



DRIVER APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". **DO NOT LEAVE QUESTIONS BLANK.** Be sure to sign when completed. We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may apply for multiple job openings, but a separate application must be completed for each position you wish to apply.

RESUMES WILL NOT BE ACCEPTED IN LIEU OF APPLICATION.

FAILURE TO COMPLETELY FILL OUT THIS APPLICATION MAY RESULT IN DISQUALIFICATION FROM CONSIDERATION FOR EMPLOYMENT.

PERSONAL DATA

Last Name:		First Name:		Middle Initial:	
Social Security No.:		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone No.:		Email Address:		Cell Phone No.:	
Current Street Address:			City:	State:	Zip Code:
Commercial driver's license Type/Classification:		State(s):	License Number(s):		Expiration Date:
Have you ever been denied a license or permit to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has any license or permit ever been revoked or suspended? <input type="checkbox"/> Yes (if yes, please give details here) <input type="checkbox"/> No			

APPLICATION / EMPLOYMENT STATUS

Date of application:		List any prior dates of employment and positions with Hamm Companies, Inc.:			
List position and/or type of work for which you are applying:			If referred to this company for employment, who provided the recommendation?		
Type of employment desired: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/>			Date available for work:		
What is your desired salary range or rate of pay?			Are you available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION/MILITARY HISTORY

Type of School	Name and Location of School	Did You Graduate?		Years Completed	Course of Study
		Yes	No		
HIGH SCHOOL					
COLLEGE, GRADUATE, & TECHNICAL					
MILITARY	Branch:	Start Date:	End Date:	Discharge Type:	Training/Special Skills:

EMPLOYMENT HISTORY**COMMERCIAL DRIVERS MUST PROVIDE 10 YEARS OF EMPLOYMENT HISTORY.****- ADDITIONAL PAGES ARE AVAILABLE UPON REQUEST -****PLEASE LIST YOUR CURRENT OR MOST RECENT EMPLOYER HERE (FILL IN ALL SPACES BELOW OR MARK "N/A"):**

From:	To:	Employer:	Phone:		
Immediate Supervisor:		Address:	City:	State:	Zip:
Starting Job Title:		Ending Job Title:	Starting Pay Rate:	Final Pay Rate:	
Summarize the nature of work performed and your job responsibilities:			Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:			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					

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:		
Immediate Supervisor:		Address:	City:	State:	Zip:
Starting Job Title:		Ending Job Title:	Starting Pay Rate:	Final Pay Rate:	
Summarize the nature of work performed and your job responsibilities:			Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:			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					

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:		
Immediate Supervisor:		Address:	City:	State:	Zip:
Starting Job Title:		Ending Job Title:	Starting Pay Rate:	Final Pay Rate:	
Summarize the nature of work performed and your job responsibilities:			Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:			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					

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:		
Immediate Supervisor:		Address:	City:	State:	Zip:
Starting Job Title:		Ending Job Title:	Starting Pay Rate:	Final Pay Rate:	
Summarize the nature of work performed and your job responsibilities:			Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:			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					

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:		
Immediate Supervisor:		Address:	City:	State:	Zip:
Starting Job Title:		Ending Job Title:	Starting Pay Rate:	Final Pay Rate:	
Summarize the nature of work performed and your job responsibilities:			Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:			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					

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:		
Immediate Supervisor:		Address:	City:	State:	Zip:
Starting Job Title:		Ending Job Title:	Starting Pay Rate:	Final Pay Rate:	
Summarize the nature of work performed and your job responsibilities:			Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:			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					

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:		
Immediate Supervisor:		Address:	City:	State:	Zip:
Starting Job Title:		Ending Job Title:	Starting Pay Rate:	Final Pay Rate:	
Summarize the nature of work performed and your job responsibilities:			Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:			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					

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:		
Immediate Supervisor:		Address:	City:	State:	Zip:
Starting Job Title:		Ending Job Title:	Starting Pay Rate:	Final Pay Rate:	
Summarize the nature of work performed and your job responsibilities:			Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:			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					

