



5115 Joanne Kearney Boulevard
Tampa, FL 33619
Phone: 813-664-1615
Fax: 813-630-2715

JOIN OUR WINNING TEAM!!

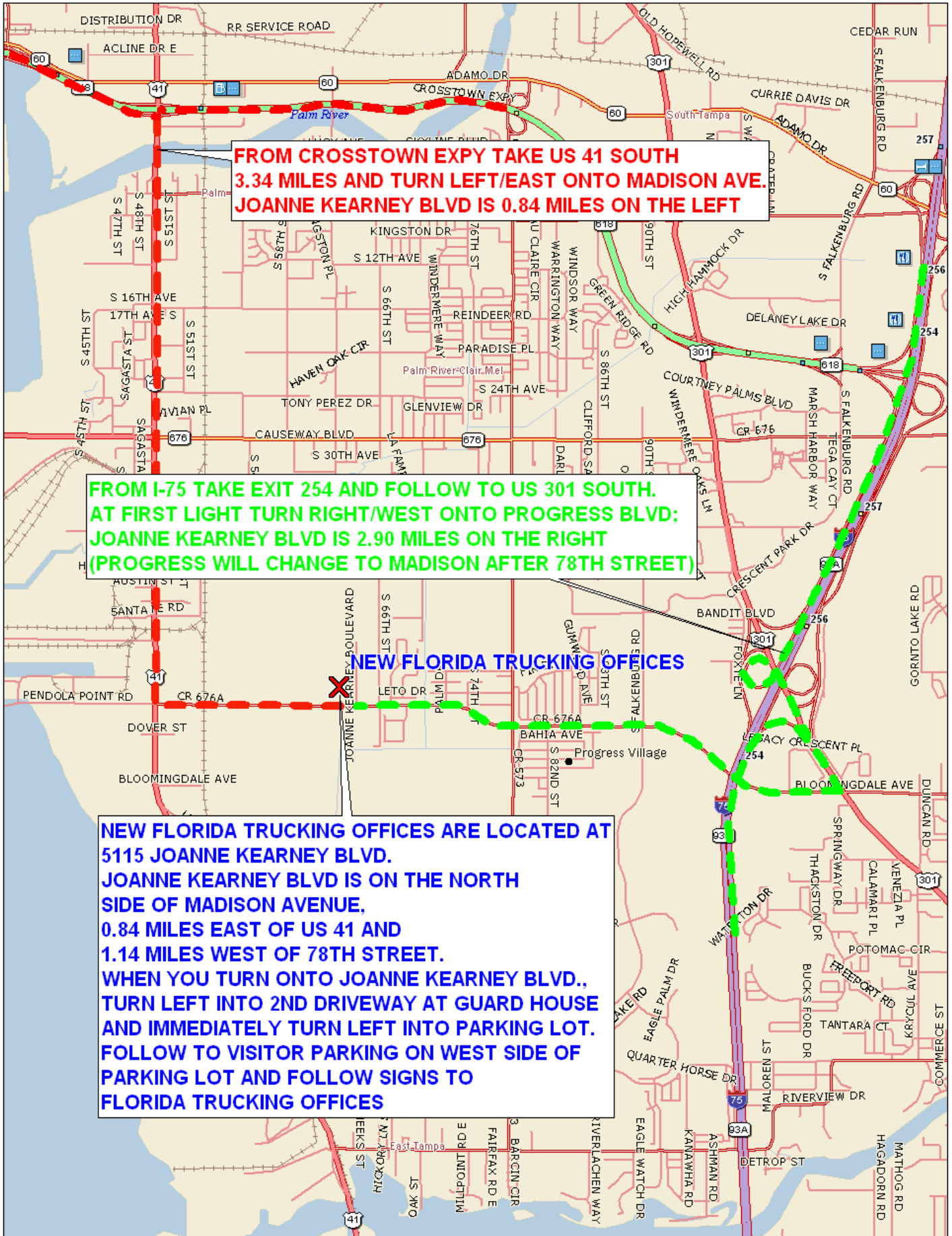
Currently accepting applications for automatic and manual transmission dump truck drivers!

We offer our drivers:

- Competitive wage
- Health Insurance
- Paid Holidays
- Paid Vacation
- 401 (K) Retirement Plan
- AFLAC Insurance
- Bonuses
- Monthly Incentive Programs and Awards
- Overtime Pay

FTC requires a Class A or B CDL with airbrakes, CDL driving experience and no more than 6 points on license within a 3 year period.

