

1470 Neubrecht Road
Lima, Ohio 45801
419-229-5736

LIMA PALLET COMPANY

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: ☐ General Labor ☐ Truck Driver ☐ Builder ☐ Teardown Tech ☐ Saw Tech ☐ Other

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Previous Employment (Most Recent First)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand the Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. I understand that a prior felony conviction does not necessarily disqualify me from employment. Factors such as the date, seriousness, and nature of the violation will be taken into account. I understand that positions within Lima Pallet are safety-sensitive jobs and use of medical and/or recreational drugs may disqualify me from employment. Lima Pallet is a part of the BWC Drug Free Workplace Program and tests in compliance with the requirements of the program. I understand that by signing below I give Lima Pallet Company, Inc. authorization to verify information that I have provided from my past employers for the purpose of pre-employment screening.

Signature: _____ Date: _____

Why do you want to work for Lima Pallet?

Can you lift 50+ pounds on a regular basis? _____

How did you hear about Lima Pallet?

In what ways would you be an asset to Lima Pallet?

PRIOR DRUG & ALCOHOL TEST RESULTS VERIFICATION

IS YOUR DRUG/ALCOHOL PROGRAM REQUIRED BY DOT OR THE FEDERAL GOVERNMENT PER 49CFR & SUBPART 40 & 391? ☐ YES ☐ NO

Pursuant to the FMCSA (49CFR 382 & subpart 40 & 391) LIMA PALLET COMPANY, INC. and/or its subsidiaries to obtain the results of all DOT required drug and/or alcohol test(s), including refusals to be tested. Applicant's written authorization giving LIMA PALLET permission to obtain information is included.

1. Has this person had any alcohol test with a result of 0.04 or higher alcohol concentration within the last 3 years?
☐ YES ☐ NO If yes, please list the date(s): _____
2. Has this person had any verified positive drug tests within the last 3 years? ☐ YES ☐ NO
If yes, please list the date(s) and the drugs: _____
3. Has this person had any refusals to be tested (including verified adulterated or substituted drug) test results in the last 3 years? ☐ YES ☐ NO If yes, please list the date(s) of the refusal and the type of tests refused: _____
4. Did this person violate any DOT agency drug and alcohol testing regulations or violate the alcohol and controlled substances prohibitions under 49 CFR Part 382 Subpart B, or 49 CFR Part 40 within the last 3 years? ☐ YES ☐ NO
If yes, please list the date(s) and violations: _____
5. Did a previous employer report a drug and/or alcohol violation to you? ☐ YES ☐ NO
If yes, you must provide the employer's report.
6. If this person violated a drug and alcohol regulation, please check the box that applies:
☐ See attached documentation of the successful completion of the DOT return-to-duty requirements and SAP information (including follow up test).
☐ This person did not complete or refused rehabilitation prescribed by a SAP (49 CFR 382 or Subpart 40 SubPart O).
☐ It is unknown if this person initiated or completed a rehabilitation program.
7. If this person successfully completed a SAP's recommendation for rehabilitation and remained in your employ, has this person had the following testing violations subsequent to completion of a return to duty process (382.605 Part40, Subpart O)?
* Alcohol test with a result of 0.04 or higher alcohol concentration: ☐ YES ☐ NO
If yes, please list the date(s) and test results: _____
* Verified positive drug test: ☐ YES ☐ NO
If yes, please list the date(s) and test results: _____
* Refusals to be tested (including verified adulterated or substituted drug test results): ☐ YES ☐ NO
If yes, please list the date(s) of refusal and the type of tests refused: _____

Information Furnished by:

Full Name: _____ Position: _____ Date Completed: _____

OFFICE USE ONLY

Requested by: _____ Date: _____

ATTEMPTS:

1st Date/Time: _____ 2nd Date/Time: _____ 3rd Date/Time: _____ 4th Date/Time: _____

REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER(S) FOR DRUG AND ALCOHOL TESTING RECORDS

I, the above mentioned signer, hereby authorize _____ to release and forward in accordance with the following regulation, all known information pertaining to my alcohol and controlled substances testing/training records to **LIMA PALLET COMPANY INC.**

I hereby authorize the stated previous employer to release and forward the information requested in this document concerning my alcohol and controlled substances testing records within the previous three (3) years to LIMA PALLET COMPANY, INC. 1470 Neubrecht Rd., Lima, Ohio 45801 Attention: Human Resources, Phone 419-229-5736.

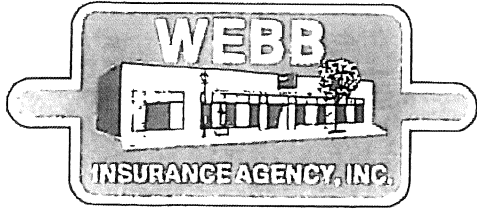
In accordance with D.O.T. Regulation 49 CFR Part 391.23, I hereby authorize release of my D.O.T.-regulated drug and alcohol testing records with D.O.T.-regulated employer(s) listed above. I understand that information/documents released pursuant to this is limited to the following items including pre-employment testing results, occurring during the previous three(3) years: (i) Alcohol test with a result of 0.04 or higher; (ii) Verified positive drug tests; (iii) Refusals to be tested (including adulterated and/or substituted test); (iv) other violations of D.O.T. drug and alcohol testing regulations (i.e. violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) Documentation, if any, of completion of the return-to-duty process following a rule violation.

If any company listed provides information concerning items (i) through (vi) above. I also authorize such company to furnish the following information, if applicable: (i) dates of my negative drug and/or alcohol tests and/or test with results of below 0.04 during the previous three (3) years and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

By signing below, I certify that (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this documentation with legal counsel prior to signing; and (vi) facsimile or photographic copies of the authorization are as valid as an original.

X _____ X _____
(PRINTED NAME) (SIGNATURE)

X _____ X _____
(DATE) (SOCIAL SECURITY NUMBER)



FOUNDED 1905

LIMA, OHIO 45802-0539 • P.O. BOX 539 • 212 WEST HIGH STREET • ZIP 45801
(800) 727-1113 (419) 228-3211

BLUFFTON, OHIO 45817 • 138 NORTH MAIN STREET
(419) 358-4015

Name of Job Applicant/Employee

Address

Applicant Date of Birth

Applicant Social Security #

City, State, Zip Code

Applicant Driver License#

Date

Lima Pallet Company, Inc.
1470 Neubrecht Rd
Lima, OH 45801

Dear Lima Pallet Company, Inc. :

Consumer reports may be obtained as part of Lima Pallet Company, Inc.'s evaluation of my job application /employment. The reports may be procured by Webb Insurance Agency, Inc., and may include my driving record, an assessment of my insurability under the Company's insurance coverage and other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

Signature of Applicant or Employee

Typed or Printed Name of Applicant or Employee

LIMA'S HOME OF FULL CIRCLE PROTECTION

