

Huff

Delivering
Since
1952



APPLICATION FOR EMPLOYMENT

JOHN HUFF ICE CREAM, INC. are an equal opportunity employer, and do not discriminate in recruitment, employment, compensation, benefits, transfers, promotions or terminations based on race, color, religious creed, age, sex, marital status, sexual orientation, national origin, ancestry, physical or learning disability, veteran status, present or past history of mental disorder, or mental retardation. As part of the application process, JOHN HUFF ICE CREAM, INC. has pre placement employment screening. All applicants must pass a drug test and background check. CDL License holder applicants, must have a valid CDL and a current DOT Physical Certification. All warehouse applicants must pass a physical strength test in addition to the drug test and background check.

Date of Application: _____

(PLEASE PRINT)

PERSONAL INFORMATION

Name: _____
LAST FIRST MIDDLE

Current Address: _____ How Long? _____
NUMBER & STREET CITY STATE ZIP

Previous Address: _____ How Long? _____
NUMBER & STREET CITY STATE ZIP

Home Phone: (_____) _____ Cell Phone: (_____) _____
AREA CODE AREA CODE

Social Security Number: _____ / _____ / _____ Email Address: _____

Are you legally authorized to work in the United States? Yes No

Only United States Citizens or lawful Aliens who have a legal right to work in the United States are eligible for employment.

Can you, after offer of employment, submit verification of your legal right to work in the United States? Yes No

Pursuant to the Immigration Reform and Control Act of 1986, all applicants, upon being made an offer of employment, must produce documents, which are specified by the Federal Government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than three business days after start of employment. Not producing the appropriate documents within this time frame could result in immediate termination of employment.

Do you have any relatives or friends who work for JOHN HUFF ICE CREAM, INC.? Yes No

If yes, please specify name: _____ Relationship: _____

Organization: _____

Do you speak, read, or write English? Yes No

Do you speak, read, and/or write any language(s) besides English? Yes No

If yes, what language(s): _____ Speak Read Write

Do you have the following valid licenses? Name the state(s) of operator's license: _____

Drivers License PSL CDL

If you are hired for a position that requires a Commercial Drivers License (CDL), you MUST possess credentialing from the Department of Motor Vehicles within the first 5 calendar days after the start date of employment. Failure to obtain each credential within this time frame could result in termination of employment.

How were you referred to JOHN HUFF ICE CREAM, INC.?

Newspaper: _____

Employee/Referral: _____

College/School: _____

Walk-in Internet

EMPLOYMENT OBJECTIVE

Position (s) desired: 1. _____ 2. _____

Date Available to start Work: _____ Salary Requirement: _____

Are you available to work:

Full Time Part Time Temporary Summer only Fill in as needed

Provide day(s) & time(s) available: _____

Shift Preference:

Day Evening Overnight

Days Available:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Have you ever applied to JOHN HUFF ICE CREAM, INC. before? Yes No If yes, when? _____ Which Organization?

Have you ever been employed at JOHN HUFF ICE CREAM, INC.? Yes No If yes, when? _____ Which Organization?

ACTIVITIES

If you participate in any educational, professional or community-related activities or groups and you would like to indicate your involvement, please do so. However, please do not list any group or activities that you are involved in that might indicate your race, sex, age, disabilities, or other similar characteristics.

EDUCATION AND TRAINING

| | High School | College | Trade/Business/ Graduate/etc. | Additional Degrees |
|---------------------|-------------|---------|----------------------------------|--------------------|
| School Name | | | | |
| Address | | | | |
| Did you graduate? | | | | |
| Diploma/Degree/Date | | | | |

MILITARY BACKGROUND

| Branch of Military Service | Dates Served | | Rank at Time of Discharge | DD214 # |
|----------------------------|--------------|----|---------------------------|---------|
| | From | To | | |
| | | | | |

Employment History

(MUST BE COMPLETED—ALSO ATTACH RESUME/C.V., IF AVAILABLE)

List below your last three (3) employers, starting with the present or most recent employer first.

| Employer's Name | Telephone () | Dates Employed | | Major Responsibilities |
|------------------|--------------------|----------------|----|------------------------|
| | | From | To | |
| Address | | | | |
| Current Position | Hourly Rate/Salary | | | |
| | Starting | Final | | |

| | | | |
|--------------------|--|--|---|
| Supervisor's Name | | | |
| Reason for Leaving | | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | |
|--------------------|---------------------|----------------|---|------------------------|
| Employer's Name | Telephone () | Dates Employed | | Major Responsibilities |
| | | From | To | |
| Address | | | | |
| Current Position | Hourly Rate/Salary | | | |
| | Starting | Final | | |
| Supervisor's Name | | | | |
| Reason for Leaving | | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | |
|--------------------|---------------------|----------------|---|------------------------|
| Employer's Name | Telephone () | Dates Employed | | Major Responsibilities |
| | | From | To | |
| Address | | | | |
| Current Position | Hourly Rate/Salary | | | |
| | Starting | Final | | |
| Supervisor's Name | | | | |
| Reason for Leaving | | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | |
|--------------------|---------------------|----------------|---|------------------------|
| Employer's Name | Telephone () | Dates Employed | | Major Responsibilities |
| | | From | To | |
| Address | | | | |
| Current Position | Hourly Rate/Salary | | | |
| | Starting | Final | | |
| Supervisor's Name | | | | |
| Reason for Leaving | | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

