

PART-TIME EMPLOYMENT APPLICATION



BULLDOG MOVERS, INC. & BUCKHEAD LOGISTICS, LLC.
(Collectively Bulldog Movers, Inc. or the "company")
4194 Northeast Expressway
Atlanta GA. 30340
770-333-8100/Fax: 888-607-7120

First Name: _____ Last Name: _____ Middle Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone Number _____ Other Number _____

SS#: _____ Position applied for: _____

Person to contact in case of an emergency: Name/Phone Number: _____

EDUCATION: High School: _____ Did you graduate? (Circle One) Yes No

College/Trade School: _____

Courses and Degrees: _____

CRIMINAL RECORD: (PLEASE DESCRIBE) _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (Circle One) Yes No

EMPLOYMENT HISTORY: (Please list the last 3 jobs with the most recent first)

Company Name: _____ **City/State:** _____

(Circle One) Temp Perm If temp. what agency or company? _____

Position: _____ **Rate:** _____ **Start Date:** _____ **End Date:** _____

Duties: _____

Supervisor: _____ **Phone:** _____

Reason for leaving: _____

Company Name: _____ **City/State:** _____

(Circle One) Temp Perm If temp. what agency or company? _____

Position: _____ **Rate:** _____ **Start Date:** _____ **End Date:** _____

Duties: _____

Supervisor: _____ **Phone:** _____

Reason for leaving: _____

Company Name: _____ **City/State:** _____

(Circle One) Temp Perm If temp. what agency or company? _____

Position: _____ **Rate:** _____ **Start Date:** _____ **End Date:** _____

Duties: _____

Supervisor: _____ **Phone:** _____

Reason for leaving: _____

***Signature** _____ **Date** _____

*By signing this application you agree to the terms and conditions of employment as noted on pages 2 through 5. Page 1 of 5

Terms and Conditions of Employment:

_____This is a part-time position and there is no guarantee of any minimum hours express or implied by the company.

_____Employees are paid bill of lading time plus one hour travel time for drivers only.

_____Interstate and intrastate pay is based upon the schedule maintained by dispatch and is generally at % of line haul and packing labor.

_____A drug test and criminal background check is required the consent to which is incorporated hereunder. Employer may allow applicant to work before the results of information are available. Positive drug results or criminal activity not reported on the front of this application may be grounds for immediate termination.

1. Employees must notify employer of any felony convictions or any criminal charges that occur after hire.
2. Drivers must notify company of any DUI, traffic violations and any changes to drivers license that occur after employment.
3. Drivers are responsible for the cost of their own current DOT card.
4. Drivers are responsible for payment of their own traffic violations that occur using company vehicles
5. Drivers are responsible for compliance with DOT requirements.
6. The company requires post-accident, random and reasonable suspicion drug testing. Any refusal is a positive result and may result in immediate termination.
7. The company maintains a Drug Free Workplace the consent to which is incorporated hereunder.
8. The company requires a clean uniform (Company t-shirt or sweat-shirt and solid black pants without cargo pockets or embroidery) to be worn at all times on company or customer property including on the truck. Employee agrees that a fine of \$25 will be deducted from their pay for all out of uniform situations and will require an immediate purchase of a new uniform or being sent home.
9. Hair must be kept neat and clean and no longer than shoulder length. Jewelry is not allowed on the job.
10. Backpacks, gym bags and shoulder bags are not permitted on customer property.
11. No hats other than official company hats are permitted and must be worn forward and straight.
12. No alcohol or illegal drugs are permitted on the job.
13. No guns or weapons or fighting is permitted on the job.
14. For safety reasons sunglasses may not be worn indoors.
15. If you refuse to work, no show or no call you are subject to immediate termination and your pay may be adjusted retroactively to minimum wage. After you No Show one time, you must call your dispatcher and ask to be added back on to the schedule.

