

Hawk Enterprises, Inc. considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or any other legally protected status.

Hawk Enterprises, Inc. is an Equal Opportunity Employer.

Position applied for:				
Date of this application:				
Social Security Number:	-			
Name:				
Address:	Street			
	City	State	Zip Cod	e
Home phone:				
Other phone:				
national s	s required for a E ecurity laws, or i	Bona Fide Occupations needed for other leg	nal Qualificat gally permiss	ion (BFOQ), or dictated by the sible reasons:
national s Please circle one:	ecurity laws, or i	Bona Fide Occupations s needed for other leg	gally permiss	sible reasons:
Please circle one: 1. Are you below the age of	ecurity laws, or i	s needed for other leg	gally permiss Yes	No
national s Please circle one: 1. Are you below the age of 3 2. Have you ever filed an appropriate the second se	ecurity laws, or is	s needed for other leg	gally permiss Yes Yes	No No
national s Please circle one: 1. Are you below the age of 3 2. Have you ever filed an app 3. Are you currently employe	ecurity laws, or is 18? blication with our	s needed for other leg	Yes Yes Yes Yes	No No No
national s Please circle one: 1. Are you below the age of 3 2. Have you ever filed an app 3. Are you currently employe 4. May we contact your previous	ecurity laws, or is 18? blication with our d? ous employer?	s needed for other leg	gally permiss Yes Yes	No No
national s Please circle one: 1. Are you below the age of 3 2. Have you ever filed an app 3. Are you currently employe	ecurity laws, or is 18? blication with our d? ous employer? ecoming lawfully	s needed for other leg company before? employed in this	Yes Yes Yes Yes	No No No
national s Please circle one: 1. Are you below the age of age of age. 2. Have you ever filed an app. 3. Are you currently employe. 4. May we contact your previous. 5. Are you prevented from be.	ecurity laws, or is 18? blication with our d? ous employer? ecoming lawfully r immigration sta	s needed for other leg company before? employed in this	Yes Yes Yes Yes Yes Yes	No No No No
national s Please circle one: 1. Are you below the age of 3. 2. Have you ever filed an app 3. Are you currently employe 4. May we contact your previous Are you prevented from be country because of Visa of	ecurity laws, or is 18? Ilication with our d? ous employer? ecoming lawfully r immigration sta	s needed for other leg company before? employed in this	Yes Yes Yes Yes Yes Yes	No No No No
national s Please circle one: 1. Are you below the age of age of age. 2. Have you ever filed an app. 3. Are you currently employe. 4. May we contact your previous from becountry because of Visa of age. 6. On what date are you available.	ecurity laws, or is 18? blication with our d? ous employer? ecoming lawfully r immigration statilable for work? full time?	s needed for other leg company before? employed in this	Yes Yes Yes Yes Yes Yes Yes	No No No No No No

9. If the job require	es it, will you travel?			Yes	No			
10. Have you beer	n convicted of all felony	vithin the las	st 7 years?	Yes	No			
If yes, please e	explain:		· · · · · · · · · · · · · · · · · · ·					
*You will not be denied	employment solely because o	f conviction rec	ord, unless the o	ffence is rel	ated to the	e job for wt	nich you have a	applied.
11. Do you have a	valid driver's license?			Yes	No			
If yes, what typ	e?							
12. If you have a C	ommercial Driver's Licer	nse (CDL) ha	ave you:					
Completed a N	IDA DOT drug screen wi	thin the last	6 months?	Yes	No			
Completed a De	OT medical exam within	the last 2 ye	ears?	Yes	No			
13. List salary/ pay	rate desired:		3					
14. Are you current	ly, or have you ever bee	n in the U.S.	military or Na	aval Servi	ce?	Yes	No	
If ves. provide o	urrent or past rank:							
n yes, provide o	unon or pastram.							
		Educa	ation					
Grammar School	Name & location:							
	# Years attended:			_				
	Did you graduate?	Yes	No					
High School	Name & location:							
riigir conicci								
	# Years attended:			_				
	Did you graduate?	Yes	No					
College	Name & location:		· · · · · · · · · · · · · · · · · · ·					
	# Years attended:			_				
	Did you graduate?	Yes	No					

^{***}The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are 40 years of age or older***

Employment History & References

List your last 3 employers, starting with the most recent.

Employer #1:

Dates employed:	From:	To:
Business name & addr	ress:	
	Position:	Salary/ Rate:
Reason for leaving:		
	Employer #2:	
Dates employed:	From:	To:
Business name & addr	ess:	
	Position:	Salary/ Rate:
Reason for leaving:		
	Employer #3:	
Dates employed:	From:	To:
Business name & addre	ess:	
	Position:	Salary/ Rate:
Reason for leaving:		
List the names of 3 pers	sons, to whom you are not related, and wh	om you have known for 1 year:
Name & Phone:		
Relationship:		Years aquatinted:
Name & Phone:		
Relationship:		Years aquatinted:
Name & Phone:		
		Years aquatinted:

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving in an employment decision.

