



Pride. Commitment. Community. Since 1915.

550 SOUTH PATTERSON AVE.
SANTA BARBARA, CA 93111

EMPLOYMENT APPLICATION

(PLEASE PRINT CLEARLY)



Pride. Respect. Integrity. Since 1915.

5305 EKWILL STREET
SANTA BARBARA, CA 93111

JORDANO'S and its subsidiaries will select, hire, train and compensate all employees strictly on the basis of ability to perform the duties of the position and bona fide occupational qualification; all without regard to race, color, religion, sex, national origin, sexual orientation, pregnancy, age, ancestry, marital status, military service or physical or mental disability all to the extent where governed by law.

Name: _____ Social Security No. _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: () _____ Message Telephone: () _____ E-mail Address: _____
Area Code Area Code

Have you ever been employed under another name? Yes _____ No _____ If so, what name: _____

List any relatives (and their department) currently employed by Jordano's or PBC: _____

Have you ever worked for Jordano's or any of its subsidiaries? Yes _____ No _____ When? _____ Position Held: _____

What prompted you to apply to Jordano's? Company Reputation _____ Agency _____ Newspaper _____ Relative _____ Friend _____ Name: _____

Position(s) applied for: _____ Part-time? _____ Full-time? _____

Are you available to work weekdays? Yes _____ No _____ Weekends? Yes _____ No _____ Night Shift? Yes _____ No _____

Pay expected: _____ Date Available: _____ Are you at least 18 years of age? Yes _____ No _____

Can you, upon employment, submit evidence of your identity and legal right to work in the United States? Yes _____ No _____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? (Conviction for marijuana-related offenses that are more than two years old need not be listed.) Yes _____ No _____ If yes, please explain: _____

EDUCATION

Schools	Major Field	Number of Years Completed	Title of Degree	Did You Graduate?
High School / G.E.D. (last): _____ Address: _____ City/State: _____				
College/University: _____ Address: _____ City/State: _____				
Other Schools/Education: _____ _____ _____				

EMPLOYMENT HISTORY

IMPORTANT: LIST ALL PRESENT AND PAST EMPLOYMENT FOR THE LAST 10 YEARS WHETHER OR NOT IT SEEMS RELEVANT TO THE POSITION APPLIED FOR. LIST YOUR MOST RECENT EMPLOYER FIRST. IF LAPSES OCCURRED BETWEEN PERIODS OF EMPLOYMENT GIVE DATES OF, AND REASON FOR UNEMPLOYMENT, INCLUDE MILITARY SERVICE. COMPLETE ALL ITEMS, EVEN IF RESUME IS FURNISHED. ATTACH ADDITIONAL SHEET IF NECESSARY.

EMPLOYMENT DATES (Mo/Yr)	EMPLOYER	DESCRIPTION OF JOB DUTIES
From: _____ To: _____ Job Title: _____ Starting Pay: _____ Ending Pay: _____ May we contact this employer? Yes___ No___	Name: _____ Address: _____ City/State: _____ Telephone: _____ Supervisor's Name: _____ Supervisor's Job Title: _____ Reason for Leaving: _____	_____ _____ _____ _____ _____ _____
From: _____ To: _____ Job Title: _____ Starting Pay: _____ Ending Pay: _____ May we contact this employer? Yes___ No___	Name: _____ Address: _____ City/State: _____ Telephone: _____ Supervisor's Name: _____ Supervisor's Job Title: _____ Reason for Leaving: _____	_____ _____ _____ _____ _____ _____
From: _____ To: _____ Job Title: _____ Starting Pay: _____ Ending Pay: _____ May we contact this employer? Yes___ No___	Name: _____ Address: _____ City/State: _____ Telephone: _____ Supervisor's Name: _____ Supervisor's Job Title: _____ Reason for Leaving: _____	_____ _____ _____ _____ _____ _____
From: _____ To: _____ Job Title: _____ Starting Pay: _____ Ending Pay: _____ May we contact this employer? Yes___ No___	Name: _____ Address: _____ City/State: _____ Telephone: _____ Supervisor's Name: _____ Supervisor's Job Title: _____ Reason for Leaving: _____	_____ _____ _____ _____ _____ _____

SKILLS

Complete ONLY the section below that relates to the position for which you are applying. Attach sheet if additional space is needed for any item.