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:		
Immediate Supervisor:		Address:	City:	State:	Zip:
Starting Job Title:		Ending Job Title:	Starting Pay Rate:	Final Pay Rate:	
Summarize the nature of work performed and your job responsibilities:			Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:			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					

PERIODS OF UNEMPLOYMENT

Please provide dates and details regarding any periods of unemployment during the past 7 years (include gaps in employment greater than 30 days):

PREVIOUS DRUG & ALCOHOL TESTING

Have you ever tested positive or refused to submit to a pre-employment drug/alcohol test? Yes No

ACCIDENT RECORD

For the past 3 years (Attach sheet if more space is needed) If none, write "NONE"

DATES	NATURE/DESCRIPTION OF ACCIDENT (head-on, rear-end, roll-over, etc.)	FATALITIES	INJURIES	HAZARDOUS SPILL

TRAFFIC CONVICTIONS

And forfeitures for the past 3 years (Other than parking violations) If none, write "NONE"

LOCATION	DATE	CHARGE	PENALTY

CRIMINAL RECORD

Note: A criminal conviction may not disqualify you from consideration for employment, but failure to accurately complete this section will result in disqualification.

Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so please list <u>date</u> and <u>offense(s)</u> :
Name and location of court:	Disposition of case:
Name of probation/parole officer:	Phone no.: May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any felony or misdemeanor charges pending against you? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL REFERENCE DATA

Name:	Address (incl. city, state, & zip) or Email:	Phone No:	Relationship:
Name:	Address (incl. city, state, & zip) or Email:	Phone No:	Relationship:
Name:	Address (incl. city, state, & zip) or Email:	Phone No:	Relationship:
May we contact the above individuals for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, why?):			

PHYSICAL CAPABILITIES / JOB DUTIES

The following functions may be essential requirements of this position. Please rate your ability to perform the following functions and tasks using a scale of 1 to 10 (1 = CANNOT PERFORM and 10 = CAN EASILY PERFORM):

Mount and dismount cab several times per day.		Lift and maneuver chutes on truck several times per day (approximate weight of 50-lbs.).	
Lift up to 50-lbs. 16 to 20 times per day.		Maintain cleanliness of truck at all times.	
Climb ladder approx 10' high 16 to 20 times per day.		Maneuver a commercial motor vehicle, or truck, on various types of terrain & through natural and man-made obstacles.	
Work in adverse conditions or weather (i.e. dusty, windy, rainy, hot, and cold).		Squat or kneel down while carrying objects with weight up to 50-lbs. multiple times throughout the workday.	
Fully extend your arms overhead several times per day, and make repetitive motions/movements with your arms and hands.		Understand and interpret driving directions, and read maps.	
Interact with contractors and/or the public.		Perform task not generally associated with driving a commercial motor vehicle	
Bend over multiple times throughout the workday.			

SKILLS AND QUALIFICATIONS

List licenses/degrees you currently hold; list any courses/training applicable to driving a CMV:	Date obtained/completed:
_____ _____ _____	_____ _____ _____

Please list your driving experience in the following areas:

CLASS OF EQUIPMENT (check appropriate box)	TYPE OF EQUIPMENT (circle your answer)	START DATE	END DATE	APPROX. NUMBER OF MILES
Straight Truck: <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN TANK FLAT DUMP OTHER			
Tractor/Semi-trailer: <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN TANK FLAT DUMP OTHER			
Tractor w/2 Trailers: <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN TANK FLAT DUMP OTHER			
Tractor w/3 Trailers: <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN TANK FLAT DUMP OTHER			
Motor coach; Bus: <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN TANK FLAT DUMP OTHER			
Other:				

ABOUT HATCHER CONSULTANTS, INC., AND THE HIRING PROCESS:

Hatcher Consultants, Inc., or "HCI," provides management-consulting services to Hamm Companies (hereinafter referred to as "Company"). HCI is not an employment placement agency and applicants offered employment become employees of the Company. The Company has hired HCI to assist in helping provide a safe and quality work environment.