16. Employees are to report between 6:45 a.m. and 7:15 a.m. No departure prior to job completion is permitted. Employees are required to accept a second job if the first job is completed before 4:00 p.m.
17. Employee pay rates and hours shall not be shared with anyone else in the company.
18. Employee agrees not to borrow or lend money to fellow employees on company or customer property.
19. Employee agrees to provide for their own lunch and to stop working at lunch even if they failed to bring their own lunch.
20. Smoking on the truck is not permitted. Smoking is not permitted on customer property and only on company property in the designated smoking area.
21. Theft of any kind will result in immediate termination.
22. Cell phones are not permitted outside the truck unless you are the driver or the supervisor on the job. You are not permitted to use the customer's phone unless you are the supervisor and your phone is not working. You must ask first.
23. You must ask the customer (residential jobs) or your supervisor (commercial jobs) before using the restroom. However, you are not permitted to relieve yourself outside of a restroom facility. No paper towels are to be placed in the toilet.
24. Employee agrees to stay where he or she has been assigned to work. Deviations from supervisor orders may result in arrest by building security or termination.
25. All trash must be removed from the company vehicles at night. Trash shall not be left anywhere except in a trash receptacle. A \$25 fine shall apply.
26. Drinks must be kept outside of customer's house or building. Soft-drinks or soda are not permitted in customer loading dock areas.
27. Discussion of personal information is not permitted between employees and customers. Employees are not allowed to ask the customer for anything other than water.
28. Solicitation of tips is not permitted.
29. Solicitation of customers or moonlighting for customers is not permitted.
30. As a term and condition of your employment, 5% of your gross pay is allocated to your escrow account up to a total of \$500. Your escrow account is designed to cover; loss or damage to a customer's household goods, and loss or damage to the real or personal property of the company or its customers. You can monitor your escrow balance by examining your paystub each week. In the event you do not have any damages and you quit or are terminated you will receive your escrow balance back once all outstanding claims have been processed. In accordance with the Georgia Public Service Commission rules on claims filing will take 90 days from your last day at work. In the event you reach the end of the quarter and have less than \$500 in your account

you will receive no refund for that quarter. In the event your escrow balance is above \$500 you will receive the amount over \$500 pending review of any claims filed 30 days after the end of the quarter. Please be aware this policy was designed with input from the drivers and helpers and was made to ensure that customer and company property are properly protected and accounted for.

31. Job injuries and driving accidents must be reported to the office immediately. If you are unable to contact anyone directly you must leave a message. Drivers will be fined \$250 for any forward damage and \$500 for any backward damage. Spotters are required for all backing. \$25 driver fine for violation of backing policy.
32. Personal use of vehicles is not permitted and will result in a \$125 fine plus \$1 per mile and subject to termination. Disconnecting the GPS unit will result in the same and immediate termination.
33. Incomplete BOL and paperwork will result in a \$25 fine.
34. Personal items left on truck are subject to disposal plus a cleaning fee of \$25.
35. Payment must be collected at the completion of each move and no out of state or starter checks accepted. Credit cards must be imprinted, signed and verified with revenue accounting if the office is open.
36. Employees are responsible for all equipment. No excuses for lost equipment shall be accepted unless shortages are noted prior to departure from the yard. Employee agrees to pay for any lost company property or equipment as a deduction from his next scheduled paycheck.
37. Trucks and equipment must be inspected at the beginning and end of each day and both completed checklists turned in with all paperwork.
38. Paperwork and keys shall be dropped into the mail slot by the dock each night.
39. Cash shall not be dropped into the mail slot and should be turned directly into dispatch or revenue accounting the receipt of which shall be noted on the bill of lading. If the office is closed your must notify dispatch by phone.
40. Trucks are required to be locked and parked in designated spaces each night. Lost locks or keys will result in a \$25 fine.
41. The gate to the yard must be locked each night.
42. The moving checklist must be completed at the end of each job.
43. Pads and equipment shall be folded and accounted for on the clock near the end of each job. Equipment checked out must be turned in at the end of each job and no later than the next morning before the next job. Violation will result in a \$25 fine.
44. All boxes and packing materials must be signed for and charged on the bill of lading. Excess supplies must be checked in with warehouse manager at the completion of the job and no later than before the next day's job if the warehouse is closed. Shrink wrap will

only be issued upon receipt of completely empty cores by warehouse manager.

