Ford Motor Company

Recruiting, Graduate & Leadership Programs

One American Road
Suite 521
Dearborn, MI 48126

Accepting Our Employment Offer- GSR – LL6 Full-Time and Supplemental

To accept this employment offer, please follow these four steps:

1. **Notify your On-Boarding Specialist by email or phone (listed in your offer letter).**
2. **Complete the following pages:**
   a. Offer Acceptance Process
   b. Certification/Authorization
   c. Supplemental Information
   d. Global Personal Identifier Data Collection and Use Statement

3. **Fax or email a signed forms to your On-Boarding Specialist, then mail the original forms to the address below:**

Recruiting, Graduate & Leadership Programs
Ford Motor Company
World Headquarters
One American Road, Suite 521
Dearborn, MI 48126

4. **Health History Form / Drug Test**
   Please do not return the Health History form with your acceptance paperwork. You will receive instructions (via email) on how to schedule your drug test, and where to return the completed Health History form.

Please complete the following steps:

1. Call or email your On-Boarding Specialist to notify us that you accept the offer.

2. Write your On-Boarding Specialist's name (from your offer letter).

3. Complete, sign and date this form
You are accepting this offer of employment subject to the terms and conditions detailed in your offer letter.

Print your full name (Last, First, mi)	Signature
Date Signed	Estimated date of Employment

4. Provide the following information.

Driver's License #	Birth Date (mm/dd/yy)	State of Issuance
Alternate First Name - e.g. Preferred First Name, Nick Name, Previous First Name	Previous Last Name(s) – List any/all	
Marital Status	Email Address	

Emergency Contact Information

Contact Name		Relationship to you	Primary Contact? Yes No
Is address the same as yours? Yes No If no, provide contact's address below			
Country	Address 1	Address 2 (if needed)	
City	State	Zip Code	
Contact Phone Number	Phone Type Home Business Other		

Previous Ford Employment

Prior Ford Service? Yes No	Dates of Employment
Type of Employment Salaried Hourly	Ford Location Last Worked

5. Complete the attached documents: Certification/Authorization and Supplemental Information

6. Fax or email this form and the completed attachments to your On-Boarding Specialist (see your offer letter for the fax number) and return the originals via U.S. Mail.

7. You will receive additional instructions regarding your Health History Form and drug screen from your On-Boarding Specialist within 30 days of your start date.

8. One or two weeks before your start date, you will receive an email inviting you to your Welcome Orientation session on your first day. Please read the information contained in that communication carefully and bring the requested documents and information with you on your scheduled start date. Contact your On-Boarding Specialist if you do not receive this invitation five days before your start date or if you have any questions.

Certification/Authorization

I understand that information FORD MOTOR COMPANY/FORD MOTOR CREDIT COMPANY procures pursuant to this Certification/Authorization/Waiver will be reviewed, and any discrepancies between the information procured and information provided on my application with FORD MOTOR COMPANY/FORD MOTOR CREDIT COMPANY may be grounds for revocations of my offer of employment.

In connection with my being considered for employment with FORD MOTOR COMPANY/FORD MOTOR CREDIT COMPANY, I authorize the procurement of an investigative consumer report and understand that it may contain information about my background, character, job performance and education credentials. I understand that, upon written request within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this investigation. I release FORD MOTOR COMPANY/FORD MOTOR CREDIT COMPANY and its contractors and agents from liability arising from the preparation and/or use of this report.

This authorization for release of information includes, but is not limited to, matters of opinion relating to my character, ability, reputation and past performance. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to release such information without restriction or qualification to FORD MOTOR COMPANY/FORD MOTOR CREDIT COMPANY, its contractors and any of its officers, agents, employees and servants. I voluntarily waive all recourse and release them from liability for complying with this authorization.

Have you ever plead guilty, nolo contendre, or been convicted of any criminal offense other than minor traffic infractions since the date you signed your application for salaried employment? ☐ No

_____

_____

Drivers License No.(Print Clearly)_____ State ____

If Puerto Rico Drivers License, provide mother's maiden name: _____

NAME (print) _____ SOC. SEC. NO._____

OTHER NAME (S) USED_____*DATE OF BIRTH*_____

SIGNATURE_____DATE_____

☐ California and Minnesota residents may obtain a copy of this report by checking this box.