This application for employment shall be considered active for a period of time not to exceed (45) days. Any applicant wishing to be considered for employment beyond this point must inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge employment at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document, conduct, or words, unless such change is specifically acknowledged in writing by an executive of this organization.

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 Employer.

Applicant Signature	
Date	
FOR OFFICE USE ONLY	



Disclosure under Fair Credit Reporting Act And Consent to Procurement of Motor Vehicle Report For Employment Purposes Form

The undersigned herby authorizes	Hawk Enterprises, Inc. Name of Employer
Reports, which may be classified as a con For use in rating and/or underwriting insu	e Group, Inc., or its assigns, to obtain copies of Motor Vehicle sumer report, pertaining to me for employement purposes and rance for which the above-named employer may apply and any aining such consumer reports, a consumer reporting agency uch use.
Dated:	Signed:
Prii	nted Name:
Da	te of Birth:
Lincense numb	per & State:

Employer should retain these records for a MINIMUM of TWO years After: 1) employment ends or 2) the last year in which a Motor Vehicle Record was ordered, as part of the record keeping requirements under the FCRA.

A copy of "Summary of Consumer Rights" must be provided in the case of an adverse decision based on the report obtained.

EEO Information

Date: _____

COMPLETION OF THIS FORM IS VOLUNTARY.
Hawk Enterprises Inc. is an Equal Opportunity/Affirmative Action employer. We consider all qualified applicants for all positions without regard to race, color, religion, gender, national origin, age, disability or any other legally protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.
This information is used in an effort to comply with required record keeping and to ensure that our requirement efforts reach all segments of the population. This information will not be considered with your application and will remain in a separate file.
Again, this information is provided on a voluntary basis. Not providing this information will not affect your application. Thank you for your assistance.
Gender
□ Male
☐ Female
☐ I choose not to disclose
Race
☐ American Indian/Alaskan Native
□ Asian
☐ Black/African American
☐ Hispanic/Latino
□ White
☐ I choose not to disclose

CDL GNLY

EMPLOYEE ALCOHOL AND DRUG STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Company Name:	Hawk Enterprise	es ,	· ·
Company Name.			
Street:	1850 East North	Street	
			•
City	Crown Point		
State, ZIP:	Indiana 46307		
Employee Name: (print)			
(Pilliy			
		Lt. the following question	*
The employee is	required by Sec. 40.25 to respon	d to the following question.	900
test adm safety-se	u tested positive, or refused to te Inistered by an employer to whic ensitive transportation work cover ring the past two years?		
			# 100 g
Check o	ne 🗌 Yes 📙 No		
Employee Signatur	е.	Date:	
Employee oignatar			
Witnessed By:		Date:	
(Signature)			
rules dui Check o Employee Signatur Witnessed By:	ring the past two years?	Date: Date:	

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From:		
To:	Date: _	
Social Security Number:		
has made application to this company		
and states that he/she was employed by you as fro	mto	
Will you please reply to the inquiry below respecting this applicant. Your rep in no way involve you in any responsibility. For you convenience in replying t self-addressed envelope.	ly will be need in strict cor	midence and in
	Very truly yours,	
	Safety Department	
1. Is the employment record with your company correct as stated above? _		
2. What kind(s) of work did the applicant do?		
3. Did the applicant drive motor vehicles for you? Passenger car		Bus
Tractor-Semitrailer	Other (specify)	
. Was the applicant a safe and efficient driver?		
. Give the dates of vehicle accidents in which he/she was involved.		
Reason for leaving your employ: Discharged Laid off	Resigne	d
Remarks:		· · · · · · · · · · · · · · · · · · ·
. Was the applicant's general conduct satisfactory?		
. Is the applicant competent for the position sought?		
. Did the applicant drink any alcoholic beverages while on duty?		
	air Poor	Very Poor
Quality of Work		
Cooperation with others		
afety habits ————————————————————————————————————		
riving skill		
ttitude ————————————————————————————————————		
emarks:		
		11 2
ame of Company:		
(Detach here for your records)	Date	
(Name of Former Employer)	Date:	
our are hereby authorized to give to	(Name of Prospective Employer)	

all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.

