

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(print)

Company **h** Hooker Brothers Construction Company \_\_\_\_\_  
Address 2510 South North Road \_\_\_\_\_  
City \_\_\_\_\_ P O Box 5288 \_\_\_\_\_  
Grand Island, NE 68802 \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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

## FOR COMPANY USE

### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_  
DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)  
SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

## TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_  
DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_  
TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	---			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	---			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8      HIGH SCHOOL: 1 2 3 4      COLLEGE: 1 2 3 4  
 LAST SCHOOL ATTENDED (NAME) \_\_\_\_\_ (CITY, STATE) \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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

# APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City

\_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
State Zip Code yr./mo.

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code yr./mo.

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code yr./mo.

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code yr./mo.

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO.	YR.
ADDRESS			TO MO. YR.	
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER		SALARY/WAGE	
REASON FOR LEAVING				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

**EMPLOYMENT HISTORY (continued)**

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**HOOKER BROTHERS CONSTRUCTION COMPANY**  
**2510 SOUTH NORTH ROAD**  
**P O BOX 5288**  
**GRAND ISLAND, NE 68802**

ESSENTIAL FUNCTIONS OF CONSTRUCTION LABORERS & EQUIPMENT OPERATORS

Construction jobs require vigorous physical activity in every craft. The construction environment may be hot, cold, wet, dry, dusty, windy, dirty, or muddy. The terrain of the construction site may be rough and uneven. Construction equipment of all sizes such as bulldozers, scrapers, trucks, ect. May be present on the jobsite at any time. Work may be done on the ground, in trenches, in confined spaces, or at heights, depending on the project.

The essential functions and job duties of each craft vary, but all construction workers may be required to routinely perform a wide variety of tasks involving standing, walking, lifting, carrying, climbing, stooping, kneeling, ect.

Listed below are some of the essential functions that workers on a construction site may be required to perform:

- ∞ Climb up and down ladders, scaffold, and other objects.
- ∞ Maintain balance in all situations.
- ∞ Reach for, hold, handle and operate/manipulate objects and materials.
- ∞ Push, pull and frequently carry objects such as tool, materials and equipment weighing up to 60 pounds.
- ∞ Stoop, kneel, crouch, and crawl.
- ∞ Stand and walk for long periods of time.
- ∞ Coordinate movement of eyes, hands, fingers, and feet.
- ∞ Work at different heights.
- ∞ See and hear well with or without correction. To avoid safety hazards to themselves and others.
- ∞ Distinguish colors.
- ∞ Utilize depth perception.
- ∞ Fuel, change oil, and lubricant machinery.
- ∞ Do paper work associated with the job and time card.
- ∞ Operate machinery.
- ∞ Travel out of town.
- ∞ Work weekends & extended hours.

Under the Vocational Rehabilitation Act of 1973 and the American with Disabilities Act, an individual who can perform essential functions with or without reasonable accommodation is qualified for the position. If an applicant feels that reasonable accommodations would enable them to perform the essential functions of the job for which they are applying, they are invited to discuss this with individuals conducting the interviews. Applicants will not, however, be asked whether they have any mental or physical impairments prior to the time they are offered a job.

## Application Acknowledgment

The application is true and complete to the best of my knowledge.

I agree that, if employed, I will conform my conduct to company rules and understand that unless otherwise specifically agreed to in writing, my employment can be terminated at any time, with or without notice, at my option or the option of the company. I understand that no personnel, recruiter, interviewer or other representative of the company (other than the President) has authority to enter into any agreement for employment for any specific period of time. I also understand that this application and any employment manuals or handbooks which may be distributed to me during the course of my employment should not be construed as a contract.

I authorize Hooker Brothers Construction Company to make inquiries to verify my suitability for employment and release Hooker Brothers Construction Company and any individuals it contact from any claims arising from making or responding to such inquiries.

I certify that the facts set forth in this employment application (or my accompanying resume) are true and complete to the best of my knowledge. I understand that any falsification, omission, or misrepresentation or concealment of information on this application may be sufficient grounds for disqualification and further consideration for hire or immediate discharge, and the company shall not be liable in any respect if my employment is so denied or terminated. I agree to submit to preemployment physical and/or drug screen if required by Hooker Brothers Construction Company.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Hooker Brothers Construction Company is an Equal Opportunity Employer; all applicants receive equal consideration regardless of their race, color, religion, sex, national origin, age, disability, or veteran status.

**HOOKER BROTHERS CONSTRUCTION COMPANY  
2510 SOUTH NORTH ROAD  
P O BOX 5288  
GRAND ISLAND, NE 68802**

**PRE-EMPLOYMENT DRUG TESTING NOTIFICATION AND CONSENT**

I understand that, as required by the Federal Motor Carrier Safety Regulations 49 CFR Part 382 and company policy, all prospective drivers must submit to a controlled substances test involving collection of a urine sample that will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines, and phencyclidine.

