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**FACILITIES PERFORMANCE GROUP, LLC
FXM SUPPLEMENTAL QUESTIONNAIRE**

Have you ever been employed by the FedEx Corporation?

☐ Yes

☐ No

If so, please select the department with which you were employed:

- ☐ FedEx Express
- ☐ FedEx Ground
- ☐ FedEx Smartpost
- ☐ FedEx Office
- ☐ FedEx Freight
- ☐ FedEx Custom Critical

While employed by the FedEx Corporation, were you issued a badge?

☐ Yes

☐ No

If known, please list your badge number: _____

Applicant Name

Date

Applicant Signature



APPLICATION FOR EMPLOYMENT

As an Equal Opportunity Employer, in compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability. A separate application must be submitted for each position for which you are applying. Applications are only accepted for posted positions. Unsigned, incomplete or illegible applications will not be considered.

How did you hear about FPG?		
Position for which you are applying:		
Last Name	First Name	Middle Name
Street address, (Apt#)		
City/State/Zip		
Number of years at present address		No. of years in this state
Home phone #		Cell Phone
Social Security Number:		
Does FPG currently employ any of your relatives? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relatives Name:
Have you ever worked for FPG? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates: To
What department?		Job Title:
Reason for separation:		
If hired, when can you start?		
If required by the job, can you work:	Full-time: <input type="checkbox"/> Yes <input type="checkbox"/> No; Part-time: <input type="checkbox"/> Yes <input type="checkbox"/> No; Temp: <input type="checkbox"/> Yes <input type="checkbox"/> No	
The following Shifts are available: Please check the shifts you can work.		
<input type="checkbox"/> 1 st Shift	Monday – Friday	
<input type="checkbox"/> 2 nd Shift	Monday – Friday	
<input type="checkbox"/> 3 rd Shift	Monday – Friday	
<input type="checkbox"/> Weekend	Saturday & Sunday	
Are you a United States citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, can you provide proof of authorization to work in the US?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime? Yes <input type="checkbox"/> or No <input type="checkbox"/> If yes, please list the date and an explanation.		



Attention:
Please complete required
fields, use N/A to indicate
Not Applicable.

Red Box = Required Field

EDUCATION

Please indicate any educational, vocational, military, or any other training you have received which will assist us in assessing your qualifications for the position(s) that you are applying for.

High School	Graduation Date	Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	
		G.E.D. <input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University	Dates (from/to) To	Degree/Major	
Vocational/Technical School	Dates (from/to) To	Degree/Major	

EMPLOYMENT HISTORY

Employment: List present or most recent employment first. You must supply 10-years of work/school history, including military and volunteer service. If there are any gaps in employment lasting more than 12 consecutive months, you must provide documentation explaining your activity during that time period. Also, FPG may require additional documentation for any employment that we are unable to verify. Failure to answer all items in the following section may eliminate you from further consideration. If necessary, please attach a supplement page for listing additional employment history.

<i>Name of Company/Organization</i>		Dates(Start/End)	To
Job Title	Address		
Ending Salary	City / State / Zip		
Phone #	Supervisor Name		
Reason for Separation	May FPG contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties/Responsibilities			

<i>Name of Company/Organization</i>		Dates (Start/End)	To
Job Title	Address		
Ending Salary	City / State / Zip		
Phone #	Supervisor		
Reason for Separation	May FPG contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties / Responsibilities			

<i>Name of Company/Organization</i>		Dates (Start/End)	To
Job Title	Address		
Ending Salary	City / State / Zip		
Phone #	Supervisor		
Reason for Separation	May FPG contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties / Responsibilities			

<i>Name of Company/Organization</i>		Dates (Start/End)	To
Job Title	Address		
Ending Salary	City / State / Zip		
Phone #	Supervisor		
Reason for Separation	May FPG contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties / Responsibilities			



Attention:
Please complete required
fields, use N/A to indicate
Not Applicable.

