

MODICA BROTHERS, LTD. APPLICANT INSTRUCTIONS

Thank you for your interest in working at our company. Our people make us successful and the employment process is an important aspect of building our team. We appreciate your application and are glad you have shown an interest in joining our team. This sheet is for your information only. Please tear it off and keep it for your reference.

Please complete the attached application and authorization for release of information form. Please print all information so it may be easily read. Be certain that each section is completely filled out and that you sign and date the application and the Release of Employment Records form. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. Incomplete applications will not be considered. ***As part of the application you will be furnished a job description that will contain the essential functions of the job. If it has not been supplied to you, it is your responsibility to ask for one.***

Please note the following:

THIS COMPANY DOES NOT SUBSCRIBE TO THE WORKERS' COMPENSATION PROGRAM. WE HANDLE EMPLOYEE INJURIES THAT OCCUR ON THE JOB THORUGH OUR OWN NAMAGED CARE APPROACH TO HEALTH BENEFITS. YOU WILL HAVE CERTAIN RESPONSIBILITIES IN THAT REGARD IF YOU ARE EMPLOYED AND WISH TO HAVE SUCH BENEFITS AVAILABLE TO YOU.

We will keep your application on file for one (1) year. Should an appropriate opening occur, your application will be reviewed along with all others. If you are among the most qualified applicants for a position, an interview will be arranged. It is not necessary for you to contact this office regarding any job openings after you have completed your application. Please notify us in writing if your address or telephone number should change.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, work experience, and other factors which are relevant in determining job performance. Credentials and experience will be verified through schools, former employers, and licensing/certification agencies if applicable. As an Equal Opportunity Employer, decisions to hire and promote are made without regard to race, color, creed, national origin, sex, pregnancy, physical or mental disability or age (as identified by law).

We appreciate your cooperation.

MODICA BROTHERS, LTD.

APPLICATION FOR EMPLOYMENT

Date of Application: ____/____/____

PERSONAL INFORMATION

Full Name: _____	Social Security No.: ____ - ____ - ____
Address: _____	Phone No.: (____) ____ - ____
City: _____	State: _____ Zip: _____
Are you age 18 or older? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, hire is subject to verification that you are of legal minimum age to work.)	
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please briefly describe the circumstances of your conviction, indicating the date, nature and place of the offense, and disposition of the case. (A felony conviction record will not necessarily bar you from employment.)	

Notify in case of an emergency:	
Name: _____	Phone No.: (____) ____ - ____
Address: _____	

EMPLOYMENT DESIRED AND AVAILABILITY

Position(s) applying for: _____	Salary/Wage Desired: _____
Date available to work: ____/____/____	Full Time Part Time
Have you ever been employed with us before? Yes No If yes, give dates _____	

EDUCATION

Circle the highest year attained.

Elementary: 4 5 6 7 8

High School: 9 10 11 12

College/University: 1 2 3 4

Graduate/Professional: 1 2 3 4

Describe Course of Study: _____

Describe any experiences, skills, or qualifications which would be of special benefit in the job for which you are applying.

EMPLOYMENT RECORD

Are you currently employed? Yes No

We routinely contact an applicant's current employer for reference checks. Would this pose a particular difficulty for you?

Yes No

If yes, please explain.

(PLEASE LIST YOUR EMPLOYMENT FOR THE LAST 10 YEARS)

Current or Last Employer

Employer: _____ Phone: _____

Address: _____ From: _____ / _____ To: _____ / _____

Supervisor: _____

Position & Duties: _____

Reason for Leaving: _____

Previous Employer

Employer: _____ Phone: _____

Address: _____ From: _____ / _____ To: _____ / _____

Supervisor: _____

Position & Duties: _____

Reason for Leaving: _____

Next Previous Employer

Employer: _____ Phone: _____
Address: _____ From: ____/____/____ To: ____/____/____
Supervisor: _____
Position & Duties: _____
Reason for Leaving: _____

(If additional space is needed, use the back of this page)

Please explain all periods of unemployment: _____

Have you ever been terminated from employment? Yes No

If yes, please explain: _____

The following section must be completed if you are applying for a position which requires operation of a motor vehicle which is either owned or leased by the company, being serviced by the company, or if you must use your own vehicle for company purposes.

Driver's License No.: _____ Issuing State: _____ Expiration Date: ____/____/____

Do you have auto liability insurance? Yes No If yes, please give the name of the insurance company and the expiration date: _____

Has your driver's license ever been suspended or revoked? Yes No If yes, please give the date and reason: _____

Have you ever been involved in a vehicle accident of any type within the last five (5) years? Yes No

If yes, please give date(s) and the nature and severity of the accident(s). _____

TRAFFICE VIOLATION RECORD

List traffic citations you have received during the five (5) years preceding the date of this application, and state the disposition of each, such as "dismisses", "paid fine", "defensive driving", etc.