• **DRIVER, MANAGEMENT, MECHANIC, MERCHANDISER, SALES, STOCKER AND WAREHOUSE APPLICANTS**

DRIVER'S LICENSE: State: _____ License No. _____ Type: _____ Expiration: _____

Section 383.21 FMCSR states "No person who operates a commercial vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license. Signature: _____

Have you ever had any driver's license, permit or privilege suspended or revoked? Yes ___ No ___ If yes, list date(s), location and reasons:

Date	Location	Reason
_____	_____	_____
Date	Location	Reason
_____	_____	_____

DRIVING EXPERIENCE - Indicate the number of years experience for each type of equipment and the most recent year you operated such equipment.

Type of Equipment	No. of Years	Most Recent Year	Type of Equipment	No. of Years	Most Recent Year
Straight Truck					
Tractor/Single Trailer					
Tractor/Double Trailers					

ACCIDENT RECORD - List all accidents for the last five years. If none, write "NONE" below.

Date (Mo/Yr)	Location (City, State)	Type of Equipment You Were Driving	Nature of Accident (Rear-end, Head-on, etc.)	Injuries? (Yes or No)	Fatalities? (Yes or No)	Chargeable or Non-Chargeable

TRAFFIC CONVICTIONS - List all convictions and forfeitures in the last 5 years (excluding parking citations). If none, write "NONE" below.

Date (Mo/Yr)	Location (City, State)	Citation	Penalty / Fine

Number of years of warehouse experience: _____

List warehouse equipment you can operate: _____

List other training, experience in driving / warehouse: _____

• **OFFICE AND CLERICAL APPLICANTS** - List the years of experience in those areas for which you are fully qualified.

Type of Work	Years	Type of Work	Years	Type of Work	Years
Accounting - Clerical		Credit - Collections			
Accounts Payable		Excel			
Accounts Receivable		MS Word			
Bookkeeping - Full Charge		10-key by touch			

Additional training or experience, please list your software expertise: _____

ADDITIONAL INFORMATION

Please provide any additional information you feel will assist Jordano's in evaluating your qualifications and background.

I understand that any unanswered questions on this application may cause this application to be rejected. I also understand that any false, misleading, or incomplete statement or material omission on this application may result in rejection of my application, or if discovered after an offer of employment has been made, result in disciplinary action, up to and including termination.

I understand that Jordano's may contact my prior employers for purposes of reviewing my background. I authorize all former employers and schools to furnish Jordano's and its subsidiaries with information regarding my service, past performance, character, reason for leaving and qualifications. I hereby release such former employers, schools and persons from all liability on account of providing such information.

I understand that any offer of employment may be conditioned upon my successfully passing a post-offer physical exam, and I agree to submit to such a physical. I also understand that as a condition of my employment I may be required to submit to a urine test for alcohol, drugs and other controlled substances at a Jordano's selected medical facility at Jordano's expense. Prior to testing, I agree to sign Jordano's release form wherein I agree to submit to such testing and authorize the release of the test results to Jordano's. If test results demonstrate the presence of unprescribed drugs or controlled substances or an unacceptable level of alcohol, I understand that I will not be permitted to commence work for Jordano's.

I understand that any offer of employment will be conditioned upon my providing satisfactory evidence of my identity and authority to work in the United States, my successfully passing any required medical exam and/or drug and alcohol test, and upon Jordano's satisfactory responses to any reference inquiries. I understand as a matter of Company policy, in the event I am employed, my employment will not be for any specific term - accordingly my employment and compensation can be terminated, with or without cause, and with or without advance notice, at any time at the option of the Company or myself. I understand that no representative of Jordano's (other than a bona fide member of the Human Resources Department) has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and that any such agreement must be in writing and be signed by a member of the Human Resources Department.

I hereby certify that all statements on this application are true and complete to the best of my knowledge.

SIGNATURE _____

DATE _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave., N.W., Washington, D.C. 20580

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- ❑ **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- ❑ **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - ❑ a person has taken adverse action against you because of information in your credit report;
 - ❑ you are the victim of identity theft and place a fraud alert in your file;
 - ❑ your file contains inaccurate information as a result of fraud;
 - ❑ you are on public assistance;
 - ❑ you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- ❑ **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- ❑ **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- ❑ **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.
- ❑ **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- ❑ **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- ❑ **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- ❑ **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-800-XXX-XXXX.
- ❑ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- ❑ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS::	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051



DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Jordano's Inc./PBC ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Pre-Employ.com, Inc., Compliance Department, P.O. Box 491570, Redding, California 96049-1570, or by fax to (888) 999-3839**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Jordano's Inc./PBC to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Pre-Employ.com, Inc., Compliance Department, P.O. Box 491570, Redding, California 96049-1570, or by fax to (888) 999-3839**, another outside organization acting on behalf of Jordano's Inc./PBC, and/or Jordano's Inc./PBC itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

California Applicants or Employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Last Name _____ First _____ Middle _____
Social Security* # _____
Signature: _____ Date: _____

**This information will be used for background screening purposes only and will not be used as hiring criteria.*

**NOTICE REGARDING BACKGROUND INVESTIGATION
PURSUANT TO CALIFORNIA LAW**

Jordano's Inc./PBC (the "Company") intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be **Pre-Employ.com, Inc., P.O. Box 491570, Redding, California 96049-1570, and (800) 300-1821**. The source of any credit report will be **Pre-Employ.com, Inc., P.O. Box 491570, Redding, California 96049-1570, or (800) 300-1821**.



The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under *California Civil Code section 1786.22*, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity. The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.



The following information is for identification purposes only. Please print clearly in Black Ink!

Name: Last			First			Middle					
List all other names used in the last 7 years:											
Social Security Number:											
Drivers License Number:						State issued:					
City:			State:			Zip:					
Address History - Please list the city, state, and zip you have lived or worked in for the past 7 years with approximate dates:											
Dates:			City:			State:			Zip:		
Dates:			City:			State:			Zip:		
Dates:			City:			State:			Zip:		
Daytime phone number: ()						Email Address:					
***** APPLICANT – DO NOT WRITE BELOW THIS LINE *****											

Company ID:			Company Name:			PO#		
Please indicate the services you would like to request for this applicant. Fax this sheet to 888-999-3839 or enter the information at https://www.pre-employ.com								
Basic Services Requested:								
Additional Services Requested: Please check box								
<input checked="" type="checkbox"/> Social Security Trace				<input type="checkbox"/> Anti Terrorist Watch List				
<input checked="" type="checkbox"/> Criminal History Check				<input type="checkbox"/> NCFS				
<input type="checkbox"/> Drivers License Check				<input type="checkbox"/> Civil History				
<input checked="" type="checkbox"/> Employment Verification				<input type="checkbox"/> Federal Criminal History				
<input type="checkbox"/> Degree/Education Verification				<input type="checkbox"/> Federal Civil History				
<input type="checkbox"/> Reference Check				<input type="checkbox"/> Sex Offender				
<input type="checkbox"/> OIG/GSA Check				<input type="checkbox"/> Workers Compensation				
<input type="checkbox"/> National Wants and Warrants				<input type="checkbox"/> Drug Test				
<input type="checkbox"/> Credit Report								

Applicant Affirmative Action Information

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated below.

Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application form.

Please Print

Name _____ Date _____
Last First Middle

Position applied for (list only one) _____

Please check one box each to indicate your gender and racial ethnic background. Definitions given below are in accordance with the Equal Employment Opportunity Commission (EEOC) guidelines.

Male

Female

- American Indian or Native Alaskan** (Not Hispanic or Latino) - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community recognition (includes Eskimos and Aleuts).
- Asian** (Not Hispanic or Latino)- A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American** (Not Hispanic or Latino) - A person having origins in any of the Black racial groups of Africa (includes Jamaicans and Trinidadians), who are not of Hispanic origin.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Caucasian** (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Hispanic or Latino** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
- Two or More Races** (Not Hispanic or Latino) – All persons who identify with more than one of the above races

- I am a Vietnam Era Veteran**- A person who served on active duty for a period of more than 180 days any part of which occurred between 8/5/64-5/7/75, and was discharged or released therefrom with other than a dishonorable discharge foot for a service connected disability.
- I am a disabled veteran** – A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or a person whose discharge or release form active duty was for a disability incurred or aggravated in the line of duty.
- I have a mental or physical disability**- A person who has a mental or physical impairment that substantially limits one or more major life activities, who has a record of such impairment, or who is regarded as having such an impairment

POST-OFFER PHYSICAL EVALUATION

DRUG TESTING AUTHORIZATION

(For all Applicants for Driver, Manager, Mechanic, Sales, Stocker, and Warehouse Positions)

As part of our routine post-offer physical evaluation, and as a condition of employment, Jordano's requires all successful applicants for safety-sensitive positions (e.g., drivers, mechanics, sales, stockers, and warehouse employees) to provide a urine sample for drug testing. All offers of employment are conditioned upon the successful passing of this test. The results of the test will be used in conjunction with all other post-offer factors in determining our final hiring decision.