References

Please provide three (3) professional references whom we may contact, and who have evaluated your current or past employment history. If you have no work experience, list people (**other than relatives or friends**) who you know (example: teacher, supervisor, guidance counselor):

| | |
|---------------------------------|----------------|
| Name: | Company: |
| Work Phone: () AREA CODE | Relationship: |
| Home and /or Cell Phone: () | Email Address: |

| | |
|-------|----------|
| Name: | Company: |
|-------|----------|

| | |
|----------------------------------|----------------|
| Work Phone: () AREA CODE | Relationship: |
| Home and /or Cell Phone: () | Email Address: |

| | |
|----------------------------------|----------------|
| Name: | Company: |
| Work Phone: () AREA CODE | Relationship: |
| Home and /or Cell Phone: () | Email Address: |

PLEASE READ THIS NOTICE BEFORE COMPLETING THIS SECTION:

You are not required to disclose the existence of any of the following arrests, criminal charges or convictions, the records of which have been erased: (1) a finding of delinquency or that you were a child of a family with service needs; (2) adjudication as a youthful offender; or (3) a criminal charge that has been dismissed or a criminal charge that was nolle at least thirteen months ago. If you have criminal records that have been so erased, you are deemed to have never been arrested.

(MUST BE COMPLETED)

Have you ever been convicted of, or plead guilty to, a violation of Narcotic drug law, or any laws related to sexual offenses?

Yes No

If yes, please provide dated details: _____

Have you ever been convicted of, or pled to, a misdemeanor or felony?

Yes No

If yes, please provide dated details: _____

An arrest or conviction will not necessarily make you ineligible for employment with JOHN HUFF ICE CREAM, INC.

Have you ever had an incident investigated, currently in process, or ultimately substantiated through either the department of Children and Families (DCF), Department of Mental Retardation (DMR) or the Office of Protection and advocacy in any State?

Yes No

If yes, please provide details: _____

If yes, please provide details and indicate whether there is any current investigation or litigation in process:

Name (please print) _____

Signature _____

Date _____

Please read and sign acknowledgement and authorization on this application.

ACKNOWLEDGEMENT

I understand and agree that any misrepresentation or falsification of any information provided in the course of the JOHN HUFF ICE CREAM, INC. selection process, including communications related to my medical examination, is grounds for rejecting my application for employment within JOHN HUFF ICE CREAM, INC. or terminating my employment within JOHN HUFF ICE CREAM, INC. without notice or recourse.

In the event that I am offered and accept employment with JOHN HUFF ICE CREAM, INC. I understand that my employment within JOHN HUFF ICE CREAM, INC. will be as an at-will employee, meaning that either I or JOHN HUFF ICE CREAM, INC. has the right to terminate the employment relationship at any time, with or without cause and with or without prior notice. Furthermore, I also understand and agree that statements or representations by or on behalf of JOHN HUFF ICE CREAM, INC. including the handbook or policy of provisions concerning benefits, compensation or any other aspect of employment, are not contractual and all such items and conditions of employment are subject to change by JOHN HUFF ICE CREAM, INC. at any time. I also understand and agree that JOHN HUFF ICE CREAM, INC. cannot be bound to any term or condition of employment except by a specific writing signed by the President/Chief Executive Officer within the organization of your potential employment.

I certify that the information provided in this application is true and complete to the best of my knowledge and belief.

I understand and agree that prior to commencement of any employment within JOHN HUFF ICE CREAM, INC., I may be asked to submit a medical examination which may include drug urinalysis, and that I must test negative for unauthorized drug use.

I understand that position descriptions, compensation, benefits, policies and procedures may significantly differ within any JOHN HUFF ICE CREAM, INC. affiliate.

By entering my complete printed name on this application, I intend and consent to the use of my handwritten signature as provided under applicable federal and state law. My handwritten signature shall only apply to these Terms and Conditions. This authorization for will include and remain in full force and effect while application for employment is being considered, during employment and up to and including departure from service.

Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF EMPLOYMENT/REFERENCE INFORMATION

PLEASE TYPE OR PRINT

I: _____ , _____
LAST NAME FIRST NAME MIDDLE NAME
(PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, JOHN HUFF ICE CREAM, INC. may use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to JOHN HUFF ICE CREAM, INC.. JOHN HUFF ICE CREAM, INC. will use Evolution Consulting LLC as an agent to perform its employment related background investigations.

Evolution Consulting LLC may utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to JOHN HUFF ICE CREAM, INC. and Evolution Consulting LLC.

