

FLORIDA COMMISSION ON HUMAN RELATIONS
 325 John Knox Road, Suite 240, Building F
 Tallahassee, Florida 32303-4149

01-3866
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FILE

CHARGE OF DISCRIMINATION		FCHR No. 96-183
Name (Indicate Mr., Ms., or Mrs.) Jose Diaz		Social Security Number 0894065240 Date of Birth 07/12/38
Street Address c/o Bruce Committee, Esq 8870 Thunderbird Dr		Home Telephone Number (area code) Diaz (904) 494-5483
City, State, and Zip Code Pensacola, FL 32514-5661		Work (if possible to call you there) Committee (904) 494-9698
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.		

Name Ohio Disposal Systems, INC	No. of Employees 15+ 50 Ohio FLORIDA	Telephone No. (area code) (904) 492-7701
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Street Address 9360 Gulf Beach Highway	City, State, and Zip Code Pensacola, FL	County Escambia
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CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es)) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> HANDICAP <input checked="" type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year)
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):

I. PERSONAL HARM:
 Lost income to date \$6.18/hr. Mental anguish.
 Indignity.

II. RESPONDENT'S REASON FOR PERSONAL HARM:
 Not qualified for job as Bobcat equipment operator as
 recycler.

III. DISCRIMINATION STATEMENT:
 I believe I have been discriminated against on the
 basis of my AGE AND hispanic origins INASMUCH AS
 ODSI hired a less qualified, less experienced 21 year
 old Anglo who had previously worked the job along side
 me with our previous employer MDI.

RECEIVED
 FLORIDA COMMISSION ON
 HUMAN RELATIONS
 1996 SEP -5 PM 12:20

NOTARY
 DEBRA A. WHITTON
 My Commission Expires
 October 9, 1999
 No. CC483578
 PUBLIC STATE OF FLORIDA

I will advise the agency if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	(Required for Filing) SUBSCRIBED AND SWORN TO BEFORE ME
SIGNATURE OF COMPLAINANT X Jose Diaz	DATE 8/29/96 OF

FLORIDA COMMISSION ON HUMAN RELATIONS

322 John Knox Road, Suite 240, Building
Tallahassee, Florida 32303-4149

FILED

CHARGE OF DISCRIMINATION		FCHR No. 961805 AMENDED	
Name (Indicate Mr., Ms., or Mrs.) Jose Diaz		Social Security Number 089-26-5240	Date of Birth 9/12/38
Street Address 6501 E Shore Drive		Home Telephone Number (area code) 904 436-4883	
City, State, and Zip Code Pensacola, Florida 32514-5661		Work (if possible to call you there)	

OCT 11 8 12 AM '91
DIVISION OF ADMINISTRATIVE HEARINGS

List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.

Name Ohio Disposal Systems, Inc.	No. of Employees 15+	Telephone No. (area code) 904 492-7701
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Street Address 9360 Gulf Beach Highway	City, State, and Zip Code Pensacola, Florida 32507	County Escambia
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CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> DISABILITY <input checked="" type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 1/2/96 1-2-96
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):

- I. PERSONAL HARM:** I worked for Respondent until I was discharged from my position.
- II. RESPONDENT'S REASON FOR PERSONAL HARM:** I was informed I did not qualify for the equipment operator position.
- III. DISCRIMINATION STATEMENT:** I believe that I have been discriminated against because of my age and national origin which is a violation of Title VII of the Federal Civil Rights Act of 1992, as amended, Florida Statute 760.10 and the ADEA for the following reason(s):
 1. I was informed by my supervisor that I was not qualified for the position.
 2. I believe I was discriminated against because of my age and National Origin when a younger, less qualified person was given the position I had applied for.

I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED TO UNDER THE LAW(S).

I will advise the agency if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY- (Required for Filing) SUBSCRIBED AND SWORN TO BEFORE ME OF _____, 19____
SIGNATURE OF COMPLAINANT _____ DATE _____ SIGNATURE ON FILE _____	

FLORIDA COMMISSION ON HUMAN RELATIONS
 325 John Knox Road, Suite 240, Building F
 Tallahassee, Florida 32303-4149

AMENDED
FILED
 OCT 4 8 29 AM '96
 DIVISION OF
 HUMAN RELATIONS

AD	CHARGE OF DISCRIMINATION	FCHR No. <u>Oct 4</u> 96-1805
Name (Indicate Mr., Ms., or Mrs.) Mr. Jose A. Diaz		Social Security Number <u>089-26-5740</u>
Street Address 6501 East Shore Drive		Date of Birth <u>2/12/24</u>
City, State, and Zip Code Pensacola, Fl 32526-0000		Home Telephone Number (area code) 904-436-4403
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.		Work (if possible to call you there)

Name Ohio Disposal Systems, Inc.	No. of Employees 15+	Telephone No. (area code) 904-492-7701
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Street Address 9360 Gulf Beach Highway	City, State, and Zip Code Pensacola, Fl 32507	County Escambia
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CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es)) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> DISABILITY <input checked="" type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 02/05/96
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I. PERSONAL HARM
 Respondent discriminated against me on the basis of age and national origin by failing to hire me on or about 1/2/96 as an equipment operator/recycler.

II. RESPONDENT'S REASON FOR ADVERSE ACTION
 No reason was given for their actions.

III. DISCRIMINATION STATEMENT
 I believe I have been discriminated against because of my Age and National Origin, for the following reasons:

 Instead of hiring me at the higher position, they hired a 21 year-old to work alongside me. I have 30 years experience operating that sort of equipment, along with associate degrees in welding and automotive maintenance. Their refusal to hire me because of my age and national origin is a violation of the Florida Civil Rights Law as stated in Chapter 760, Florida Statutes.

I REQUEST THE FULL RELIEF TO WHICH I AM ENTITLED, UNDER THE LAW(S).

will advise the agency if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY- (Required for Filing) SUBSCRIBED AND SWORN TO BEFORE ME _____ OF _____, 19____
SIGNATURE OF COMPLAINANT SIGNATURE ON FILE .DATE <u>4/30/96</u>	