45. Employees are required to call in and check the schedule daily.
46. Employees are required to be available for work 24/7/365.
47. Leave may not be permitted unless 48 hour advance notice is given and submitted to your supervisor in writing. Generally, leave is not permitted at the end of the month. Leave forms are available from your supervisor.
48. Fraternalization or dating is prohibited between company employees due to conflicts of interest.
49. Employees may not communicate with customers after move is complete unless approved by their dispatch manager.
50. I understand that violation of these policies may result in termination, retro-active pay adjustment to minimum wage or deductions from my pay for fines or damages or both.
51. I have read and understand these terms and conditions and have had the opportunity to ask questions for those items I do not understand.

Signature _____

EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of **The company** to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under The company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have **The company** and/or its Company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I will hold harmless the Company, its Company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its Company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.

Signature _____

NOTICE

The Company intends to obtain a consumer report within the meaning of the Fair Credit Reporting Act (FCRA) regarding you during the application process and/or during the course of your employment with the company.

AUTHORIZATION TO PROCURE CONSUMER REPORTS AND/OR OTHER BACKGROUND INFORMATION

I understand that the company or a third-party, consumer reporting agency acting on its behalf may conduct an investigation to obtain information about my background including, but not limited to: information about my personal character, previous employment, general reputation, educational background, credit history, driving record, and/or criminal history. I authorize all persons, corporation; credit agencies; educational institutions; law enforcement agencies; city, state, county, and federal courts; and military services to release any such information about my background. Moreover, I authorize any person or entity conducting the investigation or compiling and/or processing such information to furnish the company, and/or any third party acting on the company's behalf, with such information. I release anyone providing such background information and the company from any and all liability and damages whatsoever in connection with collecting, furnishing, obtaining, or using such information. I further understand that the company will provide me with written notice if any adverse employment action is to be taken based in whole or in part on information contained in a consumer report within the meaning of the FCRA.

Signature _____

COMPANY SUBSTANCE ABUSE POLICY

Over-the-Counter and Prescription Drugs that Could Alter or Affect The Outcome of a Drug or Alcohol Test (Part #1)

Alcohol: All liquid medications containing ethyl alcohol (ethanol). Read labels. Amphetamines: Obetrol. Biphethamin. Desoxyn. Dexedrine. Didrex
Cannabinoids: (marijuana) Marinol (Dronabinol. THC) Cocaine: Cocaine HCl topical solution (Roxanne)
Opiate: Paregoric. Parepectolin. Donnagel PG. Morphine. Tylenol with Codeine. Empirin with Codeine. Aspirin with Codeine. Robitussin AC, Guiatuss AC. Novahistine DH. Novahistine Expectorant. Dilaudid (hydromorphone), MS contin and Roxanol morphine (sulfate), Percodan. Vicodin, etc.
Phencvclidine: PCP, "Angel Dust"

Barbiturates: Phenobarbital, Tuinal. Amy tal, Nembutal, Seconal. Lotusate. Fiorinal, Fioricet, Esgic. Butisol. Mebaral, Butabarbital, Butabital, Phrenilin. Triad, etc.
Bensodiazepines: Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium. Axanax. Serax, Tranxene. Valium, Verstran. Halcion. Poxipam. Restoril, Centrax.
Methadone: Dolophine. Methadose Propoxvphene: Darvocet, Darvon N, Dolene. etc. Methaqualone: Qauludes. "Judes"

Employee and job applicants will be given this list in preparation for a drug or alcohol test. Retain this signed form for your records.
When an employee or job applicant goes to the collection site it is imperative for the employee or job applicant to BRING PICTURE ID. YOU MUST REPORT FOR TESTING IMMEDIATELY UPON RECEIPT OF THE REQUEST TO SUBMIT TO TESTING. If contacted by a Medical Review Officer regarding the test results, report any prescribed or over the counter medications taken during the past thirty days.

