had sec If yes, at what level: | | | | | ☐ Yes | □ No |
| Have you obtained any If yes, please describe: | • | • | • |) | ☐ Yes | □ No |
| Do you have any other (Example: Certified forklift ope If yes, please describe: | rator, machinist, v | velder, assembly or warehoเ | use, etc.) | ld make you suited for work? | ☐ Yes | □ No |
| Do you have a license If yes, issuing state: | _ | • | | | ☐ Yes | □ No |
| Certified in: | | | | | | |
| License or Certification Have you ever worked | | | | | ☐ Yes | □ No |
| Company assigned to: | • | | Temp Agencv: | | | |
| Company assigned to: | | | Temp Agency: _ | | | |
| Company assigned to: | | | | | | |

EDUCATIONAL BACKGROUND

| nive record of all right schools, colleges, onliversities, trade of vocational schools you have attenued. | | | | | |
|---|-----------------|------------------|-----------------|--|--|
| NAME AND LOCATION | Number of Years | Major Subject or | DEGREE OR CERTI | | |
| INAIVIE AIND LOCATION | COMPLETED | Course | DEGREE OR CENTI | | |

| NAME AND LOCATION | Number of Years Completed | Major Subject or Course | DEGREE OR CERTIFICATE |
|-------------------|----------------------------|----------------------------|-----------------------|
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| OTHER | | | |
| OTHER | | | |

REFERENCES

List the three persons not related to you who have knowledge of your work performance within the last three years.

| Name and Address | OCCUPATION | Number of Years Known | PHONE NUMBER |
|------------------|------------|--------------------------|--------------|
| | | | |
| | | | |
| | | | |

ACCIDENT RECORD PAST 3 YEARS

(required if driving)

| | | , | , | | |
|--------|-----------------------|-----------------------------|---------------|---------------------------|------------|
| 1. | DATE OF ACCIDENT | LOCATION OF ACCIDENT | | TYPE OF VEHICLE OPERATED | |
| INJURI | IES: YES NO | FMCSA/DOT DEFINED ACCIDENT: | ☐ YES ☐ NO | DOT PREVENTABLE ACCIDENT: | ☐ YES ☐ NO |
| CIRCU | MSTANCES | | | | |
| EXPLAI | NATION | | | | |
| 2. | DATE OF ACCIDENT | LOCATION OF ACCIDENT | | TYPE OF VEHICLE OPERATED | |
| INJURI | IES: YES NO | FMCSA/DOT DEFINED ACCIDENT: | YES NO | DOT PREVENTABLE ACCIDENT: | ☐ YES ☐ NO |
| CIRCU | MSTANCES | | | | |
| EXPLAI | NATION | | | | |
| 3. | DATE OF ACCIDENT | LOCATION OF ACCIDENT | | TYPE OF VEHICLE OPERATED | |
| INJURI | IES: YES NO | FMCSA/DOT DEFINED ACCIDENT: | ☐ YES ☐ NO | DOT PREVENTABLE ACCIDENT: | ☐ YES ☐ NO |
| CIRCU | MSTANCES | | | | |
| EXPLAI | NATION | | | | |
| Licens | se Ever Revoked or Su | ıspended by a State of Fed | deral Agency? | | ☐ Yes ☐ No |
| State | or Federal Agency th | at suspended License: | | Date of Suspension: | |
| Please | e provide statement (| of circumstances: | | | |
| | | | | | |
| | | | | | |

FACTS ABOUT SEXUAL HARASSMENT (THE U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISION)

Sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when submission to or rejection of this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment.

Sexual harassment can occur in a variety of circumstances, including but not limited to the following:

- The victim as well as the harasser may be a woman or a man. The victim does not have to be of the opposite sex.
- The harasser can be the victim's supervisor, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee.
- The victim does not have to be the person harassed but could be anyone affected by the offensive conduct.
- Unlawful sexual harassment may occur without economic injury to or discharge of the victim.
- The harasser's conduct must be unwelcome.

It is helpful for the victim to directly inform the harasser that the conduct is unwelcome and must stop. The victim should use any employer complaint mechanism or grievance system available.

When investigating allegations of sexual harassment, EEOC looks at the whole record: the circumstances, such as the nature of the sexual advances, and the context in which the alleged incidents occurred. A determination on the allegations is made from the facts on a case-by-case basis.