Qualified individuals are welcome to apply between 8:00 a.m. & 12:00 p.m. Monday through Friday.



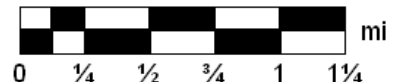
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APPLICATION FOR EMPLOYMENT – DRIVER POSITION

All information given is strictly confidential and is being requested only as an inducement to employment by Florida Trucking Co., Inc. **Please be advised that all areas of the application must be filled out and every question answered for the application to be processed.**

Position Applying for: **DUMP TRUCK DRIVER** **MANUAL** **AUTOMATIC** Date: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Date of Birth: _____ (Required for CDL Position)

Social Security No.: _____ (Attach Copy of Original SS Card or Application)

Home Number: (_____) _____ Email Address: _____

Cell Number: (_____) _____ Fax Number: (_____) _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? **Yes** **No**

Has any license, permit or privilege ever been revoked? **Yes** **No**

Have you ever had an arrest, regardless of conviction or outcome, for alcohol related offenses? **Yes** **No**

Do you have any special driver education or training? **Yes** **No**

Have you ever been prohibited from driving any employer's vehicle or equipment for any reason in the past? **Yes** **No**

If yes to any of the above, give details: _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? **Yes** **No**
(Proof of citizenship or immigration status will be required upon offer of employment.)

On what date are you available to start work? _____

Have you been convicted of a felony within the last 7 years? **Yes** **No**
(Conviction will not necessarily disqualify applicant for employment.)

If yes, explain: _____

Have you filed an application here before? **Yes** **No** If yes, give date: _____

Have you ever been employed here before? **Yes** **No** If yes, give date: _____

Do you now have any relative working for FTC (or have you in the past)? **Yes** **No**

If yes, give name _____

Are you employed now? **Yes** **No** Have you ever been discharged or asked to resign? **Yes** **No**

**EMPLOYMENT RECORD. Please list in order from most recent to oldest.
ALL employers for past 3 years and any COMMERCIAL DRIVING EXPERIENCE for the past 10 years.**

Employer: _____
 Address: _____ City: _____ ST: _____ ZIP: _____
 Phone: () _____ - _____ FAX: () _____ - _____ Position held: _____
 From: _____ To _____ Supervisor: _____
 Reason For Leaving: _____ Was position DOT Safety Sensitive? Yes No

Employer: _____
 Address: _____ City: _____ ST: _____ ZIP: _____
 Phone: () _____ - _____ FAX: () _____ - _____ Position held: _____
 From: _____ To _____ Supervisor: _____
 Reason For Leaving: _____ Was position DOT Safety Sensitive? Yes No

Employer: _____
 Address: _____ City: _____ ST: _____ ZIP: _____
 Phone: () _____ - _____ FAX: () _____ - _____ Position held: _____
 From: _____ To _____ Supervisor: _____
 Reason For Leaving: _____ Was position DOT Safety Sensitive? Yes No

Employer: _____
 Address: _____ City: _____ ST: _____ ZIP: _____
 Phone: () _____ - _____ FAX: () _____ - _____ Position held: _____
 From: _____ To _____ Supervisor: _____
 Reason For Leaving: _____ Was position DOT Safety Sensitive? Yes No

Employer: _____
 Address: _____ City: _____ ST: _____ ZIP: _____
 Phone: () _____ - _____ FAX: () _____ - _____ Position held: _____
 From: _____ To _____ Supervisor: _____
 Reason For Leaving: _____ Was position DOT Safety Sensitive? Yes No

Employer: _____
 Address: _____ City: _____ ST: _____ ZIP: _____
 Phone: () _____ - _____ FAX: () _____ - _____ Position held: _____
 From: _____ To _____ Supervisor: _____
 Reason For Leaving: _____ Was position DOT Safety Sensitive? Yes No

Employer: _____
 Address: _____ City: _____ ST: _____ ZIP: _____
 Phone: () _____ - _____ FAX: () _____ - _____ Position held: _____
 From: _____ To _____ Supervisor: _____
 Reason For Leaving: _____ Was position DOT Safety Sensitive? Yes No

Employer: _____
 Address: _____ City: _____ ST: _____ ZIP: _____
 Phone: () _____ - _____ FAX: () _____ - _____ Position held: _____
 From: _____ To _____ Supervisor: _____
 Reason For Leaving: _____ Was position DOT Safety Sensitive? Yes No

