

**HICKMAN'S EGG RANCH**  
6515 S. Jackrabbit Trail, Buckeye, AZ 85326  
PHONE: 623-872-2304 / FAX: 623-872-2332

**DRIVER APPLICATION FOR EMPLOYMENT**

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Applicant: You are advised that the information you provide in this application may be used, and your prior employers will be contacted for the purpose of investigating your background as required by D.O.T. regulation parts 382 thru 391.

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Date: \_\_\_\_\_

Name (last, first, middle): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Pager: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long at present address? \_\_\_\_\_

Previous Address: \_\_\_\_\_

Other address of less than 3 years at previous address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Date of Last DOT Physical: \_\_\_\_\_ Physical Expiration: \_\_\_\_\_

In case of emergency, notify: (name) \_\_\_\_\_ (phone) \_\_\_\_\_

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**EDUCATION:** Circle highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12

List any vocational schools or special training: \_\_\_\_\_

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**MILITARY?** If so, what branch? \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_

**LICENSE AND DRIVING RECORD**

Do you hold more than one valid driver's license? (Circle one)    yes    no  
Please list all licenses issued to you in the last three years.

<u>License #</u>	<u>State</u>	<u>Endorsements</u>	<u>Expiration</u>

Have any of your licenses ever been suspended or revoked? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony involving a motor vehicle? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of violations, or paid a civil forfeiture for DOT or State Motor Carrier safety violations? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever tested positive for alcohol or controlled substances? If yes, give date and circumstances: \_\_\_\_\_  
\_\_\_\_\_

List all traffic convictions & accidents within the last three years

<u>Date</u>	<u>City / State</u>	<u>Type of Vehicle</u>	<u>Offense or Accident Type</u>

**DRIVING EXPERIENCE:**

	<u>Years Driving</u>	<u>From</u>	<u>To</u>
Automobile:.....			
Straight Truck:.....			
Tractor & Semi-Trailer:.....			

What types of trailers have you pulled? (Check all that apply)

\_\_\_\_\_ Flatbeds                  \_\_\_\_\_ Ref Van                  \_\_\_\_\_ Dry Van                  \_\_\_\_\_ Doubles

List different types of engines: \_\_\_\_\_  
\_\_\_\_\_

List different types of transmissions: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**  
*(List ALL employers for the past 10 years)*

**Last Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Term. Date: \_\_\_\_\_

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one)    yes    /    no

Reason for Leaving: \_\_\_\_\_

**Second Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Term. Date: \_\_\_\_\_

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one)    yes    /    no

Reason for Leaving: \_\_\_\_\_

**Third Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Term. Date: \_\_\_\_\_

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one)    yes    /    no

Reason for Leaving: \_\_\_\_\_

**Fourth Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Term. Date: \_\_\_\_\_

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one)    yes    /    no

Reason for Leaving: \_\_\_\_\_

**Fifth Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Term. Date: \_\_\_\_\_

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one)    yes    /    no

Reason for Leaving: \_\_\_\_\_

**Sixth Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Term. Date: \_\_\_\_\_

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one) yes / no

Reason for Leaving: \_\_\_\_\_

**Seventh Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Term. Date: \_\_\_\_\_

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one) yes / no

Reason for Leaving: \_\_\_\_\_

**Eighth Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Term. Date: \_\_\_\_\_

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one) yes / no

Reason for Leaving: \_\_\_\_\_

**Ninth Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Term. Date: \_\_\_\_\_

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one) yes / no

Reason for Leaving: \_\_\_\_\_

**Tenth Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Term. Date: \_\_\_\_\_

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one) yes / no

Reason for Leaving: \_\_\_\_\_

Eleventh Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Term. Date: \_\_\_\_\_

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one) yes / no

Reason for Leaving: \_\_\_\_\_

Twelfth Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Term. Date: \_\_\_\_\_

