

### **Application for Employment: Notices**

## **Equal Employment Opportunity:**

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment based on age, sex, color, race, national origin, religion, marital status, political belief, disability, familial status, sexual orientation, gender identity and expression, genetic information, or any other characteristic protected by law. All employment decisions are based on ability to perform essential job functions and other related objective standards.

#### Americans with Disabilities Act:

Callaghan Tire will provide reasonable accommodations for qualified individuals with known disabilities, unless doing so would result in undue hardship to the company. During the interview process you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and separate from your personnel file.

#### Introductory Period:

Each new employee will be required to complete a 90-calendar day introductory period beginning the first day of work. This period provides new or re-hired employees the opportunity to demonstrate their ability to achieve a satisfactory level of performance and to determine whether the new position meets their expectations. Managers/supervisors are provided the opportunity to evaluate the new employee's quality and quantity of work and to make an assessment of the person's suitability for the job he or she was hired to perform. If an employee's performance is unsatisfactory during the introductory period as determined by company management, the introductory period may be extended for a period of sixty (60) days or the employee may be let go as unsuitable for the job. Both decisions are at the sole discretion of Callaghan Tire.

#### Drug Free Workplace:

Callaghan Tire has established and maintains a drug-free workplace Program. This program conforms with chapter 440.102, Florida Statutes, its implementing regulations, and Federal law. As part of this program, offers of employment are expressly conditioned upon passing a drug test. In addition, Callaghan Tire employees are subject to drug testing under certain conditions outlined in the Drug and Alcohol Policy Statement.

For persons receiving a conditional offer of employment, failure of a drug test or refusal to sumit to drug testing shall cancel or terminate any job offer. For an employee, failing a drug test or refusing to submit to a drug test will result in action against an employee up to and including termination.

A person who receives a conditional offer of employment will have the opportunity to report confidentially to the medical review officer (MRO) both before and after being tested regarding the use of prescription or non-prescription medications. Additionally, a job applicant shall receive a list of common medications which may alter or affect a drug test. An applicant will also be given the names addresses and telephone numbers of local alcohol and drug rehabilitation programs at his/her request.

Any person receiving a conditional offer of employment who fails a drug test may challenge or explain the result within five working days after written notification of the test result. A job applicant will also have an opportunity to request a retest of the original sample at the job applicant's expense. If an applicant's challenge is unsatisfactory, the applicant may contest the drug test results pursuant to the rules adopted the the Department of Labor and Employment Security or the Florida Agency for Health Care Administration.

The job applicant also has the responsibility to notify the laboratory or clinic conducting the drug test of any administrative or civil action brought incolving the drug test conducted by that laboratory or clinic.

The job applicant also has a right to consult the testing laboratory or clinic for technical information regarding prescription or non-prescription medication. In addition, each applicant may request a list prior to administration of the drug tests of the substances to be tested. All test results will remain confidential except as allowed by law. At the applicant's request, Callaghan Tire will provide a copy of its Drug and Alcohol Abuse Policy Statement prior to the administration of a drug test. Signature below allows that drug test results may be disclosed to designated personnel at Callaghan Tire.

| Nothing in t | his Notice will affect the | ese rights provided in a | any collective barg     | aining agreement be  | tween Callaghan | Tire and its |
|--------------|----------------------------|--------------------------|-------------------------|----------------------|-----------------|--------------|
| employees.   | Refusal to acknowled       | ge or sign this docume   | ent will result in witi | hdrawal of any offer | of employment.  |              |

| Print Name | Date |
|------------|------|
| Signature  | _    |
| Witness    | _    |



