

VAUGHAN XPRESS, INC.
LAGRANGE WAREHOUSE & DIST. CENTER, INC.

EMPLOYEE INFORMATION SHEET

DATE: _____
POSITION APPLYING FOR: _____

EMPLOYEE# _____ SSN: _____

NAME: _____
 LAST FIRST M.

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE#: _____ CELL#: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____

PHONE #(S): _____

BIRTHDAY: ____/____/____ HIRE DATE: ____/____/____

**Vaughan Xpress, Inc &
LaGrange Warehouse & Distribution Center, Inc.
120 Cooley Industrial Way
LaGrange, Georgia 30241
(706) 885-1248 fax (706) 885-1249**

PERSONAL INFORMATION

Date of application: _____ Social Security #: _____

Name: _____

Address _____
Street City State Zip Code

Phone: _____ Cell: _____

Date of Birth (Required for Commercial Drivers) ____/____/____

Have you ever applied here before? ____yes ____no If so, when? _____

Are you employed now? ____yes ____no If not, how long since leaving last employment? _____

Have you ever filed a Worker's Compensation claim? If so, Explain: _____

RESIDENCE

List Residence Addresses for the past 3 years

(1) _____
Street City State zip code

(2) _____
Street City State zip code

(3) _____
Street City State zip code

EDUCATION

Grade, High School and College

Circle The Highest Grade Completed: Grade School 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Other: _____ Last School Attended: _____

Did you graduate? ____yes ____no Degrees? _____ Graduation Date ____/____/____

Other Education: _____

Have you served in the U.S. Armed Forces? ____yes ____no Branch: _____

Dates: _____

Are you currently a member of the Active Reserve Forces or National Guard? ____yes ____no

Employment History

All applicants must provide the following information in regards to your entire employment history. Use an additional sheet if necessary. We must have complete addresses and telephone numbers. Begin with your present or most recent and work backwards in order.

Employer:	From:	To:
Address:	Position Held:	
City:	Salary/Wage:	
State:	Zip Code:	Reason for Leaving:
Contact Person:	Phone:	

Employer:	From:	To:
Address:	Position Held:	
City:	Salary/Wage:	
State:	Zip Code:	Reason for Leaving:
Contact Person:	Phone:	

Employer:	From:	To:
Address:	Position Held:	
City:	Salary/Wage:	
State:	Zip Code:	Reason for Leaving:
Contact Person:	Phone:	

Employer:	From:	To:
Address:	Position Held:	
City:	Salary/Wage:	
State:	Zip Code:	Reason for Leaving:
Contact Person:	Phone:	

Employer:	From:	To:
Address:	Position Held:	
City:	Salary/Wage:	
State:	Zip Code:	Reason for Leaving:
Contact Person:	Phone:	

Vaughan Xpress, Inc. and LaGrange Warehouse & Distribution Center, Inc. is an Equal Employment Opportunity employer. It is against Vaughan Xpress, Inc. and LaGrange Warehouse & Distribution's policy for any employee to discriminate against an applicant for employment or another employee on the basis of race, color, religious creed, sex (including pregnancy), age, marital status, sexual orientation, national origin, disability or any other classification protected by applicable discrimination laws. Vaughan Xpress, Inc. and LaGrange Warehouse & Distribution Center, Inc. has been certified as a Drug Free workplace.

The Company relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations, falsifications, or material omissions in any of this information or data shall result in Vaughan Xpress, Inc. and LaGrange Warehouse & Distribution Center's exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment.

The initial 90 days of employment is known as the probationary period. This applies for all new and rehired employees. The purpose of the probationary period is to determine if the employee is suitable for the environment and the work assignment as well as for the employer to observe the employee and his/her work performance.

I verify that all of the information provided is correct, without fraud or deception and is verifiable. I understand that providing false information makes me ineligible for a position with Vaughan Xpress Inc. and LaGrange Warehouse & Distribution Center, Inc.

SIGNATURE

DATE

LaGrange Warehouse & Distribution Center, Inc.
120 Cooley Industrial Way
LaGrange, Georgia 30241
(706) 885-1248 Fax: (706) 885-1249

Applicant: Print Name, Social Security Number, Date and Sign Only Where An "X" Indicates.
Information requested returnable by fax to (706) 885-1249.

X Name: _____ X SSN#: _____
(Print Full Name)

I, the undersigned, hereby authorize all my previous employers to give LaGrange Warehouse Distribution Center, Inc., all information regarding my services, character, and conduct. I release all my previous employers from any liability which may result from giving such information.

X Date: ____/____/____ X Applicant Sign Here: _____

Previous Employer: _____ Office # _____

1. Employed: from ____/____/____ to ____/____/____ Additional dates: ____/____/____ to ____/____/____

2. Job title or description: _____

3. Reason for leaving? ____ Layoff ____ Discharged ____ Resigned ____ Other _____

4. Eligible for rehire? ____ yes ____ no Upon Review _____

5. Comments: _____

Company: _____

Address: _____

Phone: _____

Date: ____/____/____ Completed By: _____

(Name and Position)

Vaughan Xpress, Inc.

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(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 may be obtained on you for employment purposes. These reports are required by Sections 382.412, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

X _____

Applicants Signature

X _____

Date

X _____

Print Name

X _____

Social Security Number

**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR
EMPLOYMENT PURPOSES**

Disclosure

_____ (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature _____

Date _____

Pre-employment Drug Testing

Notification and Consent

Vaughan Xpress, Inc.

120 Cooley Industrial Drive

LaGrange, GA 30241

I understand that, as required by the Federal Motor Carrier Safety Regulations 49 CFR Part 382 and company policy, all prospective drivers must submit to a controlled substance: marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP).

I understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle. I also understand I will be given a reasonable opportunity to confer with the company's medical review officer before any positive drug test result is reported to the company.

The results of the drug test will be maintained by the medical review officer of the company, who will report to the company whether the test result was negative or positive. The results of any test will not be released to any additional parties except as provided in 40.37, without my written authorization.

I hereby agree to submit to a urine drug test.

Date: _____

Print Name: _____

Signature: _____



GCIC CONSENT FORM

I hereby authorize HireRight, LLC to receive any Georgia criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Male

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- ☐ Employment with mentally disabled (Purpose code M)
- ☐ Employment with elder care (Purpose code N)
- ☐ Employment with children (Purpose code W)
- ☐ Housing/Regular Employment
- ☐ Other

One of the following must be checked:

☐ This authorization is valid for ☐ 90 days ☐ 180 days-- (circle one)
from the date of signature.

OR

☐ I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.