Employer: _____
 Address: _____ City: _____ ST: _____ ZIP: _____
 Phone: () _____ - _____ FAX: () _____ - _____ Position held: _____
 From: _____ To _____ Supervisor: _____
 Reason For Leaving: _____ Was position DOT Safety Sensitive? Yes No

Employer: _____
 Address: _____ City: _____ ST: _____ ZIP: _____
 Phone: () _____ - _____ FAX: () _____ - _____ Position held: _____
 From: _____ To _____ Supervisor: _____
 Reason For Leaving: _____ Was position DOT Safety Sensitive? Yes No

PLEASE EXPLAIN ANY AND ALL GAPS IN YOUR EMPLOYMENT RECORD:

DRIVER EXPERIENCE AND QUALIFICATIONS

Applicant: List the states and license numbers of all licenses held for the past 3 years. (Start with Current)

STATE	LICENSE #	EXPIRATION DATE	CLASS	ENDORSEMENTS

DRIVING EXPERIENCE

Equipment Class	Type of Equipment Van, Flat, Tank, etc	Dates		Approx. Miles Driven
		From	To	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles or Triples				
Petroleum Transport				
Tractor with Tank				
Other				

ACCIDENTS / CRASHES FOR THE PAST 3 YEARS OR MORE

Date:	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

MOVING TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

Date of Conviction	Offense	Location (City; State)	Type of Motor Vehicle Operated (CMV or Personal)

PERSONAL REFERENCES

List the names and telephone numbers of at least three people you have known for over one year that we may contact for a reference: (Prefer no relatives.)

NAME: _____ TELEPHONE NO.: (____) _____

Relationship to applicant: _____

NAME: _____ TELEPHONE NO.: (____) _____

Relationship to applicant: _____

NAME: _____ TELEPHONE NO.: (____) _____

Relationship to applicant: _____

EDUCATION/SKILLS

CIRCLE HIGHEST GRADE COMPLETED: None 6 7 8 9 10 11 12 College: 1 2 3 4

Post Grad: _____ Detail technical or special skills and how acquired (if any) _____

Detail certificate or degrees acquired (if any) _____

HAZARDOUS MATERIALS TRAINING:

HM 126f Yes No

HM 181 Yes No

HAZWOPER Yes No

Did any current FTC, FFT or KCC employee refer you? Yes No

If yes, whom can we thank for the referral? _____

FTC requires all drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving (FMCSR 382.301).

Do you consent to such testing? Yes No

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by a Company to whom you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. Yes No

TO BE READ AND SIGNED BY APPLICANT

I understand as required by the Federal Motor Carrier Safety Regulations, 49 CFR, 382.301 Pre-employment testing, and Company policy, all prospective drivers must submit to a controlled substance test involving collection of a urine sample which will be tested for the following controlled substances:

- Marijuana
- Cocaine
- Opiates
- Amphetamines
- Phencyclidine

I understand if I test positive for use of any of these controlled substances, I will be given a reasonable opportunity to confer with the Medical Review Officer before any positive test result is reported to the Company.

I understand if the Medical Review Officer reports to the Company that I have tested positive for use of any of the previously mentioned controlled substances, I will not be offered employment with the Company.

I understand that FTC is required to notify me in advance of testing, of the requirement for testing, under part 382 - Controlled Substances and Alcohol & Use and Testing, and subpart 382.113 Requirement for Notice.

I hereby agree to the terms of this notification, and give my consent to be tested for Controlled Substances.

I hereby authorize FTC, their agents, representatives, and designees, to make any inquires into my past employment and/or contracted work experience, driving record, accident record, including inquires with any state, federal or private agency as they deem appropriate.

Per 393.23(i) you have the right to review information provided by previous employers and;

- The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.
- If you have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information you must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

SIGNATURE OF APPLICANT: _____ DATE: _____

MAKE A PHOTO COPY OF THE DRIVERS LICENSE, MEDICAL CERTIFICATE AND SS CARD!

Applicants who seek employment with Florida Trucking Co., Inc. (FTC) will be assigned to situations requiring exposure to environmental conditions and must be able to meet the minimum physical requirements for a CDL driver. These requirements are further outlined in the Driver's Job Description, FTC Safety Manual and the FMCSR and are for the safety of all employees, customers and fellow motorists.