I request, authorize and consent to the procurement of an Investigative Consumer Report and/or Consumer Credit Report and understand that they may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by, JOHN HUFF ICE CREAM, INC. if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to: JOHN HUFF ICE CREAM, INC.

Law enforcement agencies and other entities for positive identification purposes require the following information when checking

public records. It is confidential and will not be used for any other purposes. I hereby release, JOHN HUFF ICE CREAM, INC., Evolution Consulting LLC, its agents and all persons, agencies and entities providing information or reports about me from any liability arising out of the request for or release of any of the above mentioned information or reports. This disclosure further serves as a request that any present or former employer, police department, educational or financial institution or other person having personal knowledge about me to furnish Evolution Consulting LLC and its affiliates or representative any and all information in their possession regarding me in connection with my application for employment. A photocopy/facsimile of this authorization may be accepted with the same authority as the original and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

I authorize JOHN HUFF ICE CREAM, INC. or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to JOHN HUFF ICE CREAM, INC. or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability JOHN HUFF ICE CREAM, INC. and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by JOHN HUFF ICE CREAM, INC. or its agents, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States. I also understand JOHN HUFF ICE CREAM, INC. employs only individuals who are legally eligible to work in the United States.

Signature

Today's Date

Printed Name

Name as it appears on Driver's License

Date of Birth
____-____-____

Name as it appears on Social Security card

Drivers License #

Social Security Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

State _____

Other names you have used or are also known as: _____

HUFF ICE CREAM COMMERCIAL DOT DRIVER APPLICATION APPLICANT INFORMATION

DATE _____ Position applying for: **DOT Driver**
NAME _____ PHONE () _____
EMERGENCY PHONE () _____ AGE _____ DATE OF BIRTH _____ SS# _____

PHYSICAL EXAM EXPIRATION DATE _____

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

_____ FROM _____ TO _____
_____ FROM _____ TO _____
_____ FROM _____ TO _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ Yes _____ No If yes, give dates: From _____
To _____ Reason for leaving? _____

(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)

EDUCATION HISTORY:

Please circle the highest grade completed: Grade school: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Post Graduate: 1 2 3 4

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr Mo/Yr Present or Last Employer From _____ To _____
Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer From _____ To _____
Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer From _____ To _____
Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer From _____ To _____
Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer From _____ To _____
Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer From _____ To _____
Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer From _____ To _____
Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

(Attach additional sheets for 10-year history, if needed.)

DRIVING EXPERIENCE

List states operated in, for the last five (5) years: _____

List special courses/training completed (PTD/DDC, HAZMAT, ETC) _____

List any Safe Driving Awards you hold and from whom: _____

| Class of Equipment | From | To | Approximate Number of Miles |
|---------------------------|------|----|-----------------------------|
| Straight Truck | | | |
| Tractor & Semitrailer | | | |
| Tractor & two trailers | | | |
| Tractor & triple trailers | | | |
| Other | | | |

Accident Record for past three (3) years: (attach sheet if more space is needed):

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

| Class of Equipment | From | To | Approximate Number of Miles |
|------------------------|------|----|-----------------------------|
| Straight Truck | | | |
| Tractor & Semitrailer | | | |
| Tractor & two trailers | | | |

| Class of Equipment | From | To | Approximate Number of Miles |
|------------------------|------|----|-----------------------------|
| Straight Truck | | | |
| Tractor & Semitrailer | | | |
| Tractor & two trailers | | | |

| Class of Equipment | From | To | Approximate Number of Miles |
|------------------------|------|----|-----------------------------|
| Straight Truck | | | |
| Tractor & Semitrailer | | | |
| Tractor & two trailers | | | |

Driver's License (list each driver's license held in the past three(3) years:

Have you ever been convicted of a felony? _____ Yes _____ No If the answers to any questions listed above are "yes", give Details _____

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 suspended or revoked? _____ Yes _____ No Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? _____ Yes _____ No

Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

| | | |
|------------|---------------|-------------|
| Name _____ | Address _____ | Phone _____ |
| Name _____ | Address _____ | Phone _____ |
| Name _____ | Address _____ | Phone _____ |

To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature _____ Date _____

Five-Gallon Container (Paint, Joint Compound, Floor Sealer) Tasks

1. Lift/carry a five-gallon can of floor sealer (approx. weight 46.3 lbs.).
2. Carry a five-gallon bucket of paint (55.4 lbs.).
3. Lift/handle a five-gallon bucket of joint compound (51 lbs.).
4. Lift a five-gallon bucket of paint into the back of a vehicle (55.4 lbs.).
5. Lift a five-gallon bucket of paint up onto a stack of other five-gallon paint buckets (55.4 lbs.).

Five-Gallon Bucket Stack Work Sample Test

Approach a row of four five-gallon buckets of paint. Stack three of the buckets on top of one of the bucket furthest to the left. Next, take the top bucket off the stack and carry it 15 feet to a truck bed. Set it down and release grip. Re-grip the bucket and return to the stack of buckets. Next, place the bucket of paint beside the stack and replace the two remaining cans on the ground in a row, as they were initially.