

HICKMAN'S EGG RANCH
6515 S. Jackrabbit Trail, Buckeye, AZ 85326
PHONE: 623-872-2301 / FAX: 623-872-2332

DRIVER APPLICATION FOR EMPLOYMENT

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.

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) _____

Have you worked for this company before? (Circle) Yes No When? _____

Reason for leaving? _____

Are any of your relatives currently employed with the company? Yes ___ No ___ If yes, Name: _____

Position applied for? _____ Rate of pay desired? _____

Are you currently employed? _____ Where? _____

If not, how long since last employed? _____ Do you speak fluent English? _____

Are you willing to take a pre-employment drug screening? _____ Can you pass? _____

Who referred you? _____

Why do you want to work for Hickman's? _____

Have you ever been convicted of or pled guilty to a felony? (Circle) Yes No

A "yes" answer will not automatically disqualify the applicant from employment.

If yes, please explain: _____

Can you work in a dusty environment? _____ Are you physically capable of heavy manual work? _____
Are you willing to work any shift? _____ Are you willing to work weekends? _____

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company? Yes___No___ If yes, please explain_____

Personal References

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

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

List any vocational schools or special training:_____

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

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

