

## DAVIS DELIVERY SERVICE, INC.

943 Gainesville Hwy, Buford, GA 30518 • 678-926-3939 • davisdelivery.com

### APPLICATION FOR EMPLOYMENT

|                      |                     |                         |                       |
|----------------------|---------------------|-------------------------|-----------------------|
| POSITION APPLIED FOR | DATE OF APPLICATION | DATE AVAILABLE TO START | FULL TIME / PART TIME |
|                      |                     |                         |                       |

#### SECTION 1 — APPLICANT INFORMATION

|           |            |        |               |
|-----------|------------|--------|---------------|
| LAST NAME | FIRST NAME | MIDDLE | DATE OF BIRTH |
|           |            |        |               |

|                        |       |       |
|------------------------|-------|-------|
| SOCIAL SECURITY NUMBER | PHONE | EMAIL |
|                        |       |       |

|                |                  |                |
|----------------|------------------|----------------|
| STREET ADDRESS | CITY, STATE, ZIP | HOW LONG THERE |
|                |                  |                |

|                                   |              |       |
|-----------------------------------|--------------|-------|
| IN CASE OF EMERGENCY, CALL — NAME | RELATIONSHIP | PHONE |
|                                   |              |       |

Your Social Security number and date of birth are used only for identity verification, background and reference checks, and payroll setup if you are hired. They are stored securely and are not disclosed except as required by law.

#### SECTION 2 — ELIGIBILITY

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

Have you worked for Davis Delivery Service before? ☐ Yes ☐ No If yes, dates:

Are you currently employed? ☐ Yes ☐ No If not, how long since your last job?

Are you forklift certified? ☐ Yes ☐ No If yes, expiration date:

Do you hold a commercial driver's license (CDL)? ☐ Yes ☐ No If yes, you will be asked to complete the Driver Application instead.

Have you been convicted of a felony within the past seven (7) years? ☐ Yes ☐ No If yes, please explain on a separate sheet.

You do not need to disclose any charge or conviction that has been sealed, expunged, restricted, or discharged under Georgia's First Offender Act (O.C.G.A. § 42-8-60 et seq.) or a similar law of another state. A conviction does not automatically disqualify you. We consider the nature of the offense, how it relates to the duties of the position, how much time has passed, and evidence of rehabilitation.

### SECTION 3 — PHYSICAL REQUIREMENTS OF THIS POSITION

This job is hands-on freight handling for the length of the shift. The essential functions of the position require you to:

- Lift, carry, and lower freight weighing up to 50 lbs without assistance, repeatedly throughout the shift
- Hand-unstack and restack floor-loaded freight inside a trailer or box truck
- Push and pull loaded pallet jacks
- Climb into and out of the truck, trailer, and cab many times per day
- Stand, walk, bend, squat, kneel, and reach overhead for most of the shift
- Operate a liftgate and secure loads with straps and load bars
- Carry freight over thresholds, steps, and uneven ground on residential and job-site deliveries
- Work in non-climate-controlled conditions, including heat, cold, and rain

Can you perform these physical requirements, with or without reasonable accommodation? ☐ Yes ☐ No

*We are not asking about any medical condition or disability. If you need a reasonable accommodation to perform any of these functions, tell us and we will discuss what is available.*

### SECTION 4 — EDUCATION

|                           | School name and location | Highest grade completed | Area of study |
|---------------------------|--------------------------|-------------------------|---------------|
| High school               |                          |                         |               |
| College / university      |                          |                         |               |
| Trade or technical school |                          |                         |               |

### SECTION 5 — EMPLOYMENT HISTORY

*Begin with your most recent employer and list the past seven (7) years. Attach additional sheets if needed.*

|                  |               |              |            |
|------------------|---------------|--------------|------------|
| 1. EMPLOYER NAME | POSITION HELD | FROM (MM/YY) | TO (MM/YY) |
|                  |               |              |            |

|                |                  |       |
|----------------|------------------|-------|
| STREET ADDRESS | CITY, STATE, ZIP | PHONE |
|                |                  |       |

|                    |
|--------------------|
| REASON FOR LEAVING |
|                    |

May we contact this company? ☐ Yes ☐ No

|                  |               |              |            |
|------------------|---------------|--------------|------------|
| 2. EMPLOYER NAME | POSITION HELD | FROM (MM/YY) | TO (MM/YY) |
|                  |               |              |            |

|                |                  |       |
|----------------|------------------|-------|
| STREET ADDRESS | CITY, STATE, ZIP | PHONE |
|                |                  |       |

|                    |
|--------------------|
| REASON FOR LEAVING |
|                    |

May we contact this company? ☐ Yes ☐ No

|                  |               |              |            |
|------------------|---------------|--------------|------------|
| 3. EMPLOYER NAME | POSITION HELD | FROM (MM/YY) | TO (MM/YY) |
|                  |               |              |            |

|                |                  |       |
|----------------|------------------|-------|
| STREET ADDRESS | CITY, STATE, ZIP | PHONE |
|                |                  |       |

|                    |
|--------------------|
| REASON FOR LEAVING |
|                    |

May we contact this company? ☐ Yes ☐ No

|                  |               |              |            |
|------------------|---------------|--------------|------------|
| 4. EMPLOYER NAME | POSITION HELD | FROM (MM/YY) | TO (MM/YY) |
|                  |               |              |            |

|                |                  |       |
|----------------|------------------|-------|
| STREET ADDRESS | CITY, STATE, ZIP | PHONE |
|                |                  |       |

|                    |
|--------------------|
| REASON FOR LEAVING |
|                    |

May we contact this company? ☐ Yes ☐ No

## SECTION 6 — CERTIFICATION AND AUTHORIZATION

1. I understand that completing this application does not guarantee employment with Davis Delivery Service, Inc.
2. I certify that the answers I have given are true and complete to the best of my knowledge. I understand that false or misleading information given on this application or in an interview may result in rejection of my application or, if I am hired, in dismissal.
3. I authorize Davis Delivery Service, Inc. to contact the employers and references listed in this application and to verify the information I have provided.
4. I agree to submit to the physical examinations and tests that may be required by Davis Delivery Service policy or by law for the position I am seeking.
5. I understand that if I am employed, my employment is at will, which means that either I or Davis Delivery Service, Inc. may end the employment relationship at any time, with or without cause and with or without notice.

*If a consumer report (background check, motor vehicle record, or PSP report) is obtained through a consumer reporting agency, you will receive a separate written disclosure and authorization form, as required by the Fair Credit Reporting Act.*

Davis Delivery Service, Inc. is an Equal Opportunity Employer. We consider all applicants for all positions without regard to race, color, religion, sex (including pregnancy, sexual orientation, and gender identity), national origin, age, disability, genetic information, veteran status, or any other characteristic protected by federal, state, or local law. We provide reasonable accommodation to qualified individuals with disabilities. If you need an accommodation to complete this application, contact us at 678-926-3939.

SIGNATURE OF APPLICANT

DATE

PRINTED NAME