*Date of birth is required solely for the purpose of verifying background information and to insure accuracy in the search of public records. It will be used for no other purpose.

RESIDENCE INFORMATION

Please provide all home addresses for the past five (5) years, starting with your present address:

STREET ADDRESS CITY STATE ZIP DATES MO./DAY/YR.

1)_____ FROM/ TO_____

2)_____ FROM/ TO_____

3)_____ FROM/ TO_____

Provide the name, phone number and supervisor for each company listed on your employment application:

Company	Name of Supervisor	Telephone Number

Certification/Authorization Rev. 2/02

VOLUNTARY SUPPLEMENTAL INFORMATION:

The following **VOLUNTARY** information is requested for the purpose of preparing periodic reports to the government or other record-keeping in connection with government requirements. We encourage you to complete this section, but your employment will not be adversely affected should you choose not to provide this information

Last Name (Print)	**First Name**	**M.I.**	**Global ID Number** *(Leave blank if new hire)*

GENDER/RACE/ETHNIC CATEGORIES (Refer to definitions below - Check one)

A☐ Hispanic or Latino Male
B☐ Hispanic or Latino Female
C☐ White Male
I☐ White Female
D☐ Black or African American Male
J ☐ Black or African American Female
E ☐ Native Hawaiian or Pacific Islander Male
K ☐ Native Hawaiian or Pacific Islander Female
F☐ Asian Male
L☐ Asian Female
G☐ American Indian / Alaska Native Male
M☐ American Indian / Alaska Native Female
H ☐ Two or More Races Male
N ☐ Two or More Races Female

DEFINITIONS

A&B. **Hispanic or Latino**: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
C&I. **WHITE (Not Hispanic or Latino)**: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
D&J. **Black or African American (Not Hispanic or Latino)**: a person having origins in any of the black racial groups of Africa.
E&K. **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.
F&L. **Asian (Not Hispanic or Latino)**: a person having origins in any other 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.
G&M. **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 maintains tribal affiliation or community attachment.
H&N. **Two or More Races (Not Hispanic or Latino)**: all persons who identify with more than one of the above five races.

VETERAN AND DISABILITY STATUS

VETERAN STATUS (refer to definitions below—*Check all that apply*)

A. ☐ Non-Veteran
B. ☐ I Do Not Wish to Identify Veteran/Disabled Veteran Status
C. ☐ a/ Recently Separated Veteran- within 36 months of discharge. ***Discharge Date Required***: _____
D. ☐ b/ Armed Forces Service Medal Veteran
E. ☐ c/ Other Protected Veteran
F. ☐ d/ Disabled Veteran

DISABILITY STATUS (refer to definition below—*Check one*)

A. ☐ **/ Individual with disability
B. ☐ Not disabled
C. ☐ I do not wish to identify disability status

DEFINITIONS

a/ **Recently Separated Veteran (3 years)**: any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military ground, naval or air service.
b/ **Armed Forces Service Medal Veteran**: any 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.
c/ **Other Protected Veteran**: 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, under the laws administered by the Dept of Defense.
d/ **Disabled Veteran**: (1) a veteran of the U.S. 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 Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

/Individual with a disability**: any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment.

Global Personal Identifier Data Collection and Use Statement

Ford respects your privacy and is committed to protecting it. We provide this statement to inform you of the Global Personal Identifier (GPID) so that you are aware of its purpose and how your personal information will be used. The purpose of the GPID is to uniquely identify you and to distinguish you from other individuals within Ford in a globally consistent and sustainable manner without relying on government-issued identifiers and other similar personal data. To do this we require you to supply your name, day of birth, month of birth, and day of the week of birth. Authorized Ford system administrators will be able to use the GPID database to identify individuals to help manage and control access to Ford systems, facilities, and services. The data you submit is visible only to those authorized administrative staffs for the management of identity. Your day of birth, month of birth, and day of the week of birth will not be passed to any other internal or external system.

