



CMV TRUCK DRIVER EMPLOYMENT APPLICATION

Habegger is an Equal Opportunity Employer. Persons are recruited, hired, assigned and promoted without regard to race, national origin, religion, age, color, sex, sexual orientation, gender identity, disability or protected veteran status, or any other characteristic protected by local, state or federal laws, rules or regulations. It is the policy of Habegger to provide reasonable accommodations for employees or applicants for employment. If you need assistance or accommodations in the application process please inform Habegger of such need. Employment opportunities will not be denied to anyone because of the need to make reasonable accommodations. Questions on this application form are designed to meet both Habegger's policy as an Equal Opportunity Employer and to meet the requirements for an application for drivers under the US Department of Transportation's Federal Motor Carrier Safety Regulations. For this reason it is required that you must complete all questions on this application. **Please complete and leave nothing blank on this form.** This application is active for a period of 60 days only.

Habegger Corporation
11413 Enterprise Park Drive
Sharonville, Ohio 45241

U.S DOT # 702490

Position(s) Applied for: _____ Date of Application: _____

Referral Source: _____

Advertisement Friend or Relative Employment or State Agency Walk-in Internet Other _____

APPLICANT INFORMATION

Last Name _____ First Name _____ Middle Name _____

Phone # _____ ALT Phone # _____

Email Address _____

SS# _____ Date of Birth: _____

Address _____

City _____ State: _____ Zip _____

List all previous addresses for the past 3 years:

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

DRIVER LICENSE INFORMATION - List all driver licenses held in the past five years.

No person who operates a commercial motor vehicle shall at any time have more than one driver's license. I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

Driver's License Number: _____

State: _____	Type: _____	Currently Valid: _____
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DRIVING EXPERIENCE

Type of Equipment: _____ From (date): _____ To (date): _____ Approx. Miles: _____

Type of Equipment: _____ From (date): _____ To (date): _____ Approx. Miles: _____

Type of Equipment: _____ From (date): _____ To (date): _____ Approx. Miles: _____

Type of Equipment: _____ From (date): _____ To (date): _____ Approx. Miles: _____

Class of Equipment (check all that apply)

_____ Straight Truck

_____ Tractor & Semi Trailer

_____ Tractor & Two Trailers

_____ Tractor & Tankers

_____ Other (list): _____

DOT REQUIRED QUESTIONS UNDER THE FMCSRS

Have you ever been denied a driver license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

Have you ever been convicted of any felony involving the use of a Commercial Motor Vehicle or while driving a CMV? Yes No

If you answered yes to any of the above three (3) questions, attach a statement of explanation to this application.

DRIVER CERTIFICATION AND INVESTIGATION RELEASE

To Be Read and Signed by Applicant

I authorize you to make investigations (including contacting current and prior employers into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, healthcare 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Habegger.

I understand all information I provide regarding current and/or previous employers may be used, and those employers 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 the previous employers; current as well as previous employer;
- 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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

This certifies 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.

Applicant Signature: _____ **Date:** _____

TICKETS AND ACCIDENTS FOR PAST FIVE (5) YEARS. IF NONE, WRITE "NONE"

Date	Description (Nature of accident – head-on, rear-ended, upset, etc.)	# of Injuries / Fatalities	Chemical Spills
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST FIVE (5) YEARS (OTHER THAN PARKING VIOLATIONS).

IF NONE, WRITE "NONE"

Date	Location	Charge and Penalty
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you filed an application with Habegger before? Yes No If Yes, date:_____

Have you ever been employed with Habegger before? Yes No If Yes, date:_____

Do you meet the Habegger minimum criteria of being at least 21 years of age to drive a truck? Yes No

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?
Note: This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability or a particular accommodation on this application form. This may be addressed later on to the extent permitted by law.)

Yes No Need more information about the position's "essential functions" to answer this question.

Are you legally authorized to accept employment in the United States on an unrestricted basis? Yes No

If employed, can you provide documentation establishing that you may legally work in the US? Yes No

Do you have a reliable way of getting to work? Yes No

Are you available to work: Full-Time Part-Time Shift Work

Are you willing to work overtime? Yes No

Are you willing to work on weekends? Yes No

Can you travel if a job requires it? Yes No

Do you have a geographic preference? Yes No

If yes, please explain _____

Within the last three (3) years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work? Yes No

If yes, have you successfully completed the return-to-duty process? _____

List professional, trade, business or civic activities and offices held which you consider relevant to your ability to perform the job you have applied for.

Summarize special skills and qualifications acquired from employment or other experience:

Please indicate your proficiency level and other work-related equipment you are qualified to operate:

Please indicate computer skills you may have (For example: MS Office, Internet search, online inventory management):

State any additional information (for example: knowledge, skills, and abilities) you feel may be helpful to us in considering your application.

