



HASKELL LEMON CONSTRUCTION CO.



ASPHALT CONCRETE GRADING STORM SEWER

P.O. Box 75608 Oklahoma City, OK 73147

Phone: (405) 947-6069 Fax: (405)947-6068

www.Haskelllemon.com

APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color gender, national origin, age, marital status, medical condition or handicap, or any other status protected by law. We are an **EQUAL OPPORTUNITY EMPLOYER.**

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
State Zip Code Phone Area Code/Number How Long? yr./mo.

Previous Addresses _____
Street City State & Zip Code How Long? yr./mo.
Street City State & Zip Code How Long? yr./mo.
Street City State & Zip Code How Long? 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)

Will you work shifts? [] Yes [] No Will you work alternating shifts? [] Yes [] No

If no to either of the above, what hours will you work?

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) _____

FELONIES, ETC.

Have you ever been convicted of a felony? [] Yes [] No

If yes, please explain. (A felony conviction does not automatically exclude you from employment and will be considered only as it relates to your fitness to perform the position for which you are applying.) _____

Have you ever been convicted, pled guilty, received deferred adjudication, or had a conviction set aside in a criminal matter (including DWI or traffic offense other than a non-inquiry traffic or parking)? (A response does not automatically exclude you from employment and will be considered only as it relates to your fitness to perform the position for which you are applying.) _____

Is there any reason you might be unable to perform the functions of the job which you have applied? [] Yes [] No

If yes, explain if you wish.

MILITARY (VOLUNTARY)

Have you ever been a member of the United States Armed Forces? [] Yes [] No

If yes, which branch? _____

Are you now a member of the Reserves of National Guard? [] Yes [] No

Reserve Status _____ Rank and Grade _____

List any relevant skills acquired during military service _____

ADDITIONAL INFORMATION YOU WOULD LIKE THE COMPANY TO CONSIDER

EMPLOYMENT HISTORY

(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT)

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.

EMPLOYER		From: Mo. / Yr.	To: Mo. / Yr.
Name:		Position Held:	
Address:		Salary/Wage	
City:	State:	Zip:	
Contact Person:	Phone Number:		Reason for Leaving:
Were you subject to the FMCSRs ^α 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		From: Mo. / Yr.	To: Mo. / Yr.
Name:		Position Held:	
Address:		Salary/Wage	
City:	State:	Zip:	
Contact Person:	Phone Number:		Reason for Leaving:
Were you subject to the FMCSRs ^α 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		From: Mo. / Yr.	To: Mo. / Yr.
Name:		Position Held:	
Address:		Salary/Wage	
City:	State:	Zip:	
Contact Person:	Phone Number:		Reason for Leaving:
Were you subject to the FMCSRs ^α 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		From: Mo. / Yr.	To: Mo. / Yr.
Name:		Position Held:	
Address:		Salary/Wage	
City:	State:	Zip:	
Contact Person:	Phone Number:		Reason for Leaving:
Were you subject to the FMCSRs ^α 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		From: Mo. / Yr.	To: Mo. / Yr.
Name:		Position Held:	
Address:		Salary/Wage	
City:	State:	Zip:	
Contact Person:	Phone Number:		Reason for Leaving:
Were you subject to the FMCSRs ^α 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		From: Mo. / Yr.	To: Mo. / Yr.
Name:			
Address:		Position Held:	
City:	State:	Zip:	Salary/Wage
Contact Person:	Phone Number:		Reason for Leaving:
Were you subject to the FMCSRs [⌘] 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		From: Mo. / Yr.	To: Mo. / Yr.
Name:			
Address:		Position Held:	
City:	State:	Zip:	Salary/Wage
Contact Person:	Phone Number:		Reason for Leaving:
Were you subject to the FMCSRs [⌘] 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		From: Mo. / Yr.	To: Mo. / Yr.
Name:			
Address:		Position Held:	
City:	State:	Zip:	Salary/Wage
Contact Person:	Phone Number:		Reason for Leaving:
Were you subject to the FMCSRs [⌘] 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		From: Mo. / Yr.	To: Mo. / Yr.
Name:			
Address:		Position Held:	
City:	State:	Zip:	Salary/Wage
Contact Person:	Phone Number:		Reason for Leaving:
Were you subject to the FMCSRs [⌘] 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		From: Mo. / Yr.	To: Mo. / Yr.
Name:			
Address:		Position Held:	
City:	State:	Zip:	Salary/Wage
Contact Person:	Phone Number:		Reason for Leaving:
Were you subject to the FMCSRs [⌘] 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			