REQUESTICONSENT	FOR INFORMATION FROM PREVIOUS EM	PLOYER ON ALCOH	02 4 00,	
	SECTION 1: TO BE COMPLETE	D BY PROSPEC	TIVE EMPLOYEE	/
(Print Name) _			Social	Security Number
f in a comment	First, M.I., Last hereby aut	horize that:		*
		in the second		
revious Employer: _			Telephone:	
street:			Fax No.: _	
ity, State, Zip:	information requested by section 2 (below) of	this document concern	ning my Alcohol and Contro	lled Substances
nay release and lorward esting records to:	Information requested by seems - (
Prospective Employer:	Hawk Enterprises			
ttention:			Telephone: (219)662-809
street:	1850 East North Street	207	11	219, 662-809.
city, State, Zip:	Crown Point, Indiana 40	307		- Annough granter, 4
	Applicant Signature	•	malion in paragraph (a) of this sec	Date Date
ermilled only in accordance w	(the driver authorizing release of the information is uch information by the person receiving the information is ith the terms of the employee's consent. er state:	possible. If a driver file	a driver to perform sately-serial a good faith effort to obtain the in d or used by the employer ceas employer before expiration of the 1 blained the information in paragric	4-day period of
ermitted only in accordance was asset 413 (a) (b) (d) (e) (f) (h) further \$382.413 inquiries for alcorevious employers. (a) (1) An employer shall, ple following information on a receding two years from the revious employers under \$3 (i) Alcohol lesis with a restific yerified positive control (iii) Refusals to be lested. (2) The information obtainerug information the previous aragraph (a) (1) of this section	er slate: hol and controlled substances information from ursuant to the driver's written authorization, inquire about driver from the driver's previous employers, during the date of application, which are maintained by the driver's 32.401(b)(1) (i) through (iii) of this subpart: uit of 0.04 alcohol concentration or greater; led substances test result; and of from a previous employer may contain any alcohol and employer obtained from other previous employers under	possible. If a driver file sensitive functions for the before the employer has complete the employer shad to the employers the driver's spein paragraph (a) of this second in leviews, lelept transmitting information in the prospective employer the information is true and (h) Employers need no generated by previous employers.	employer before expiration of the 1 blained the information in paragrake a good faith effort to obtain the employer must provide to each of cific, written authorization for relection. Y information under this section one Interviews, letters, or any other at ensures confidentiality. Design of the employer accurate. I obtain information under paragraph (a) of this section may by the driver, provided the employer accurate. I obtain information under paragraph of the employers prior to the starting dates in the employers.	id-day period or aph (a) of this section, information. The driver's previous ase of the information may take the form of the provided directly to over assures itself that aph (a) of this section is \$382,115 of this part.
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MOTOR VEHICLE DRIVER'S Certification of Violations/Annual Review of Driving Record

)TOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of ich he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 ed not repeat that information on this form.

IVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or lateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

	COM	LETED BY DITIVER	- CERTIFICATION OF		
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ther than th	ication	'Driver's Signatu	re		
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APPLICATION FOR EMPLOYMENT

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see other side

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	4.	DATE	CHARGE	PENALTY
	= 4 ·			

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

B. Has any license, permit or privilege ever been suspended or revoked?

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

EMPLOYMENT RECORD (Attach Sheet If More Space is Needed)

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

	\$				ant's Signature		•	
his certifies that this application was completed by me, an	d that all entrie	es on it and	Information in	It are true aid	complete to the b	est of my knowledge.		
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REASONS FOR LEAVING	· ·							
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THIRD LAST EMPLOYER: NAME								
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Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Disclosure under Fair Credit Reporting Act And Consent to Procurement of Motor Vehicle Report For Employment Purposes Form

The undersigned herby authorizes	Hawk Enterprises, Inc.
	Name of Employer
Reports, which may be classified as a	rance Group, Inc., or its assigns, to obtain copies of Motor Vehicle a consumer report, pertaining to me for employement purposes and insurance for which the above-named employer may apply and any a obtaining such consumer reports, a consumer reporting agency ize such use.
Dated:	Signed:
	*
	Printed Name:
	Date of Birth:
	Date of Birm:
8 8 8 8 8 8 8	1 8 644
Lincense r	number & State:

Employer should retain these records for a MINIMUM of TWO years After: 1) employment ends or 2) the last year in which a Motor Vehicle Record was ordered, as part of the record keeping requirements under the FCRA.

A copy of "Summary of Consumer Rights" must be provided in the case of an adverse decision based on the report obtained.

EEO Information

COMPLETION OF THIS FORM IS VOLUNTARY.
Hawk Enterprises Inc. is an Equal Opportunity/Affirmative Action employer. We consider all qualified applicants for all positions without regard to race, color, religion, gender, national origin, age, disability or any other legally protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.
This information is used in an effort to comply with required record keeping and to ensure that our requirement efforts reach all segments of the population. This information will not be considered with your application and will remain in a separate file.
Again, this information is provided on a voluntary basis. Not providing this information will not affect your application. Thank you for your assistance.
Gender
□ Male
□ Female
☐ I choose not to disclose
Race
☐ American Indian/Alaskan Native
☐ Asian
☐ Black/African American
☐ Hispanic/Latino
□ White
☐ I choose not to disclose