

**EVEREST SUPPLEMENTAL APPLICATION  
(REVISED 10/04)**

Applicant: \_\_\_\_\_ Eff. Date: \_\_\_\_\_ FEIN: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_  
 Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**APPLICANT HISTORY:**

Years in business: \_\_\_\_\_ No. of locations \_\_\_\_\_ Description of operations \_\_\_\_\_  
 Present number of employees: Full-time employees \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_ Volunteers \_\_\_\_\_  
 Percent of employee turnover in the last 12 months Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
 Employee staffing expectation over the next 12 months Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
 Average hourly wage: Full-time \$ \_\_\_\_\_ Part-time \$ \_\_\_\_\_  
 Benefits provided – are ALL employees eligible  Yes  No If not then who is eligible? \_\_\_\_\_

|                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | % paid by employer | % of participation |
|---------------------------|------------------------------|-----------------------------|--------------------|--------------------|
| Group Health              | <input type="checkbox"/>     | <input type="checkbox"/>    | _____              | _____              |
| Paid sick leave           | <input type="checkbox"/>     | <input type="checkbox"/>    | _____              | _____              |
| Vacation                  | <input type="checkbox"/>     | <input type="checkbox"/>    | _____              | _____              |
| Retirement / Pension Plan | <input type="checkbox"/>     | <input type="checkbox"/>    | _____              | _____              |

Name of Healthcare provider: \_\_\_\_\_  
 Provide name of clinic, physician, or emergency room used for work place related injury: \_\_\_\_\_  
 Full-time nurse maintained on staff:  Yes  No  
 CPR training provided  Yes  No

**Indicate the safety activities currently established and practiced regularly:**

Safety program / IIPP in use compliant with SB 198  Yes  No  
 Return to light duty plan  Yes  No Includes full wages  Yes  No  
 Return to Full-time modified work plan  Yes  No  
 Designated Full-time safety director  Yes  No Name: \_\_\_\_\_  
 Safety meetings held for all employees  Yes  No Frequency of meetings \_\_\_\_\_  
 Safety training held for all employees  Yes  No Incentive program for employees  Yes  No  
 Personal protective safety equipment provided for all employees  Yes  No  
 Supervisors are held accountable for injuries / accidents  Yes  No  
 Accident investigation program in place  Yes  No

**HIRING PRACTICES:**

|                            |                              |                             |                              |                              |                             |
|----------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|
| Employment application     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Drug/substance abuse         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reference checks           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Audiometric testing          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Motor Vehicle Record check | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pre/Post employment physical | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Volunteer labor used       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pathogenic test (i.e. lead)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Temporary labor used       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Orthopedic back test         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**OPERATIONS:**

Hours of operation: \_\_\_\_\_ to \_\_\_\_\_ No. of daily shifts: \_\_\_\_\_  
 Operation includes delivery  Yes  No No. of authorized drivers \_\_\_\_\_ No. of vehicles \_\_\_\_\_  
 Frequency of delivery: Daily  Weekly  Other   
 Delivery radius: < 50 miles  51-100 miles  101-250 miles  >250 miles   
 Frequency of MVR checks \_\_\_\_\_ Participation in CHP Pull program  Yes  No  
 Driver acceptability standards have been established  Yes  No  
 Vehicles inspection / maintenance program  Yes  No Frequency \_\_\_\_\_  
 Vehicle maintenance is performed by employees  Yes  No  
 Employees take vehicles home at night  Yes  No