REFERENCES

Please list four former or current supervisors that can be contacted for employment references (students, please list professors):
(Current phone numbers MUST be included)

Name _____ Title _____ Company _____

Address _____

City _____ State _____ Zip _____ Phone Number _____

Name _____ Title _____ Company _____

Address _____

City _____ State _____ Zip _____ Phone Number _____

Name _____ Title _____ Company _____

Address _____

City _____ State _____ Zip _____ Phone Number _____

Do any of your friends or relatives work for Habegger? Yes No If Yes, who? _____

EDUCATION

High School Name _____ Years Completed _____

Diploma or GED/Degree _____ Describe Course of Study _____

Describe specialized training, apprenticeship, skills, and extra-curricular activities _____

College/University Name _____ Years Completed _____

Diploma or GED/Degree _____ Describe Course of Study _____

Describe specialized training, apprenticeship, skills, and extra-curricular activities _____

Graduate/Professional Name _____ Years Completed _____

Diploma or GED/Degree _____ Describe Course of Study _____

Describe specialized training, apprenticeship, skills, and extra-curricular activities _____

Honors Received: _____

To help when contacting references and verifying records, have you worked or attended school under a different name? Yes No

If "Yes" please indicate different name used: _____

EMPLOYMENT EXPERIENCE

The Federal Carrier Safety Regulations (49CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

Employer/Company Name _____ Job Title _____

Address _____

City _____ State _____ Zip _____

From Date _____ To Date _____

Contact Person _____ Phone Number _____ Reason for Leaving _____

Describe Major Duties _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of FMCSR §49 CFR Part 40? Yes No

Explain any gaps in employment (include month/year & reason): _____

Employer/Company Name _____ Job Title _____

Address _____

City _____ State _____ Zip _____

From Date _____ To Date _____

Contact Person _____ Phone Number _____ Reason for Leaving _____

Describe Major Duties _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of FMCSR §49 CFR Part 40? Yes No

Explain any gaps in employment (include month/year & reason): _____

Employer/Company Name _____ Job Title _____

Address _____

City _____ State _____ Zip _____

From Date _____ To Date _____

Contact Person _____ Phone Number _____ Reason for Leaving _____

Describe Major Duties _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of FMCSR §49 CFR Part 40? Yes No

Explain any gaps in employment (include month/year & reason): _____

Employer/Company Name _____ Job Title _____

Address _____

City _____ State _____ Zip _____

From Date _____ To Date _____

Contact Person _____ Phone Number _____ Reason for Leaving _____

Describe Major Duties _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of FMCSR §49 CFR Part 40? Yes No

Explain any gaps in employment (include month/year & reason): _____

Employer/Company Name _____ Job Title _____

Address _____

City _____ State _____ Zip _____

From Date _____ To Date _____

Contact Person _____ Phone Number _____ Reason for Leaving _____

Describe Major Duties _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of FMCSR §49 CFR Part 40? Yes No

Explain any gaps in employment (include month/year & reason): _____

Employer/Company Name _____ Job Title _____

Address _____

City _____ State _____ Zip _____

From Date _____ To Date _____

Contact Person _____ Phone Number _____ Reason for Leaving _____

Describe Major Duties _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of FMCSR §49 CFR Part 40? Yes No

Explain any gaps in employment (include month/year & reason): _____

Employer/Company Name _____ Job Title _____

Address _____

City _____ State _____ Zip _____

From Date _____ To Date _____

Contact Person _____ Phone Number _____ Reason for Leaving _____

Describe Major Duties _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of FMCSR §49 CFR Part 40? Yes No

Explain any gaps in employment (include month/year & reason): _____

STATEMENT OF UNDERSTANDING AND DRIVER BACKGROUND INVESTIGATION RELEASE

I understand the Company's need for complete and accurate information in making employment decisions and I certify that the information I have provided is true and complete to the best of my knowledge. I understand that any false or misleading statements or omissions on my part will be cause for rejection or dismissal.

INITIAL _____

I authorize the Company to conduct a criminal background check on me.

INITIAL _____

I authorize the Company to contact my references and former employers, except as I have indicated otherwise on this application, and to investigate all statements I have made herein. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years, as well as any reference-related informational about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including school and educational institutions, professional or business associates, and friends and acquaintances that Habegger might contact in the course of conducting a reference check or background investigation of my suitability for employment.

INITIAL _____

I recognize that the Company's willingness to receive my application for employment does not necessarily mean there are any positions currently available and agree that such acceptance does not obligate the Company in any way.

INITIAL _____

I understand that a pre-employment physical examination which may include a back x-ray and drug screen urinalysis may be required and, if so, my employment may be contingent on the satisfactory outcome of that examination.

INITIAL _____

I understand and agree that if employed, I may be required to submit to future drug screening in accordance with CORT's policies and local, state and federal laws, rules or regulations.

INITIAL _____

If employed, I understand that Habegger shall, periodically, make an inquiry or obtain a Motor Vehicle Check because a driver position requires the safe operation of a motor vehicle or truck as an essential job function.

INITIAL _____

If I am employed, I agree to abide by Company policies, rules, and regulations. I also recognize that my employment unless otherwise specified in a document signed by both me and the President and/or CEO of Habegger is not for any fixed duration, that the Company reserves the right to make changes in my job from time to time, and that both the Company and I have the freedom to terminate the employment relationship "at will" at any time either wishes to do so.

INITIAL _____

I understand that in connection with my candidacy for employment with the Company, the Company will not inquire about or otherwise prompt me to disclose my salary history. I further understand that I may voluntarily disclose my salary history (in whole or in part) to the Company and I consent to the Company's verification of my salary history should I receive an offer of employment.

INITIAL _____

My signature below certifies that I understand and agree to all the terms and conditions presented in this application form. This also certifies that this application was completed by me, and that all entries on it and information in it are true and compete to the best of my knowledge

Applicant Signature: _____ **Date:** _____