



DRIVER'S APPLICATION FOR EMPLOYMENT
George Hildebrandt, Inc.
412 Stone Mill Road, Hudson, New York 12534

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, or Non-job related disability.

Date of Application _____

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

Previous Addresses _____ How Long? _____
Street City Zip code
Street City Zip code How Long? _____
Street City Zip code How Long? _____

Do you have a 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 _____

Reasons for leaving _____

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

Who referred you? _____ Rate of pay expected _____

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 that drive commercial motor vehicle in interstate or intrastate commerce must provide the following information on all employers during the preceding 10 years. **List complete mailing address, street number, city, state and zip code.** (Note: list employers in reverse order starting with the most recent. Add another sheet as necessary)

EMPLOYER			DATE	
NAME	FROM MO	YR	TO MO	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP CODE	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE NUMBER				
EMPLOYER			DATE	
NAME	FROM MO	YR	TO MO	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP CODE	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE NUMBER				
EMPLOYER			DATE	
NAME	FROM MO	YR	TO MO	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP CODE	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE NUMBER				
EMPLOYER			DATE	
NAME	FROM MO	YR	TO MO	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP CODE	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE NUMBER				
EMPLOYER			DATE	
NAME	FROM MO	YR	TO MO	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP CODE	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE NUMBER				

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

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

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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 _____

DRIVER EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE	TYPE

- 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, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT *VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO OF MILES DRIVEN (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
MOTORCOACH-SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN THE LAST FIVE YEARS _____

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

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHO?

EXPERIENCE AND QUALIFICTIONS---OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCES 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) _____

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.

I authorize you to make such investigations and inquire 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 George Hildebrandt, Inc.

_____ Date _____ Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
DATE EMPLOYED _____ POINT EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	RECORD ON FILE
APPLICATION				
INTERVIEW				
PAST EMPLOYEMENT				
WRITTEN EXAM				
ROAD TEST				
CRIMINAL & TRAFFIC CONVCITIONS				

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____ FROM: _____ TO: _____

DATE: _____ DATE: _____

REASON FOR TRANSFER _____ REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ RESIGNED _____ OTHER _____ TERMIACTION REPORT PLACED IN FILE _____

SUPERVISOR _____



412 STONE MILL ROAD HUDSON, NY 12534
FAX 518-851-7651 518-851-3861

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to George Hildebrandt Inc. for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

DATE

APPLICANT'S SIGNATURE

PREVIOUS EMPLOYER

Dear Sir/Madam:

The below named individual has made application to this company for a position as _____ and states that he/she was employed by you as _____ from _____ to _____.

We appreciate your time in completing, in confidence the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

NAME OF APPLICANT _____ SOCIAL SECURITY# _____

- 1> Employed from _____ to _____ as _____ at wage or salary of _____
- 2> Did he/she drive a motor vehicle for you? _____ Straight Truck? _____ Tractor-Semitrailer? _____
Bus? _____ Other? (Specify) _____
- 3> Was he/she a safe and efficient driver? Yes _____ No _____
- 4> Reason for leaving your employ: Discharged _____ Resignation _____ Lay Off _____ Military _____
- 5> Was he/she general conduct satisfactory? Yes _____ No _____
- 6> Please advise history of past driving record if available for three years. _____

CHARACTERISTICS	EXCELLENT	GOOD	POOR
Disposition, tact, ability to get along with others			
Initiative, Resourcefulness			
Safety Habits			
Driving Skill			
On Time w/ delivery/pickup			

Any other remarks:

Name & Title of Person supplying information: _____
Date: _____

**REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER(S)
ON
ALCOHOL & CONTROLLED SUBSTANCES TESTING
SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

DATE: _____

Print Name (first, M.I., Last)

Signature

I, the above mentioned signed, hereby authorize that my _____
Previous Employer
Release and forward all information on my Alcohol and Controlled Testing/Training records to
George Hildebrandt Inc.

This is in compliance with 382.405(f) and (h), which state:
Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

(h) An employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

382.413(a)(b)(c)(e)(f) further state:

(a) An employer may obtain, pursuant to a driver's written consent, any of the information concerning the driver which is maintained under this part by the driver's previous employers.

(b) An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with concentration result of 0.04 or

greater, positive controlled substances test results, and refusals to be tested, within the preceding two years, which are maintained by the driver's previous employers under 382.401 (b)(1)(i) through (iii).

(c) The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than 14 calendar days after the first time a driver performs safety-sensitive functions for an employer.

(e) The prospective employer must provide to each of the driver's employers within the two preceding years the driver's specific written authorization for release of the information in paragraph (b).

(f) The release of any information under this part may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality. Each employer must maintain a written, confidential record with respect to each past employer contacted.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

- | | | |
|--|-----|----|
| 1. Has this person ever tested positive for a controlled substance in the last two years? | Yes | No |
| 2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years? | Yes | No |
| 3. Has this person ever refused a required test for drugs or alcohol in the last two years? | Yes | No |

If YES to any of the above questions, please give SAP's (Substance Abuse Professional) name, address and phone number for further reference:

Name: _____

Address: _____

Phone No: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

RELEASE OF INFORMATION

CONSENT FORM

Person interviewed from previous employer:

Interviewed by: _____

Faxed
Mailed

Date: _____

Phone Interview

Date Received Back: _____
(if mailed)



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RECORD OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past **12 months**.

IF "NONE" WRITE **"NONE"**

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on any violations required to be listed during the past **12 months**.

DATE

SIGNATURE

REVIEWED BY Safety Director



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PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 Pre-Employment Testing Requirements, apply to driver applicants of this company.

391.103 PRE-EMPLOYMENT TESTING REQUIREMENTS.

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use pre-qualification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- (c) Prior to collection of the urine sample under FMCSR 391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of employment, I agree to the urine sample collection and controlled substance testing. I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and Positive results will be reported to the company. My written authorization is required for the Urinalysis Tests to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant's Name

Applicant's Signature

Month Day Year

Witnessed By:

Company Representative

Month Day Year