_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have been convicted of driving while intoxicated or under the influence of drugs or alcohol, please explain:

NOTE: If you are hired for a position which requires driving, you must keep us informed of any changes in your driving record.

Employers in Texas have a legal duty in regard to each employee's safety. Your, your fellow workers', and our customers' safety is of utmost importance to Modica Brothers, Inc. It is neither beneficial for you nor us to place you in a job where you have a higher risk of injury because of a physical or mental condition. As an Equal Opportunity Employer, we consider applicants for employment regardless of their disabilities; however, in addition to our own requirements, the Americans with Disabilities Act also requires us to make sure that each employee is capable of performing the essential functions of the job. Therefore, you must be honest with us in regard to your personal evaluation as to your abilities to perform the essential functions as described in the job description. If you are unable to perform the essential functions of the job, we welcome you to discuss any needs for accommodations that would allow you to perform the job in accordance with the job description.

Do you have the physical and/or mental capabilities to perform the essential functions of the job? Yes No

If no, state the accommodations that would allow you to perform the job. _____

I certify that all information given on this application is true, correct, and complete to the best of my knowledge. I also certify that I have accounted for my last ten (10) years of work experiences and any relevant training on this application., and that I have not knowingly withheld any facts or circumstances which would, if disclosed, affect my application unfavorably.

Modica Brothers, Inc. is hereby authorized to make any investigation of my past employment (Current employments, if indicated above that this would not pose any difficulty), educational, credit or criminal history through any investigative agencies of bureaus of its choice. I release all relevant parties from all liability of any damages resulting from furnishing such information.

I understand that an offer employment and continued employment with the company is contingent upon my furnishing satisfactory proof of my authorization to work in the United States.

If employed by Modica Brothers, Inc., I agree to abide by its rules and regulations. I understand that discovery of misrepresentation of omission of facts herein will make me ineligible for employment or will be cause for immediate dismissal. I agree to furnish additional information as may be required to complete my employment file. I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor.

I have received, read, and reviewed the job description of the position for which I am applying and understand that I must be capable of performing the essential functions contained herein. I also understand that my employment is subject to the completion of a Medical Examination and Mobility Evaluation and that my continued employment may be conditioned upon maintaining a favorable health evaluation. I also agree that all information concerning said health evaluation can be supplied to the authorized agent of this company, upon their request.

I understand that this is an application for employment and no employment contract, either expressed or implied, is being offered. I also understand that if employed, such employment is for an indefinite period and can be terminated at will by either party, with or without notice, at any time, for any reason, and is subject to change in wages, conditions. Benefits, and operating policies.

Date: ____ / ____ / ____

Signature: _____

EMPLOYMENT APPLICANT'S RELEASE OF EMPLOYEE RECORDS

I, _____, authorize _____, Modica Brothers, Inc. to investigate all facts contained in my application for employment with said company, and authorize the release of any and all information by my present (if indicated on application that this would not pose any difficulty) and past employers, wherever located, which may be required for a reference check. I further authorize all my previous employers and current employer to give any and all information concerning my employment and any other pertinent information which said employer may have, personal or otherwise, and I release all parties from all liabilities for any damage which may result from the furnishing of said information.

A copy of this release shall be as valid as the original

Date: ____ / ____ / ____

Applicant Signature

Witness Signature

Printed Name of Applicant

Printed Name of Witness

FEDERATED MUTUAL INSURANCE
MVR DEPARTMENT
888-333-4949

New Hire MVR Request Fax Form

AFTERMARKET REQUEST

*** **MUST BE FILLED OUT LEGIBLY.** If It Is Not Legible It Will Increase The
Amount of Time Needed to Process Your Request ***

Company Information

Account # 242-024-8

Account Name as Listed on Your Policy: Modica Brothers, LTD

Account Address: 3615 Washington Blvd

City and State of Account: Beaumont, TX 77705

Name of Person to Contact with MVR Results: Robbi LeLeaux

Confidential Fax#: (409) 842-1860 **Phone #** (409) 842-1794

Prospect Information

Full Legal Name as It Appears On DL: _____

Date of Birth*: _____

Driver's License #: _____

State of Issuance: _____

Job Title: _____

If newly issued DL#, please provide previous number and state: _____

Authorization for Company to Obtain a Driver's License Report

In compliance with the Fair Credit Reporting Act, we hereby notify you that for employment purposes we may request a consumer report in connection with your application for employment or in connection with your employment. It is our normal practice to limit the consumer report to driver records available from the appropriate state departments of motor vehicles.

I voluntarily authorize Zurich to obtain a consumer report for the purpose of business insurance underwriting. I acknowledge that Zurich is not my employer or perspective employer and will not make any employment decisions relating you me. I understand and agree that I can revoke this authorization only in writing and the revocation will be effective only upon receipt.

Signature: _____ Date: _____

**Date of Birth Information will be used by the consumer reporting agency to try to ensure an accurate investigation. It will not be used in any employment decision.*