I understand that, if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle. I also understand I will be given a reasonable opportunity to confer with the company's medical review officer before any positive drug test result is reported to the company.

The results of the drug tests will be maintained by the medical review officer of the company, who will report to the company whether the test was negative or positive. The results of any test will not be released to any additional parties, except as provided in 40.37, without my written authorization.

I hereby agree to submit to a urine drug test.

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

\_\_\_\_\_  
*PRINT APPLICANTS NAME*

\_\_\_\_\_  
*APPLICANT'S SIGNATURE*

# DRIVER INVESTIGATION HISTORY FILE

## FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

Under Federal Motor Carrier Safety Regulations 382.413, 391.23 and 391.25, we are required to verify your previous employment, previous drug and alcohol test results, and your driving record. Before we can do this, we are required under the U.S. Fair Credit Reporting Act to have your authorization to get the information.

Your signature here gives us permission to gather the information.

PRINT driver's name: \_\_\_\_\_

driver's signature: \_\_\_\_\_

social security number: \_\_\_\_\_

date: \_\_\_\_\_

received by: \_\_\_\_\_

company name: \_\_\_\_\_

## YOUR RIGHTS TO THE INFORMATION

- You have the right to review information provided by previous employers. To exercise this right, submit a written request to us now, or within 30 days of being hired or being notified of denied employment.
- You have the right to have any information errors corrected and the corrected information re-sent to us. You must contact the the previous employer to request the correction. The previous employer has 15 days to comply.
- You have the right to attach a rebuttal statement to the information if you and a previous employer cannot agree on its accuracy. You must send your rebuttal statement to the previous employer with a request to attach the rebuttal to your safety performance history.
- You have the right to report previous employers who fail to correct information, or who fail to include your rebuttal, in your safety performance history. Steps for filing a complaint are listed in the Federal Motor Carrier Safety Regulations at 386.12.

# DRIVER INVESTIGATION HISTORY FILE

## SAFETY PERFORMANCE VERIFICATION/REFERENCE

date of this request: \_\_\_\_\_

driver applicant's name: \_\_\_\_\_ social security number: \_\_\_\_\_

Under Federal Motor Carrier Safety Regulations 391.23 and 391.53 we are required to verify this driver's previous employment, previous drug and alcohol test results and accident involvement. Please help keep safe, professional drivers on the road by providing the following information:

What are the starting and ending dates of this applicant's employment with your company?

For what reason did the applicant leave your company?

Would you rehire this applicant if there were an opening?

yes  no

Did the applicant participate in your drug/alcohol testing random pool?

yes  no

Did the applicant always test negative for alcohol and controlled substances?

yes  no—failed alcohol test  no—failed drug test  no—refused to test

If no, did the applicant complete a required program and return to duty?

yes  no

If yes, after returning to duty, did the applicant always test negative for alcohol and controlled substances?

yes  no—failed alcohol test  no—failed drug test  no—refused to test

Please furnish the following regarding any recordable accidents involving this applicant in the past three years:

accident date: \_\_\_\_\_ location: \_\_\_\_\_

number of injuries: \_\_\_\_\_ number of fatalities: \_\_\_\_\_

Did the accident involve a spill of hazardous materials?  yes  no

copies of required accident reports enclosed or included

name of person providing this information: \_\_\_\_\_

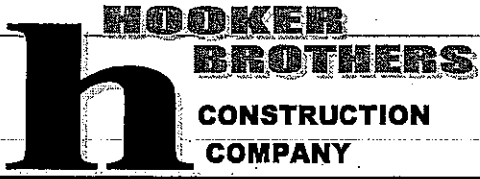
company name: \_\_\_\_\_

address: \_\_\_\_\_ city/state/ZIP: \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM  
AND APPLICABLE ACCIDENT REPORTS TO:**

Dennis or Esther  
Hooker Brothers Construction Co.  
PO Box 5288  
Grand Island, NE 68802-5288

FAX 308-384-2036



P.O. BOX 5288  
2510 S. NORTH ROAD  
GRAND ISLAND, NE 68802  
• 308-384-2030  
• 308-384-2036 FAX

Testing Information by Driver/Applicant  
Required for Pre-employment testing – Section 40.25 J

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

**To be completed by driver/applicant.**

Applicants Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_

SS# \_\_\_\_\_ Driver's License # \_\_\_\_\_

During the past (2) two years, have you **tested positive** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?      \_\_\_ Yes      \_\_\_ No

During the past (2) two years, have you **refused to test** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?      \_\_\_ Yes      \_\_\_ No

**If you answered yes to either of the questions above, please provide documentation of your successful completion of the return – to – duty process.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
Hooker Brothers Construction Co.