Construction work zones, jobsites, borrow pits, landfills, construction compounds and surface mines, by nature, are hazardous and full of activity, both on foot, in trucks and in heavy equipment. The safety of all employees, and others on job sites, dictate the following requirements:

- Hearing or corrected hearing to readily detect equipment backup alarms, sirens, warning bells, normal voice warnings and related. 391.41(b)(11)
- Sight or corrected vision to readily detect approaching equipment/vehicles in front and peripheral areas. 391.41(b)(10)
- Sight or corrected vision to readily detect visible or potential danger areas common to heavy and site construction. 391.41(b)(10)
- Ability to traverse sandy or muddy, uneven ground at uninterrupted walking pace for 100 yards. Ability to climb (unaided) up or down vertical three to one slopes or cab entry steps.
- Ability to understand warnings, directions, and commands in English or advise Florida Trucking Co., Inc. if you need additional language requirements. 391.11(b)(2)
- Ability to safely operate for a designated number of hours, unimpeded by distractions, or known weaknesses, mini-wheel dump vehicles, both empty or loaded up to the maximum legal capacity.
- Ability to work a 5-6 day week up to but not exceeding the DOT standard for hours of service for at least 50 weeks a year.
- Ability to cooperatively work side by side with other employees performing duties as above while posing no threat to safety of others.
- Manual dexterity to handle, use and control any of the following as assigned to employee's specific tasks:
 - Small hand tools including, but not limited to, shovels, brooms, etc.
 - In-cab controls including, but not limited to, dashboard switches, toggle switches, transmission shift lever (manual or automatic), tarping switch and PTO controls.
 - Ability to solely put on and take off all necessary and required Personal Protective Equipment, (PPE).
 - Ability to safely make adjustments to a load including, but not limited to scaling the footholds on the side of a truck body for ingress and egress to the affected area.

Is there any reason why you can not adequately perform the job function for which you apply? Yes No

If yes, please explain _____

If you feel you do not comply with above, please advise FTC personnel in order that we may consider reasonable accommodations, that do not circumvent all applicable rules, laws and regulations while still maintaining a safe, reasonable working environment.

Signature on this application reflects your understanding of the above.

SIGNATURE OF APPLICANT: _____ DATE: _____

APPLICANT'S STATEMENT

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of 2 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applicants are being accepted at that time.

The applicant understands that this document is not an offer of employment and that any offer of employment from the employer does not constitute an employment contract unless the employer and employee in writing execute a specific document to that effect.

Drug testing will be performed by Florida Trucking Co., Inc. in accordance with FDOT (Subparts 40 and 382) and Florida Drug Free Workplace policies. Further information is provided in the FTC Substance Abuse Policy.

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me in this questionnaire. I also authorize the companies, schools, or persons named herein to give any information regarding my employment character and qualifications. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions are true and were made for issuing this information. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. **I UNDERSTAND THAT ALL TERMS AND CONDITIONS OF EMPLOYMENT ARE COVERED UNDER A SEPARATE AGREEMENT ENTERED INTO BY MYSELF AND FLORIDA TRUCKING CO., INC.**

It is understood that any incorrect and/or false statements given herein can be cause for immediate termination of contract by Florida Trucking Co., Inc. when discovered. This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

SIGNATURE OF APPLICANT: _____ DATE: _____

Did you complete this form yourself? Yes No

If no, give name and address by whom this form was completed: _____

FOR OFFICE USE ONLY:

This applicant has been advised that Florida Trucking Co., Inc. will require a copy of original driver's license and social security card or social security application, (social security number itself is not sufficient), and copy of an original Medical Examiners Certificate in accordance with FMCSR 391.43, before employment can be effective.

Additionally, the applicant has been notified that the information provided referencing previous employment may be used and previous employers contacted for the purpose of investigating his/her work history (FMCSR 383.35(f)).

ACCEPTED/SIGNED FOR FTC: _____ **DATE:** _____

FAIR CREDIT REPORTING ACT DISCLOSURE-AUTHORIZATION-RELEASE

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record will be obtained on you for employment purposes with this company.

These reports are required by sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

In connection with this request, I also hereby authorize all corporations, companies, former employees, credit agencies, educational institutions (including GPA and transcripts), law enforcement agencies, city, state, county and federal courts, military services and persons to release information they may have about me to the person or company with which this document has been filed, or their agent, Unisoft Communications, and release and forever discharge all parties involved from any liability and responsibility for doing so. I specifically request all agencies and representatives referenced herein to fully cooperate with this investigation

I also authorize the procurement of an investigative consumer report and understand that it may contain information about my background, mode of living, character and personal reputation. This authorization, in original and copy form, shall be valid for this and any future reports or updates that may be requested. These reports are confidential and belong to Florida Trucking Co., Inc.