GPIDs are used openly to identify people in Ford globally, and they are for identification purposes only. Knowledge of a GPID does not provide any authorization, authority, or access. For authorization, authority, or access to Ford systems, facilities, and services other items or information is required, such as a password or entry card. A GPID identifier and associated name may be transmitted by Ford to a service provider when necessary for proper identification and only if the service provider could not meet its obligations to Ford or you without the information (e.g. travel administration, vouchers, and other similar processes that today identify you as a person).

The GPID application will assign you a unique life-long identifier that will be retained for the duration of all your engagements with Ford and will be retained beyond the end of your last engagement as needed for Ford to identify you. An engagement includes employment, providing contract services or receiving something from the company, and includes the period during which the company has unfulfilled obligations to you (e.g. pension obligations to you or your spouse where applicable). This process is to enable even employees, contractors, and others who return to Ford after a period away to receive the same GPID. After the retention period, your GPID and your personal data which has been used to generate the GPID will be securely destroyed.

Since Ford operates globally, the information you submit may be transferred outside the country of origin to other Ford locations or Ford operations (including the United States) and initially will be retained by Ford in the United Kingdom in a GPID database. This and all other transmissions will remain secure and under our sole control.

Should you have any questions regarding the accuracy of your data, other questions about GPID, or require further information, please send your request by e-mail to gpidhelp@ford.com or call by phone at +1.313.84.55200.

I have read and understand this statement.

_____ _____/_____/_____

Signature of Individual Date (MM/DD/YYYY)

_____

Printed Full Name

For Internal Use Only

GPID Number Generated: __ __ __ __ __ __ __ __

Next Steps

All Candidates

- Must successfully complete a drug screen and submit a Health History form for review before their start date. After you return the four acceptance documents and are within 30 days of you start date, you will be contacted via email with information on how to schedule your medical visit and where to return your Health History form.
- Gather proof of citizenship (refer to page 7) for the Welcome Orientation scheduled on your start date.

Only If Applicable

- The Ford Relocation Center will contact you to make moving arrangements (refer to Relocation Benefits attachment).
- Request official copy of college transcript if you received a college degree in the last year and send it to your On-Boarding Specialist. FCG Hires should be prepared to provide this, and other types of hires by request from your On-Boarding Specialist.

Drug Screen Guidelines and Health History Review

Appointment and Scheduling

In order to get the test results back in time for you to be processed as a Ford Motor/Ford Motor Credit Company employee, the drug screen/Health History review appointment must be scheduled **two to three weeks before your actual start date**. It typically takes one to two weeks to receive the results. Drug test/Health History review results must be received before we can add you to company rolls. Any delay in scheduling your appointment may result in your start date being delayed.

Once you accept our employment offer, **you will be contacted via e-mail with instructions regarding how to schedule your drug screen and Health History review.** The test will be conducted at either a company location or through a pre-determined medical provider.

Preparing for the Medical Visit

- Allow 1 hour
- Bring the following items to the appointment
  - A photo I.D. for identification
  - A list of current medications taken within the last 30 days, including prescription and non-prescription (please bring prescription medications in their original containers)
  - A list of your health care provider(s), with name, address and phone number

About the Medical Visit

The post-offer medical process consists of:

- Complete/submit Health History form
- Urine test
- Review of form & test by Ford Medical

Effective 10/1/2009

Identity and Employment

Acceptable Documents for U.S. Government Form I-9

If you have any of the documents in List A, that's all you need. Otherwise, you need one from List B **and** one from List C.

List A	Or	List B	And	List C
Documents that establish both identity and employment eligibility		**Documents that establish identity**		**Documents that establish employment eligibility**
1. U.S. Passport (unexpired or expired) 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. An unexpired foreign passport with a temporaryI-551 stamp 4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B) 5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer		1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 2. ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority ***For persons under age 18 who are unable to present a document listed above:*** 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record		1. U.S. Social Security card issued by the Social Security Administration (other than a card stating it is not valid for employment) 2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID card (INS Form I-197) 6. ID card for use of Resident Citizen in the United States (INS Form I-179) 7. Unexpired employment authorization document issued by the DHS (other than those listed under List A) Form I-9 (Rev. 06/05/07)