If you do not wish to provide the urine sample, Jordano's, Inc. and subsidiaries cannot further consider your application for employment. If you do agree to take the tests, you will be asked to sign a consent form at the medical facility. In addition, you will be asked to present identification to the clinic; be sure to take your driver's license or other identification bearing your photograph.

SALES, STOCKER, WAREHOUSE & MANAGEMENT POSITIONS:

As a condition of employment, I agree to take a urinalysis test that will determine the presence of marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP). The test will be administered by Jordano's and its subsidiaries in accordance with company policy guidelines.

If the test yields a positive reading, it will then be reviewed by a Medical Review Officer (MRO) to determine its accuracy. I will be denied employment with the Company if the MRO concludes that the test results are valid.

I may reapply for a job with Jordano's after one (1) year at which time I will then be required to take the post-offer urinalysis test again if I am offered employment.

Applicant's Name: (please print) _____

Applicant's Signature: _____ Date: _____

CLASS A AND B DRIVERS AND MECHANIC POSITIONS:

As a condition of employment, I agree to take a urinalysis test that will determine the presence of marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP). The test will be administered by Jordano's and its subsidiaries in accordance with the Department of Transportation (DOT) regulations.

If the test yields a positive reading, it will then be reviewed by a Medical Review Officer (MRO) to determine its accuracy. I will be denied employment with the Company if the MRO concludes that the test results are valid.

I may reapply for a job with Jordano's after one (1) year at which time I will then be required to take the post-offer urinalysis test again if I am offered employment.

Applicant's Name: (please print) _____

Applicant's Signature: _____ Date: _____

DRIVING RECORD QUALIFICATIONS FOR EMPLOYMENT

(For all Driver, Management, Mechanic, Merchandiser, Sales, Stocker and Warehouse Applicants)

The following Driving Record Qualifications apply to applicants for positions which include driving a vehicle and/or operating Company equipment in the course and scope of their job duties and responsibilities. Positions included are driver, mechanic, merchandiser, sales, stocker and warehouse personnel. In addition, these qualifications also apply to Office Coordinators and all levels of Company management.

A current, original California Department of Motor Vehicles (DMV) driving record or a driving record from the state in which the applicant most recently resided must be submitted to the Human Resources Department after the formal offer of employment is made and before the employee begins work. If the applicant currently has an out-of-state driver's license, the applicant will be required to obtain a California driver's license within 30 days of employment.

A DMV report acceptable for the positions listed above must comply with the criteria listed below. NOTE: The Company relies on the conviction date rather than the violation date for the purposes of this policy. Refer to a current DMV reports to determine the conviction date.

1. **MOVING VIOLATIONS:** No more than two moving violation convictions within the 36 month period prior to hire. (Moving violations include speeding, failure to stop, improper turning or passing, etc.)
2. **ACCIDENTS:** No more than one avoidable accident within the 36 month period prior to hire.
3. **MAJOR CONVICTIONS:** No major convictions within the 60 month period prior to hire. (Major convictions include driving under the influence of drugs/alcohol, reckless driving, driving with a suspended license, hit and run, etc.)

I have read and understand the Driving Record Qualifications for employment.

Applicant Name (please print): _____

Applicant Signature: _____ Date: _____



A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM
AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
record, to my employer, Jordano's Inc / Pacific Beverage Company
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license
suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that
my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT CITY COUNTY STATE
Santa Barbara Santa Barbara CA
DATE SIGNATURE OF EMPLOYEE
X

I, Brittany Stinner, of Jordano's Inc / Pacific Beverage Company
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am
requesting driver record information on the above individual to verify the information as provided by said individual. This
record is to be used by this employer in the normal course of business and as a legitimate business need to verify
information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be
used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for
perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not
exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and
imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally
punishable pursuant to CVC Sections 1808.45 and 1808.46.

EXECUTED AT CITY COUNTY STATE
Santa Barbara Santa Barbara CA
DATE SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE
11/01/2011 **X** Brittany Stinner Safety Administrator

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN
Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF1103A form. You may obtain forms at
our website at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPLE PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

DO NOT RETURN THIS FORM TO DMV.