

# ***AC Distribution, Inc.***

## **Employee Handbook**

### **ARBITRATION:**

**Any and all disputes or controversies between an Employee and A.C. Distribution (the "Company) shall be resolved in accordance with the Company's Dispute Resolution Plan, which includes binding arbitration under the Federal Arbitration Act rather than litigation or a lawsuit in a court of law. In other words, an Employee cannot sue the Company for any reason in a court of law. In like manner, the Company must also abide by the Dispute Resolution Plan.**

**The Dispute Resolution Plan is binding on both the Employee and the Company. Both the Company and the Employee retain all substantive legal rights, but will exercise those rights solely in arbitration rather than litigation. However, both the Company and the Employee are waiving all rights to a trial by jury or judge in state or federal court in accordance with The Federal Arbitration Act. Instead, the Company and the Employee will resolve any disputes they may have with one another in arbitration rather than litigation as more fully described in the Dispute Resolution Plan.**

**Notwithstanding any other provision in this handbook) the Company's Dispute Resolution Plan cannot be modified without thirty (30) days notice to the Employee.**

EMPLOYEE'S NAME (printed): \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# Application For Employment

The application must be fully completed to be considered.  
Please complete each section, even if you attach a resume.

## Personal Information

Name		Preferred Name	
Address		City	State Zip
Phone Number	Mobile Number	Email Address	
Are You A U.S. Citizen? ___Yes ___No		Have You Ever Been Convicted Of A Felony? ___Yes ___No	
If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? ___Yes ___No		If Selected For Employment Are You Willing To Submit to a Criminal Background Check and Motor Vehicle Report? ___Yes ___No	

## Position

Position You Are Applying For	Available Start Date	Desired Pay
Employment Desired ___ Full Time    ___ Part Time    ___ Seasonal/Temporary		

## Education

School Name	Location		Degree Received	Major

## Professional References

Name	Title	Company	Phone

## Employment History

<b>Employer (1)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (2)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (3)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (4)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (5)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	

# A.C. Distribution, Inc.

5638 Bear Ln  
Corpus Christi, Texas 78405  
License # *TACLA003481C*

Telephone: 361-883-1900  
Fax: 361-884-1234

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As a part of our employment process, we may obtain where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency:

iiX, a Verisk Analytics Business  
1716 Briarcrest Drive Suite 200  
Bryan, Texas 77802

Consumer reports may include background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.

An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history.

If your employment falls under the federal Department of Transportation ("DOT") and the Federal Motor Carrier Safety Administration ("FMCSA"), including 49 CFR § 391.23, the report could include your driving, safety inspection and performance history from the FMCSA. Under the provisions of the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled "Rights Under the Fair Credit Reporting Act". Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records. I understand an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations. DOT Drivers. I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25. By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iiX, a Verisk Analytics Business. I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee. I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

**THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:**

1. Certifies that the undersigned is an employee, or has applied to become an employee of the below named employer in a position which involves the operation of a motor vehicle and the undersigned gives his or her consent to the release of their driving record (MVR) for review by:

**A. C. DISTRIBUTION, INC.**

Name of Employer or Potential Employer

2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.

3. That all information presented in this form is true and correct. The undersigned makes this certification and affirmation under penalty of perjury and understands that knowingly making a false statement or representation on this form is a criminal violation.

Name of Employee/potential employee: \_\_\_\_\_  
(Print name as it appears on driver's license)

License Number & State: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of employee/potential employee: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Authorized Representative Name: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ***AC Distribution, Inc.***

## **Employee Handbook**

### **996 Consent Form for Alcohol, Drug and Substance Testing and Search**

Effective Date: 04/18/2006

Revision Date:

#### **BY MY SIGNATURE BELOW, I AGREE TO THE FOLLOWING:**

I consent to take any physical or medical examination, including the collection of blood, urine or saliva samples from me, and to conduct other necessary medical tests to determine the presence of use of alcohol, drugs, or controlled substances requested by the Company in connection with any investigation by the Company concerning possible alcohol, drug, or controlled substance use. I understand that refusal to submit to any physical or medical examination ordered by the Company is grounds for disciplinary action up to and including immediate discharge. I further understand that any information, obtained through such examinations, may be retained by the Company as its exclusive property.

I consent to submit to and cooperate in any questioning, searches of my person, vehicle, locker, or storage area, or bags or other belongings on or in the storage area, or in; the Company's property that the Company may in its discretion request, and I understand that refusal to submit to or cooperate with these procedures are grounds for disciplinary action up to and including immediate discharge.

I understand that any false answer or statements or any misleading omissions made by me in connection with any medical statements or misleading omissions during any physical or medical examinations, are grounds for disciplinary action up to and including immediate discharge.

#### **AGREED TO:**

EMPLOYEE'S NAME(printed): \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_