Red Box = Required Field

Additional Page for Employment			
Name of Company/Organization		Dates (Start/End)	To
Job Title	Address		
Ending Salary	City / State / Zip		
Phone #	Supervisor		
Reason for Leaving	May FPG contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties/Responsibilities			
Name of Company/Organization		Dates (Start/End)	To
Job Title	Address		
Ending Salary	City / State / Zip		
Phone #	Supervisor		
Reason for Leaving	May FPG contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties/Responsibilities			
Name of Company/Organization		Dates (Start/End)	To
Job Title	Address		
Ending Salary	City / State / Zip		
Phone #	Supervisor		
Reason for Leaving	May FPG contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties/Responsibilities			
Name of Company/Organization		Dates (Start/End)	To
Job Title	Address		
Ending Salary	City / State / Zip		
Phone #	Supervisor		
Reason for Leaving	May FPG contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties/Responsibilities			
Name of Company/Organization		Dates (Start/End)	To
Job Title	Address		
Ending Salary	City / State / Zip		
Phone #	Supervisor		
Reason for Leaving	May FPG contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties/Responsibilities			

Applicant Name (print): _____

Applicant Signature: _____

Date: _____



DISCLOSURE AND WRITTEN AUTHORIZATION FOR A BACKGROUND INVESTIGATION

I understand that Facilities Performance Group, LLC will conduct a background investigation as part of the procedure for processing my application for employment.

By signing this application, I certify that the information provided is true and complete to the best of my knowledge. I understand that false, misleading or incomplete information provided during the application process may result in disqualification for consideration of employment.

I authorize FPG to conduct a thorough investigation of all information provided by me in this application, which may include obtaining information covering the last ten (10) years of employment history, education and criminal background. I understand that information may be obtained by contacting former employers, educational institutions, and public agencies.

I authorize anyone contacted by FPG and its agents to provide the information requested and release from liability anyone requesting or providing information about me.

Applicant Name (print)

Signature of Applicant

Date



APPLICANT VERIFICATION FORM

APPLICANT'S AUTHORIZATION

I hereby authorize the individual, company, or institution listed below to furnish FPG with any information it may have concerning me which is on record or otherwise, and do hereby release the below listed individual, company, or institution and all individuals connected therewith, from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

Applicant Name

Social Security Number

Applicant Signature

Date

Do Not Write Below This Line

TO WHOM IT MAY CONCERN:

The applicant named above has submitted an application with our firm and is being considered for employment with Facilities Performance Group, LLC.

The applicant has listed you or your organization as a former place of employment. In accordance with the release signed by the applicant above, please provide the information requested to the Human Resources Department at the fax number listed on the cover sheet.

Thank you
FPG Human Resources

RECORD OF EMPLOYMENT

Employer Name: _____

Address: _____
Street Address City State Zip Code

Date of Employment: From _____ To _____
Month/Year Month/Year

Contact Name: _____
Please Print

Contact Signature _____ Contact Title: _____

Phone Number: _____ Fax Number: _____



3480 Hwy 51 South
Hernando, MS 38632
Telephone: 662-469-9582
Fax: 662-469-9587
www.fpg-llc.com

FPG applicant:

On behalf of Facilities Performance Group, LLC (The Company) this document will confirm our tentative offer of employment, effective date to be determined. Your employment with the Company is conditioned on your eligibility to work in the United States and is contingent upon successful completion of a ten-year background check, drug screen and badging process. You will be required to complete an I-9 Form and provide me with any of the accepted forms of identification specified on the I-9 Form. Depending upon the position you are considered for and/or security precautions, a copy of your valid government issued photo identification may be required.

As we move through the application and new hire process, you will be apprised of the current status of your potential employment. Should you be eliminated from consideration due to inability to meet all of the above stated requirements, your offer will be considered null and void while also being placed in our ineligible closed applicant files.

Your signature below acknowledges that you understand the tentative employment offer and agree to the terms contained herein.

Applicant Name (Please Print)

Applicant Signature

Date

Witness Name (Please Print)

Witness Signature

Date

Facilities Performance Group, LLC

VOLUNTARY EEO VERIFICATION

It is the policy of Facilities Performance Group, LLC to provide equal employment opportunities to all qualified applicants and employees regardless of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Your completion of the information below is entirely voluntary. This information is requested solely to enable Facilities Performance Group to meet recordkeeping and affirmative action requirements under Executive Order 11246, as amended, Section 402 of the Vietnam Veterans' Readjustment Assistance Act of 1974, Section 503 of the Rehabilitation Act of 1973, as amended, and the Americans With Disabilities Act. The information will be kept in the strictest confidence, and this information will not become a part of your personnel file. Inclusion or exclusion of any of the data will not affect any employment decision.

Name _____ Social Security No. _____

Gender: ☐ Male ☐ Female

Please select all the categories below that apply:

Race/
Ethnicity: ☐ White ☐ Hispanic or Latino
☐ American Indian or Alaskan Native ☐ Asian
☐ Black or African American ☐ Two or more races / Other
☐ Native Hawaiian or Other Pacific Islander

Explanations of these Categories are listed on the 2nd page of this form.