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one) yes / no

Reason for Leaving: \_\_\_\_\_

**TO BE READ BY APPLICANT**

APPLICANT'S STATEMENT AND AGREEMENT: As a condition of my employment, I hereby certify that all the information I have provided on this application is true and correct. If at any time after employment has been established it is discovered that I misrepresented or falsely prepared this application or related documents, I understand that it shall be considered an act of dishonesty, a possible DOT and or State Motor Carrier Regulations violation and subject me to immediate dismissal. I further agree, as a condition of employment, to correctly furnish additional information and complete such documents and examinations, inclusive of medical examinations, that the company from time to time may require. I also agree and understand that being allowed to make application for employment in no way obligates the company to employ me. I understand that if hired, I will be employed for a stated probationary period during which time I may be discharged without recourse. This certifies that I completed this application, and that all entries on it and information in it are true and correct to the best of my knowledge.

APPLICANT'S BACKGROUND INVESTIGATIVE AUTHORIZATION: I hereby authorize the company, or their agents, to investigate my complete background, regardless of subject, in order to ascertain that all information given by me is correct and further, I release any and all past employers, persons, organizations from all liability for any damages on account of furnishing any information and agree to indemnify and hold harmless all such persons and organizations who furnish any such information. (Note: If there is anything in the statements you don't understand, ask the person accepting your application for clarification and meaning)

I am advised that I have the right to review, request correction or refute information that has been provided by a previous employer in response to inquiries regarding my safety history.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# HICKMAN'S EGG RANCH

6515 S. Jackrabbit Trail, Buckeye, AZ 85326

Phone: (623) 872-2304

Fax#: (623) 872-2332

## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS

\_\_\_\_\_, applied for a position as a driver and states he was employed by your company from \_\_\_\_\_ to \_\_\_\_\_. We appreciate your time in courtesy in completing, in confidence, the information requested below.

Information request date(s): \_\_\_\_\_

I HEREBY AUTHORIZE YOU TO RELEASE THE INFORMATION REQUESTED BELOW REQUIRED BY SECTIONS 382 THROUGH 391 OF THE FEDERAL MOTOR CARRIERS SAFETY REGULATIONS.

APPLICANTS SIGNATURE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Previous Employer's Address: \_\_\_\_\_

Employer Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Term./Resig. Date: \_\_\_\_\_

Was this person a Class A CDL driver: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

General Disposition & Work Habits: \_\_\_\_\_

Eligible for Rehire? Yes \_\_\_\_\_ No \_\_\_\_\_ Upon Review \_\_\_\_\_ Against Policy \_\_\_\_\_

Type of Trailer Pulled: Van \_\_\_\_\_ Tanker \_\_\_\_\_ Belly Dump \_\_\_\_\_ Flatbed \_\_\_\_\_ Reefer \_\_\_\_\_

Type of Driving (Circle): Local \_\_\_\_\_ Regional \_\_\_\_\_ Over The Road \_\_\_\_\_

Preventable Accidents/Incidents? \_\_\_\_\_

### Per Federal Motor Carrier Safety Regulations, section 382 (Final Rule Published – 3 years!):

- Did the applicant test positive for any controlled substances? Yes \_\_\_\_\_ No \_\_\_\_\_
- Did the applicant test positive for alcohol (.04 or higher)? Yes \_\_\_\_\_ No \_\_\_\_\_
- Did applicant refuse to participate in any alcohol or controlled substance test required by federal regulations? Yes \_\_\_\_\_ No \_\_\_\_\_
- Did applicant violate any DOT agency drug and alcohol testing regulations? Yes \_\_\_\_\_ No \_\_\_\_\_
- Did applicant violate any DOT agency drug and alcohol testing regulations or test positive for any employers prior to their employment with your company within the past three years? Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE FAX BACK TO (623) 872-2332. THANKS FOR YOUR HELP!**



Answering the following questions is voluntary and to be used only for keeping statistical records. Hickman's is an equal opportunity, affirmative action employer and the following information will help us track our performance as such:

Gender: Male  Female

Ethnic Group: White  Black/African American  Native Hawaiian or Pacific Islander  Asian   
American Indian/Alaskan Native  Hispanic  Two or more races

Are you a veteran? Yes  No  Are you a Vietnam Era veteran? Yes  No

Are you a Special Disabled Veteran? Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_