Prevention is the best tool to eliminate sexual harassment in the workplace. Employers are encouraged to take steps necessary to prevent sexual harassment from occurring. They should clearly communicate to employees that sexual harassment will not be tolerated. They can do so by establishing an effective complaint or grievance process and taking immediate and appropriate action when an employee complains.

| (Applicant Signature) | (Print Name) | (Date) |
|-----------------------|---|----------------------------|
| work place. | | |
| work place. | cs has provided you with injoinnation i | egaranig narassment in the |

APPLICANT: PLEASE READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

By signing below, I authorize Elite HR Logistics and assigned agents to thoroughly investigate my background, criminal record history, references, employment history, drug and alcohol information, education and other matters related to my suitability for employment and further authorize the references I have listed to disclose to the Company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure. Lastly, I hereby grant Elite HR Logistics my permission to release my medical and background investigation information to any interested employer without notice.

I acknowledge that any employment offered by the employer has no specified term and may be terminated by the employer or the employee at will with or without cause. I further acknowledge that this at will statement is not alterable except by a written agreement signed by the company president and myself.

In compliance with Federal regulations, the Company requires each applicant upon hire to submit verification of identity and employment authorization to work in the United States. Original, authentic documentation is mandatory. If hired, I can submit original authentic documents that will verify my identity and demonstrate my employment authorization to work in the United States of America. I understand that the use of fraudulent documentation or documents that were lawfully issued to another person may result in a fine or imprisonment of up to five (5) years, or both. Use of altered cards or fraudulent cards is grounds for termination.

Our company is an Equal Employment Opportunity Employer, which prohibits discrimination against any employee or applicant for employment because of race, color, religion, sexual orientation, age, handicap or status as a disabled veteran or veteran of the Vietnam War.

I certify that this application was completed by me and that all entries on it and information documented by the applicant are true and complete to the best of my knowledge. I have not knowingly withheld any information that my adversely affect my chances for employment. I further certify that I, the undersigned applicant have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure the employment shall be grounds for rejection of this application or for the immediate discharge if I am employed, regardless of the time elapsed before discovery.

| I HAVE READ AND UNDERSTAND ALL OF TH | IE CONDITIONS UPON WHICH THIS OFFER OF | EMPLOYMENT IS MADE. |
|--------------------------------------|--|---------------------|
| | | |
| (Applicant Signature) | (Print Name) | (Date) |

PLEASE READ EACH CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

| APPLICANT NAME | | | | SOCIAL S | SECURITY NUME | BER | |
|---|--|---|---|-------------------------------|---------------------------------|--------------------------|----------------------------------|
| | | | | | - | - | |
| I hereby authorize Elite HR to thord employment and authorize the ref records, without giving me prior no corporations, partnerships and ass or disclosure. | erences I have l otice of such dis | isted to disclose closure. In additi | to Elite HR and all lette on, I hereby release Eli | r, reports, a te HR, my fo | nd other infor ormer employe | mation re ers and oti | lated to my work her persons, |
| APPLICANT SIGNATURE | | | | | | DATE | |
| | | | | | | | |
| PREVIOUS COMPANY NAME | (STOP! BOT | TTOM PORTION | TO BE COMPLETED BY | OFFICE PER | SONNEL) | | |
| STREET | | | CITY | | ST | ГАТЕ | ZIP |
| SUPERVISORS NAME | | <u> </u> | TELEPHONE # | | | | |
| PERIOD OF EMPLOYMENT FROM/ | ГО | | POSITION HELD | | | | |
| TO FORMER EMPLOYER: | Please provid | e the following | | his applica | | held in st | trict confidence. |
| DESCRIPTION EXCELLE | NT | GOOD | FAIR | | POOR | | |
| Quality of Work Cooperation with others | | | | | | | |
| Safety habits | | | | | | | |
| Driving Skills | | | | | | | |
| Attendance Record | | | | | | | |
| Is employment record wit Why did applicant leave? If Company policy allowe Did he have custody of m Qualified in what equipm How many total accident | d, would you noney or valu nent? s? | rehire?ables?How | many FMCSA defir | ned record | dable accide | ents? | |
| 7. Driver's license ever revo | | | | | | | |
| Completed By: | | | | | | | |
| (Signature) | | (Printed N | ame) | | (Title) | 13 | (Date) |
| Date Sent/Initial | | 2nd R | equest/Date Initia | 1 | 3rd | Request | /Date Initial |
| | | | | | | | |