SPECIAL NOTICE TO VIETNAM ERA VETERANS AND OTHER COVERED VETERANS:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974, as amended, are required to take affirmative action to employ and advance in employment veterans of the Vietnam Era and other protected veterans.

Regulations issued by the U.S. Department of Labor with respect to Vietnam Era veterans and other protected veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary and confidential basis for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Veteran Classification(s): ☐ Disabled Veteran ☐ Other Protected Veteran
☐ Armed Forces Service Medal Veteran
☐ Recently Separated Veteran ☐ Non-Veteran

Explanations of these Categories are listed on the 2nd page of this form.

This form should be completed and returned to FPG as soon as possible. All information will be used in strict accordance with the Acts and regulations of Title 41 Code of Federal Regulations Parts 60-250 and 60-741.

Please return to Facilities Performance Group
Fax #

AN EQUAL OPPORTUNITY EMPLOYER

Facilities Performance Group, LLC

VOLUNTARY EEO VERIFICATION

EXPLANATION OF THE CATEGORIES:

- **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **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.
- **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.
- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **Disabled Veteran:** means (i) a veteran of the US military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran's Affairs or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- **Armed Forces Service Medal Veteran:** means a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed Reg 1209 <http://www.opm.gov/veterans/html/vgmedal2.htm>).
- **Other Protected Veteran:** means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. To identify the campaigns or expeditions that meet this criterion, contact the Office of Personnel Management (OPM) and ask for the OPM VETS Guide, Appendix A. A local OPM telephone number may be found in the telephone book under Federal Government or consult Directory Assistance for your area code for the nearest OPM location. For those with Internet access, the information required to make this determination also is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>.
- **Recently Separated Veteran:** means a veteran during the three year period beginning on the date such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service

AN EQUAL OPPORTUNITY EMPLOYER

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- ☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

Please complete this lower section providing the last 10 years of residential history.

Example:

1. From 2019 To PRESENT Address 2929 Convair Rd City Memphis State TN Zip 38118
2. From 2012 To 2019 Address 1039 N Cockrum Dr City Hernando State MS Zip 38632
3. From 2009 To 2012 Address 3458 Dowery St. City Coldwater State MS Zip 38618

Applicant's Name		Height	Weight	Hair Color	Eye Color	Gender
Present Address	City	State	Zip	Social Security Number	Present Telephone #(s)	
Drivers License Number	State DL Issued	Emergency Contact Name			Emergency Contact Telephone	
Date of Birth	Place of Birth (City)	Place of Birth (State)			Place of Birth (Country)	

PREVIOUS ADDRESS(ES) FOR THE LAST 10 YEARS, STARTING WITH MOST RECENT ADDRESS.

1. From _____ To PRESENT Address _____ City _____ State _____ Zip _____

2. From _____ To _____ Address _____ City _____ State _____ Zip _____

3. From _____ To _____ Address _____ City _____ State _____ Zip _____

4. From _____ To _____ Address _____ City _____ State _____ Zip _____

5. From _____ To _____ Address _____ City _____ State _____ Zip _____

Please complete this section providing your **full name spelled out entirely** along with any other names used due to marriage, adoption, legal name change etc.

Example: First **John**

Middle **Nathan**

Last **Doe**

Name (First, Middle, Last, Suffix)(As it appears on the document presented)			
First	<input style="width: 95%;" type="text"/>	Middle	<input style="width: 95%;" type="text"/>
		Last	<input style="width: 95%;" type="text"/>
		Suffix	<input style="width: 95%;" type="text"/>
<div style="display: flex; justify-content: space-between;"> SSN (Optional) <input style="width: 150px;" type="text"/> Email Address (Optional) <input style="width: 250px;" type="text"/> </div>			
First	<input style="width: 95%;" type="text"/>	Middle	<input style="width: 95%;" type="text"/>
		Last	<input style="width: 95%;" type="text"/>
		Suffix	<input style="width: 95%;" type="text"/>
First	<input style="width: 95%;" type="text"/>	Middle	<input style="width: 95%;" type="text"/>
		Last	<input style="width: 95%;" type="text"/>
		Suffix	<input style="width: 95%;" type="text"/>



3480 Hwy 51 South, Hernando, MS 38632

Phone: (662) 469-9582

Fax: (662) 469-9587

Website: www.fpg-llc.com

Media and Social Media Release

I _____, grant permission to Facilities Performance Group, LLC to use and publish my photograph/images, footage of myself for promotional purposes on the company's social media and online channels (websites, Facebook, Etc.), in newsletter and occasional main media such as related websites or newspapers.

Accept _____ Decline _____

Print Name

Employee's Signature

Phone Number

Date