*Include vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), 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) weights or has a GVWR or 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), Or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Accident Record for the past 5 years or more (Attach another 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 5 years (Other than Parking Violations) If None, write **NONE**.

Location	Date	Charge	Penalty

(Attach a separate sheet if more space is needed)

EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver licenses or permits held in the past 3 years	State	License Number	Class	Endorsements	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		Miles
		From (M/Y)	To (M/Y)	Approx. Total No.
Straight Truck [] Yes [] No	(Van, Tank, Flat, Dump, Refer)			
Tractor and Semi-Trailer [] Yes [] No	(Van, Tank, Flat, Dump, Refer)			
Tractor - Two Trailers [] Yes [] No	(Van, Tank, Flat, Dump, Refer)			
Tractor - Three Trailers [] Yes [] No	(Van, Tank, Flat, Dump, Refer)			
Motor coach - School Bus [] Yes [] No More than 8 passengers	_____			
Motor coach - School Bus [] Yes [] No More than 15 passengers	_____			
Other _____				

List states operated in for last five years: _____

Show special courses of 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 your with (other than those already shown)

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: _____

NOTICE AND ACKNOWLEDGMENT

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

A&A Trucking / Haskell Lemon may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, driving record, and/or mode of living, and which can involve personal interviews with sources such as your current and past employers, friends, or associates as well as past employment information in compliance with regulations of the U.S. Department of Transportation (DOT), including 49 CFR Part 40 and 49 CFR Part 382, regarding DOT drug and alcohol testing results from past employers. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreHire Screening Services LLC, 4273 Will Rogers Parkway, Oklahoma City, OK 73108, 1-(800) 543-8722. The scope of this notice and authorization is all-encompassing, however, allowing A&A Trucking / Haskell Lemon to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting PreHire Screening Services LLC directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreHire, another outside organization acting on behalf of A&A Trucking / Haskell Lemon and/or A&A Trucking / Haskell Lemon itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Oklahoma Applicants Only: I request a copy of any credit report requested on me.
 Minnesota Applicants Only: I request a copy of any consumer report requested on me.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

The following is for identification purposes only to perform the background check and will not be used for any other purpose:

DATE PRINT LEGAL NAME

SIGNATURE OF EMPLOYEE OR PROSPECTIVE EMPLOYEE

SOCIAL SECURITY NUMBER

DATE OF BIRTH (For Background Purposes Only)

DRIVERS LICENSE NUMBER STATE

CURRENT ADDRESS:

PREVIOUS ADDRESSES (Last 7 years):

ANY OTHER NAMES I HAVE BEEN KNOWN BY (including maiden or alias name):

FOR STATISTICAL PURPOSES ONLY

We are required by Federal Law to document the race and gender of applicants to assist us in the implementation of affirmative action programs. We ask that you cooperate by completing the brief questionnaire below, and understand that this information will be kept separate from the application form, and will help us to ensure equal employment opportunities for all persons.

Date: _____

Name: _____

Address: _____

Phone Number: _____

Position Applied For: _____

Race (Check One)

African-American [] Asian [] Caucasian []
American Indian [] Hispanic [] Other [] _____

Check if any of the following are applicable:

Vietnam Era Veteran [] Disabled Veteran [] Other Disables Individual []

Please indicate if your application is in respond so one of the following:

Walk-In [] Newspaper Ad [] Recruitment Letter [] Bulletin Board Notice []

Referral by current employee: [] Name: _____

Referral by recruitment source: [] Name: _____

Other: _____

THANKS FOR YOUR HELP!

This information is solely for statistical purposes and is not part of the selection process.