J.G. Haddy Sales Co.

CPS Express, Inc. • Coast Warehousing Co. • Coast Packaging

Employment Application

An Equal O	pportunity Employ	yer			
Please Print	t				
Date	Last Name		First Name	Middle	
Present Add	ress				
No. & Street			City	State Zip	
Permanent A	Address (if differen	nt from present add	dress)		
No. & Street			City	State Zip	
()		()		'10 '' N 1	
Home Phone Employmer	nt Desired	Alternative Ph	one Soc	cial Security Number	
Position app					
Are you app	lying for:	rk?		Yes No	
	_				
			lay work?		
Are you ava	ilable for work on	weekends?		Yes No	
				Yes No	
If hired, on v	what date can you	start work?			
Salary desire	ed:				
How did you	ı hear about the C	ompany?			
Personal In Have you ev If yes, when	er applied to or w	orked for J.G. Had	ldy Companies bef	ore? Yes No	
·		latives working for	r J.G. Haddy Comp	panies ?	
Yes	•		,		
Name				Relationship	
Name				Relationship	
Are you curi	rently employed?			□ Ves □ No	

	ould you have a re		_				∐ No
	least 18 years old? egal age.)						□ No
	n you present evid n this country?						
	le to perform the e hout reasonable ac						
If no, descr	ribe the functions t	hat cannot be p	erformed 	•			
	mply with the ADA an						
-	sential functions. Hire tever been convicted		_				
	related offenses th						
If yes, state	e nature of the crin	ne(s), when and	where co	onvicted,	and dispositi	on of the case	e.
	olicant will be denied e						
of the offense Education	, the surrounding circu , Training, and E	mstances and the re			to the position(s	s) applied for mag	y, however, be con
of the offense	, the surrounding circu	mstances and the re				s) applied for mag	
of the offense Education	, the surrounding circu , Training, and E Name	mstances and the re			to the position(s	s) applied for mag	y, however, be con Degree or Diploma
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of the offense Education School High School College/ University Graduate or	, the surrounding circu , Training, and E Name and Address Name Address City Name Address City	State	Zip	the offense	to the position(s No. of year Completed	s) applied for mages Did you Graduate? Yes No	y, however, be con Degree or Diploma

Answer the following qu Are you licensed/certified						□No
Name of license/certifica	ition:					
Issuing state:						
License/certification num	nber					
Has your license/certifica						☐ No
If yes, state reason(s), da						
Employment History List below all present and Account for all periods o						
Name of Employer			() Telephone N	 No.		
1 .7						
Address & Street			City		State Zip	
Dates of Employment:			N	Monthly Pay: _		
	From	То	Ponus/		tarting	Ending
Your Supervisor's Name			_ Bollus/	Incentive Pay:	Starting	Ending
Your Position and Duties						
Reason for Leaving						
May we contact this emp	oloyer for a referen	ce?			Yes	☐ No
			()	_		
Name of Employer			Telephone N	No.		
Address & Street			City	Annelste Dani	State Zip	
Dates of Employment:	From	To	N	Monthly Pay:	tarting	Ending
			Bonus/	Incentive Pay:		
Your Supervisor's Name			_	·	Starting	Ending
Your Position and Duties						
Reason for Leaving						
May we contact this emp	loyer for a referen	ce?			Yes	☐ No

Employment History continued

			()_			
Name of Employer			Telephone	No.		
Address & Street			City		State Zi	
Dates of Employment:				Monthly Pay:		
	From	To		Sta	arting	Ending
			Bonus	/ Incentive Pay: _		
Your Supervisor's Name					Starting	Ending
Your Position and Duties						
Reason for Leaving						
May we contact this em	ployer for a 1	reference?			. Yes	☐ No
			()_			
Name of Employer			Telephone	No.		_
Address & Street			City		State Zi	p
Dates of Employment:				Monthly Pay:		<u> </u>
	From	To		Sta	arting	Ending
			Bonus	/ Incentive Pay: _		
Your Supervisor's Name					Starting	Ending
Your Position and Duties						
Reason for Leaving						
May we contact this em	ployer for a 1	reference?			. Yes	☐ No
Military Service Have you obtained any significant from the service in the service is the service in the servic	special skills	or abilities a	as the result of	f service in the m	iilitary?	Yes 1
References						
List below three persons	s not related	to vou who k	now of your	work performanc	e within t	he last three vea
Elst below timee persons	, not related	to you who k	inow or your	work performanc	e within t	ne last unce yea
E' AN				()		_
First Name	1	Last Name		Telephone N	10.	
Occupation			No. of Years	Acquainted		
•				()	_	
First Name		Last Name		Telephone N	0.	_
Occupation			No. of Year	s Acquainted		
				()		_
First Name	I	Last Name		Telephone N	lo.	_

Occupation	No. of Years Acquainted

APPLICANT'S STATEMENT AND AGREEMENT

In the event of my employment with J.G. Haddy Companies, I will comply with all rules and regulations of J.G. Haddy Companies ("Employer"). I understand the Employer reserves the right to require me to submit to a test for the presence of alcohol or drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent on passing of a physical examination and a test for the presence of alcohol or drugs in my system, performed by a doctor selected by Employer. Further, I understand that at any time after I am hired, Employer may require me to submit to a physical examination and an alcohol and drug test, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to the Employer. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that Employer may contact my previous employers and I authorize those employers to disclose to Employer all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to Employer, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide Employer with any pertinent information they may have regarding me.

I hereby state that all the information I provided on this application or any other documents completed in connection with my employment application, and in an interview are true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed by Employer and any such information is later found to be false or incomplete in any respect, my employment may be terminated.

If hired, I agree as follows: My employment and compensation in terminable at-will, is for no definite period, and my employment and compensation may be terminated by either the Employer or me at any time and for any reason whatsoever, with or without good cause. This is the entire agreement between the Employer and me regarding dispute resolution, the length of my employment, and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the President of the Company. No supervisor or representative of the Employer, other than the President, has any authority to enter into any agreement for employment for any specific period of time or make any agreement contrary to the foregoing. Oral representations made before or after I am hired do not alter this agreement.

I further agree and acknowledge that the Employer and I will utilize binding arbitration to resolve all disputes that may arise out of the employment or preemployment context. Both the Company and I agree that any claim, dispute, and/or controversy that I may have against the Employer (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or that the Employer may have against me, arising from, related to, or having a relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Employer shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. Section 1280 et seq., including section 1283.05 and all of the Act's other mandatory and permissive rights to discovery). Included within the scope of this Agreement are disputes, whether based on tort, contract, statue (including, but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers Compensation Act, Employment Development Department claims, or as otherwise required by state or federal law. However nothing herein shall prevent me from filing and pursuing proceedings before the California Department of Fair Employment and Housing, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). In addition to any requirements imposed by law, the arbitrator selected shall be a retired California Superior Court Judge or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleadings (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions of summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8 shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke on any basis (including but not limited to motions for "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47 (b). As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. I understand and agree to this binding arbitration provision and I and the Company both give up our rights to trial by jury of any claim I or the Company may have against each other.

If any term or provision, or portion of this agreement is declared void or enforceable it shall be served and the remainder of this Agreement shall be enforceable.

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK AN EMPLOYER REPRESENTAIVE BEFORE SIGNING. **DO NOT SIGN UNTIL YOU HAVE READ ATHE ABOVE STATEMENTS AND AGREEMENT.**

I hereby acknowledge that I have read the above statements and understand the same. Furthermore, all of the information provided in this application for employment is true and accurate

X	
Signature of Applicant	Date
Print Name	