I hereby consent to urinalysis or other tests as shall be determined by THE COMPANY Drug-Free Workplace Policy. I agree that the collection site selected by THE COMPANY may collect the specimens for these tests and may forward them to the testing laboratory designated by THE COMPANY for analysis. I further agree to and hereby authorize the release to BULLDOG MOVERS. INC. of the results of said tests. A copy of this completed consent will be retained in the company files.

Signature _____

COMPANY SUBSTANCE ABUSE POLICY
Drug-Free Workplace Policy Summary (Part #2)

Read carefully, ask any questions you wish, and initial each items separately.

____I have received a summary of my employer's Drug Free Workplace Policy.

____I have had the opportunity to read it and receive satisfactory answers to any questions that I have I am aware that I can contact a substance abuse professional or Employee Assistance Program to receive confidential answers to any additional questions I might have.

____I have also received a copy of the list of over-the-counter and prescription drugs that could alter or affect the outcome of a drug or alcohol test.

_____ I know that if I am taking prescription or non-prescription medication that could affect my ability to perform my job (i.e., there are warning labels on the container) I must inform my supervisor before starting work.

_____ I know that if I refuse to submit to or tamper with a job applicant drug test, I will not be hired and my continued employment is conditioned upon a negative drug test result.

_____ I know that total compliance with my employer's Drug-Free Workplace Policy is a condition of continued employment. Testing is to occur immediately within 8 hours post injury for drug, 3 hours for alcohol, of the request to submit.

_____ I know that if I refuse to submit to or tamper with a drug or alcohol test I will be subject to discipline up to and including discharge plus my right to receive unemployment and workers compensation benefits may be affected.

_____ I know that if I am injured or cause or contribute to the cause of an injury and refuse to submit, tamper with a test specimen or test positive for drugs or alcohol, I will be subject to discipline up to and including discharge. My workers compensation and unemployment benefits could also be affected according to Georgia Law.

_____ I know that if I cause or contribute to the cause of a property damage accident where total damages exceed \$250.00 and test positive for drugs or alcohol, I will be subject to discipline up to and including discharge.

_____ I know that if I enter into a rehabilitation program for drug or alcohol abuse because of a positive drug or alcohol test and test positive for drugs or alcohol following the completion of the primary phase of my rehabilitation program, I will be subject to discipline up to and including discharge.

_____ I know that employees and their dependents can confidentially contact a substance abuse professional or employee assistance program to receive information for help in overcoming drug or alcohol problems.

_____ I know that I have the right to challenge any positive test result and that I must notify the laboratory that I am challenging the test result. I am aware the cost of a challenge is my responsibility.

_____ I know that if I am convicted of a drug related crime I must notify my employer in writing within five working days.

_____ I agree to comply with the drug and alcohol testing requirements of my employer's Drug-Free Workplace Policy.

_____ I give my informed consent for the release of drug or alcohol test results to my employer.

_____ I know that my employer's Drug-Free Workplace Policy does not constitute an employment contract between the employer and myself.

_____ I have read and understood each of the proceeding items.

_____ I have had the opportunity to question any item that I did not understand. I have voluntarily signed this form.

Signature _____

**COMPANY SUBSTANCE ABUSE POLICY
APPLICANT AND ACTIVE EMPLOYEE CERTIFICATE OF
AGREEMENT**

_____ I do hereby certify that I have received and read the COMPANY Substance Abuse and Testing Policy and have had the Georgia Workers' Compensation Drug-Free Workplace certification program (O.C.G.A. 34-9-410) explained to me.

_____ I understand that if my performance indicates it is necessary, or in the case of random testing, I will submit to a substance abuse test.

_____ I also understand that failure to comply with a substance abuse test request or a positive test result may lead to termination of employment and denial of unemployment benefits.

_____ I understand that failure to submit to a substance abuse test, or a positive test result may affect my right to receive workers compensation benefits.

_____ I further agree to and hereby authorize the release of the results of said tests to the company. Nothing in this consent is to be construed as a contract between the parties.

Signature _____