Employee's Full Legal Name (Print): _____ Employee's Signature: _____

Employee's Social Security Number: _____ Date: _____

Place of Birth (City, State): _____ Date of Birth: _____

Maiden Name or Alias(s): _____ Florida Driver's License Number: _____

Witness Name (Print): _____ Witness Signature: _____

Address History for the previous ten (10) years. (Start with present and work backwards):

STREET	CITY	STATE	ZIP	COUNTY	DATES



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REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to Florida Trucking Co., Inc. (Prospective Employer) for the purposes of investigation as required by Section 382.413 and 391.23 of the Federal Motor Carrier Safety Administration (FMCSA) regulations.

You are released of any and all liability which/that may result from furnishing such information.

Date

Applicant's Signature

Company Name: _____

Attention: _____

Phone Number: _____

Fax Number: _____

Dear Sir/Madam:

The below named individual has applied for a position as Dump Truck Driver with our company and states that he/she was employed by you as a(n) _____ from _____ to _____.

We appreciate your time in completing, **in confidence**, the information requested below as required by the FMCSA regulations 382.413 and 391.23. Once completed please return this form to us via facsimile at (813) 630-2715, mail to the address below or email to schalk@fltrucking.com Thank you in advance for your cooperation and assistance.

Sincerely,

Ken Schalk
Florida Trucking Co., Inc.
5115 Joanne Kearney Blvd.
Tampa, FL 33619

Name of Applicant: _____ Social Security No.: _____

1.) Employed from _____ to _____ as a(n) _____
at a wage or salary of _____ per week bi-week month year
or at _____ % of load or _____ cents per mile.

2.) Did he/she drive motor vehicle for you? Yes No



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- 3.) If you answered yes to question 2, what type of vehicle was primarily operated?
 Straight Truck Tractor-Semi-trailer Bus Other, please specify: _____
- 4.) Was he/she a safe driver? Yes No Marginal
- 5.) Reason for leaving your employ: Discharged Resignation Lay Off Military Duty
- 6.) Was his/her general conduct satisfactory? Yes No Marginal
- 7.) Please advise history of past driving record if available for past three years: _____

8. §391.23(d)(2). Did the applicant have any accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date	Location City/St	# DOT Recordable	# Fatalities	HM Spill?

9. §391.23(e)(1). Did the driver violate any section of 49 CFR Subpart B?			
Did this employee violate:		Yes	No
§382.201 No Alcohol concentration above .04.			
§382.205 No Alcohol use on duty.			
§382.207 No Alcohol use within 4 hours before coming on duty.			
§382.209 No Alcohol use until 8 hours after an accident.			
§382.211 Refusing to submit to testing (Post accident, Random, Reasonable suspicion, or Follow Up test)			
§382.213 No controlled substances use on duty.			
§382.215 Tested positive for controlled substances.			

10.	§391.23(e)(2). If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? 49 CFR §382.605/Part 40 Subpart O		
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As per 49 CFR §391.23(g) After October 29, 2004, previous employers must respond to the above request within 30 days after the request is received.

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check (✓) in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Any other remarks: _____

Signature: _____

Title: _____

Print Name: _____

Date: _____



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APPLICANT EEO/AFFIRMATIVE ACTION BACKGROUND FORM

It is the policy of Florida Trucking Co., Inc. to provide equal employment opportunity to all qualified applicants for employment without regard to personal characteristics, including race, color, religion, national origin, sex, sexual orientation, age, veteran status, or disability. Various agencies of the government require employers to invite applicants to identify themselves. That is the only goal of this form.

Completing this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and we will maintain it separately from your application.

Name : Last: _____ First: _____ Middle: _____ Date: _____

Position applied for (list only one): _____

Referred by: _____

Race/ethnic origin:

- White
- Hispanic
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- American Indian or Alaska Native
- Two or More Races

Sex:

- Male
- Female

Are you a Vietnam Era Veteran?

You qualify if you are a person who served on active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75, and was discharged or released there from with other than a dishonorable discharge or for a service connected disability.

- Yes No

Are you a Disabled Veteran?

You qualify if you are entitled to disability compensation under laws administered by the Department of Veterans Affairs for a disability rated at 30% or more, or are a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

- Yes No

Do you have a Mental or Physical Disability?

You qualify if you are a person who has a mental or physical impairment that substantially limits one or more major life activities, who has a record of such impairment, or who is regarded as having such impairment.

- Yes No