



# HAWK ENTERPRISES, INC. Application for Employment

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 Code

Home phone: \_\_\_\_\_

Other phone: \_\_\_\_\_

The following information is required for a Bona Fide Occupational Qualification (BFOQ), or dictated by the national security laws, or is needed for other legally permissible reasons:

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Please circle one:

- |   |       |    |
|---|-------|----|
| 1. Are you below the age of 18?   | Yes   | No |
| 2. Have you ever filed an application with our company before?  | Yes   | No |
| 3. Are you currently employed?  | Yes   | No |
| 4. May we contact your previous employer?   | Yes   | No |
| 5. Are you prevented from becoming lawfully employed in this country because of Visa or immigration status? | Yes   | No |
| 6. On what date are you available for work?   | _____ |    |
| 7. Are you available to work full time?   | Yes   | No |
| 8. Are you currently on layoff status?  | Yes   | No |
| If yes, are you subject to recall?  | Yes   | No |

9. If the job requires it, will you travel? Yes No

10. Have you been convicted of all felony within the last 7 years? Yes No

If yes, please explain: \_\_\_\_\_

\*You will not be denied employment solely because of conviction record, unless the offence is related to the job for which you have applied.

11. Do you have a valid driver's license? Yes No

If yes, what type? \_\_\_\_\_

12. If you have a Commercial Driver's License (CDL) have you:

Completed a NIDA DOT drug screen within the last 6 months? Yes No

Completed a DOT medical exam within the last 2 years? Yes No

13. List salary/ pay rate desired: \_\_\_\_\_

14. Are you currently, or have you ever been in the U.S. military or Naval Service? Yes No

If yes, provide current or past rank: \_\_\_\_\_

### Education

Grammar School Name & location: \_\_\_\_\_

# Years attended: \_\_\_\_\_

Did you graduate? Yes No

High School Name & location: \_\_\_\_\_

# Years attended: \_\_\_\_\_

Did you graduate? Yes No

College Name & location: \_\_\_\_\_

# Years attended: \_\_\_\_\_

Did you graduate? Yes No

**Employment History & References**

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

**Employer #1:**

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Business name & address: \_\_\_\_\_  
Position: \_\_\_\_\_ Salary/ Rate: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Employer #2:**

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Business name & address: \_\_\_\_\_  
Position: \_\_\_\_\_ Salary/ Rate: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Employer #3:**

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Business name & address: \_\_\_\_\_  
Position: \_\_\_\_\_ Salary/ Rate: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

List the names of 3 persons, to whom you are not related, and whom you have known for 1 year:

Name & Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years aquatinted: \_\_\_\_\_  
Name & Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years aquatinted: \_\_\_\_\_  
Name & Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ 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.

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Applicant Signature

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Date

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\*\*\*FOR OFFICE USE ONLY\*\*\*

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

The undersigned hereby authorizes Hawk Enterprises, Inc.  
Name of Employer

Or it's insurance agency Tobias Insurance Group, Inc., or its assigns, to obtain copies of Motor Vehicle Reports, which may be classified as a consumer report, pertaining to me for employment purposes and For use in rating and/or underwriting insurance for which the above-named employer may apply and any Renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency May be used, and I do hereby authorize such use.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Lincense 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

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 ONLY

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 Enterprises    

Street:     1850 East North Street    

City     Crown Point    

State, ZIP:     Indiana 46307    

Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(print)

The employee is required by Sec. 40.25 to respond to the following question.

- 1) Have you 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 covered by DOT agency drug and alcohol testing rules during the past two years?

Check one  Yes  No

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

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

# REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

\_\_\_\_\_ has made application to this company for a position as \_\_\_\_\_

and states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. Will you please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed a stamped self-addressed envelope.

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 \_\_\_\_\_ Straight truck \_\_\_\_\_ Bus \_\_\_\_\_  
Tractor-Semitrailer \_\_\_\_\_ Other (specify) \_\_\_\_\_
4. Was the applicant a safe and efficient driver? \_\_\_\_\_
5. Give the dates of vehicle accidents in which he/she was involved. \_\_\_\_\_
6. Reason for leaving your employ: Discharged \_\_\_\_\_ Laid off \_\_\_\_\_ Resigned \_\_\_\_\_  
Remarks: \_\_\_\_\_
7. Was the applicant's general conduct satisfactory? \_\_\_\_\_
8. Is the applicant competent for the position sought? \_\_\_\_\_
9. Did the applicant drink any alcoholic beverages while on duty? \_\_\_\_\_

	Excellent	Good	Fair	Poor	Very Poor
Quality of Work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving skill	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: \_\_\_\_\_

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

Name of Company: \_\_\_\_\_

(Detach here for your records)

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

(Name of Former Employer)

Your 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.



REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL & CONTROLLED SUBSTANCES TESTING

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) \_\_\_\_\_ First, M.I., Last \_\_\_\_\_ hereby authorize that: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Street: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer: Hawk Enterprises  
 Attention: \_\_\_\_\_ Telephone: (219) 662-8090  
 Street: 1850 East North Street Fax No.: (219) 662-8093  
 City, State, Zip: Crown Point, Indiana 46307

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

This is in compliance with § 382.405(f) and (h), which state:  
 (f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the driver's request.  
 (h) An employer shall release information regarding a 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)(d)(e)(f)(h) further state:  
 § 382.413 Inquiries for alcohol and controlled substances information from previous employers.  
 (a)(1) An employer shall, pursuant to the driver's written authorization, inquire about the following information on a driver from the driver's previous employers, during the preceding two years from the date of application, which are maintained by the driver's previous employers under § 382.401(b)(1) (i) through (iii) of this subpart:  
 (i) Alcohol tests with a result of 0.04 alcohol concentration or greater;  
 (ii) Verified positive controlled substances test result; and  
 (iii) Refusals to be tested.  
 (2) The information obtained from a previous employer may contain any alcohol and drug information the previous employer obtained from other previous employers under paragraph (a)(1) of this section.

(b) If feasible, the information in paragraph (a) of this section must be obtained and reviewed by the employer prior to the first time a driver performs safety-sensitive functions for the employer. If not feasible, the information must be obtained and reviewed as soon as possible, but no later than 14-calendar days after the first time a driver performs safety-sensitive functions for the employer. An employer may not permit a driver to perform safety-sensitive functions after 14 days without having made a good faith effort to obtain the information as soon as possible. If a driver hired or used by the employer ceases performing safety-sensitive functions for the employer before expiration of the 14-day period or before the employer has obtained the information in paragraph (a) of this section, the employer must still make a good faith effort to obtain the information.  
 (d) The prospective employer must provide to each of the driver's previous employers the driver's specific, written authorization for release of the information in paragraph (a) of this section.  
 (e) The release of any information under this section may take the form of personal interviews, telephone interviews, letters, or any other method of transmitting information that ensures confidentiality.  
 (f) The information in paragraph (a) of this section may be provided directly to the prospective employer by the driver, provided the employer assures itself that the information is true and accurate.  
 (h) Employers need not obtain information under paragraph (a) of this section generated by previous employers prior to the starting dates in § 382.115 of this part.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Part 382 testing requirements while employed by this employer, please check here , sign below, and return.

Under Part 382 testing requirements:

1. Has this person ever tested positive for a controlled substance in the last two years?*	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years?*	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person ever refused a required test for drugs or alcohol in the last two years?*	<input type="checkbox"/>	<input type="checkbox"/>

\* Please include information received from other previous employers.

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Street: \_\_\_\_\_ Date: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Section 2 Completed by (Signature): \_\_\_\_\_

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one)  Faxed to previous employer  Mailed. \_\_\_\_\_ Date: \_\_\_\_\_

Complete below when information is obtained.

Information received from: \_\_\_\_\_ Method:  Fax  Mail  Phone  
 Recorded by: \_\_\_\_\_  Personal Interview

**MOTOR VEHICLE DRIVER'S  
Certification of Violations/Annual Review of Driving Record**

**MOTOR 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 which 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 need not repeat that information on this form.

**DRIVER 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 collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

**COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS**

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

If you have had no violations, check the following box -  None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification \_\_\_\_\_ Driver's Signature \_\_\_\_\_

**COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD**

**MOTOR CARRIER INSTRUCTIONS:** Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving       Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date  
**FIELD OPERATIONS**  
Title

Printed Name  
**HAWK ENTERPRISES, INC.**  
Motor Carrier Name

**1850 E. NORTH ST. CROWN POINT, IN. 46307**  
Motor Carrier Address

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

# APPLICATION FOR EMPLOYMENT

COMPANY HAWK ENTERPRISES, INC. STREET ADDRESS 1850 E. NORTH ST.  
 CITY, STATE AND ZIP CODE CROWN POINT, INDIANA 46307

NAME \_\_\_\_\_  
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SEC. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

FOR PAST THREE YEARS } ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

FOR PAST THREE YEARS } ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

### EXPERIENCE AND QUALIFICATIONS—DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR—TWO TRAILERS _____				
OTHER _____				

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

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

see other side

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- 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

**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

LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

SECOND LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

THIRD LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**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.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature

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 hereby authorizes Hawk Enterprises, Inc.  
Name of Employer

Or its insurance agency Tobias Insurance Group, Inc., or its assigns, to obtain copies of Motor Vehicle Reports, which may be classified as a consumer report, pertaining to me for employment purposes and for use in rating and/or underwriting insurance for which the above-named employer may apply and any Renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
License 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.

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the case of an adverse decision based on the report obtained.

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### 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