| Please print   |   | Date:                     |  |                                |
|--|---|---------------------------|--|--------------------------------|
| I. Personal Inform   | nation  |                           |  |                                |
| Name: Last   | Firs  | pt .                      | Middle                                 |                                |
| Street Address   |   |                           |  |                                |
| Mailing Address (if diffe  | erent)  |                           |  |                                |
| City, State, Zip Code  |   |                           |  |                                |
| Social Security Number   | er  | Telephone number(s)       |  |                                |
| employment author  | bits the employment of u<br>orization and identity acc<br>oree days of being hired. Fa<br>nation. | cording to Department     | of Homeland Security                   | <b>Employment Verification</b> |
| Position Applied Fe  | or:   |                           |  |                                |
| 1. Is there any inforecord? Please spe                             | rmation we would need abo<br>cify:  | out your name or use of a | another name for us to be              | able to check your work        |
| 2. Do you have any   | relatives who are presently (   | or have formerly been) em | iployed by this company?               |                                |
| 3. How were you re<br>4. Have you ever w                           | ferred to us?Yes there before?Yes   | No                        | res, when?                             |                                |
| <ol> <li>Have you applied</li> <li>Have you ever be</li> </ol>     | d here before? Yes<br>een convicted of a felony?  | No                        | es, when?<br>ease explain (use back of | page if necessary):            |
| II. Educational Hist   | ory: Write School Name/Lo   | ocation / Years Complete  | d / Degree or Diploma                  |                                |
|  | School Name   | Location                  | Years Completed                        | Degree/Diploma                 |
| Middle/Jr High   |   |                           |  |                                |
| High School  |   |                           |  |                                |
| College/Trade  |   |                           |  |                                |
| Other: List any special skills or qualifications you have obtained |   |                           |  |                                |

III. Employment Record: Please include all information for each place of employment.



# 1. Most Recent Employment

| Company Name              | Address        | Position held      |  |
|---------------------------|----------------|--------------------|--|
|                           |                |                    |  |
| Manager/Supervisor's name | Phone Number   | Dates Employed:    |  |
|                           |                | From To            |  |
| Wage/Salary               | Primary Duties | Reason for leaving |  |
|                           |                |                    |  |
| 2.                        |                |                    |  |
| Company Name              | Address        | Position held      |  |
|                           |                |                    |  |
| Manager/Supervisor's name | Phone Number   | Dates Employed:    |  |
|                           |                | From To            |  |
| Wage/Salary               | Primary Duties | Reason for leaving |  |
|                           |                |                    |  |
| 3.                        |                |                    |  |
| Company Name              | Address        | Position held      |  |
|                           |                |                    |  |
| Manager/Supervisor's name | Phone Number   | Dates Employed:    |  |
|                           |                | From To            |  |
| Wage/Salary               | Primary Duties | Reason for leaving |  |
|                           |                |                    |  |

NOTE: Use a separate sheet to list additional employers, if necessary.

We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do <u>not</u> want us to contact and your reason for the exclusion:



| (Employer's Name)  | Reason  |                            |  |  |
|--|---|----------------------------|--|--|
| Employer's Name)   | Reason  | Reason                     |  |  |
|  |   |                            |  |  |
|  |   |                            |  |  |
|  |   |                            |  |  |
|  |   |                            |  |  |
| / Paragnal Pataranaga - Plaa   | se do not include relatives or former e                           | mployere                   |  |  |
| . Personal References. <i>Flea</i>   | se do not include relatives of former el                          | mpioyers.                  |  |  |
| Name   | Address   | Address                    |  |  |
| Phone Number   | Occupation  | Years Known                |  |  |
|  |   |                            |  |  |
| Name   | Address   |                            |  |  |
| Phone Number   | Occupation  | Years Known                |  |  |
|  |   |                            |  |  |
| Name   | Address   |                            |  |  |
| Phone Number   | Occupation  | Years Known                |  |  |
| . Work Availability  |   |                            |  |  |
| If your application receives   | favorable consideration, when will you be                         | available to begin work?   |  |  |
|  |   |                            |  |  |
| Do you have any objection of Can you work overtime with Can you travel if required by What is your day time available. | out prior notice? ( ) Yes ( ) N<br>y this position? ( ) Yes ( ) N | 0                          |  |  |
| I. Salary / Hourly Rate Requi  | rements   |                            |  |  |
| your application receives favor  | rable consideration, what salary/hourly rat                       | e would you require? \$per |  |  |

#### VII. Agreement

My signature below indicates I have been given and have read the policies regarding Equal Employment Opportunity, Americans with Disabilities Act, Introductory Period, and Drug Free Workplace.

My signature below indicates that I have provided accurate, factual and complete information. Any falsified information I provide will be grounds for termination or withdrawal of any offer of employment.



I understand that Callaghan Tire strives to maintain a professional image dependent on safety, courtesy, and integrity. If I am hired I agree to be responsible for promoting these qualities by learning and abiding by all safety procedures and code of conduct directives outlined in the Callaghan Tire Policy and Procedure Book.

| Applicant Signature: | Date: | _ |
|----------------------|-------|---|
| Received by:         | Date: |   |