Please review your application to ensure that all questions have been answered to the best of your ability. **Failure to completely fill out this Application for Employment may result in disqualification from consideration for employment.** HCI will be screening applications for completeness, honesty, and accuracy. **THIS MAY INCLUDE THE ACQUISITION OF AN "INVESTIGATIVE CONSUMER REPORT" INCLUDING ANY HISTORY OF CRIMINAL CONVICTIONS, SAFETY PERFORMANCE, EMPLOYMENT HISTORY (TO INCLUDE ATTENDANCE AND OTHER PERFORMANCE ISSUES) AND OTHER INFORMATION DEEMED RELEVANT TO THE SELECTION PROCESS.** Your rights under the federal Fair Credit Reporting Act, as it pertains to pre-employment purposes, is provided in this application packet. **Questions regarding your application, status, or current hiring needs of the Company, should be directed to Hatcher Consultants, Inc., (Phone: 785-271-5557 or Email: Applications@hatcherconsultants.com).**

I GIVE HATCHER CONSULTANTS, INC., AUTHORIZATION TO OBTAIN PERTINENT INFORMATION FROM FORMER EMPLOYERS, AND I RELEASE THOSE PROVIDING SUCH INFORMATION FROM ANY AND ALL LIABILITY THAT MAY ARISE BY TRUTHFUL DISCLOSURE OF THE INFORMATION. I FURTHER AUTHORIZE HATCHER CONSULTANTS, INC., TO RELEASE INFORMATION CONTAINED WITHIN THIS APPLICATION TO COMPANIES AND/OR ORGANIZATIONS WHICH HAVE A BUSINESS RELATIONSHIP WITH HCI.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary.

I understand that it is the policy of the Company that all applicants offered employment successfully complete a drug screen providing evidence of the absence of impairing substances. I also understand that a confirmed test result for the presence of an illegal substance, or my failure to submit to a drug screen as directed, will preclude me from consideration for employment with the Company for a period of one (1) year. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I certify that the information contained in this Application for Employment and in any resume provided by me, or any party representing my interests is true, correct and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions made by me on this application or any supplement thereto, will be sufficient grounds for rejection of this application by HCI, or **discharge from employment once hired.**

My signature acknowledges that I have read and agree to the above statement.

Signature:

Date:



BACKGROUND INFORMATION	FORM
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Fill out this form completely. **PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE.** Be sure to sign when completed.

PERSONAL INFORMATION

Last Name:	First Name:	Middle Name:	
Former Last Name #1 (alias, maiden, etc.):		Former Last Name #2:	
Current Address:	City:	State:	Zip:
How long have you lived at the above address?	Social Security No.:	Date of Birth:	

PLEASE LIST THE TWO ADDRESSES MOST PRIOR TO YOUR CURRENT ADDRESS AND HOW LONG YOU HAVE LIVED AT EACH.

Prior Address:	City:	State:	Zip:	Length of Time:
Prior Address:	City:	State:	Zip:	Length of Time:

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I hereby authorize Hatcher Consultants, Inc., and its designated agents and representatives to conduct a comprehensive review of my background, to be used in evaluation of my application for employment. I understand that the scope of the review may include, but is not limited to, the following areas:

VERIFICATION OF SOCIAL SECURITY NUMBER	HISTORY OF CRIMINAL CONVICTIONS
MOTOR VEHICLE RECORDS AND REGISTRATION	EMPLOYMENT HISTORY
OTHER: (IF REQUIRED FOR JOB)	INITIALS:

I hereby release Hatcher Consultants, Inc., and its agents, representatives, or assigned agencies, including officers, employees, or related personnel – both individually and collectively – from any and all liability for damages of whatever kind, which may, at any time, affect me, my heirs, family, or associates because of compliance with this authorization.

I further authorize Hatcher Consultants, Inc., to disclose collected information to Hamm Companies.

Signature:

Date:

ATTACHED TO THIS APPLICATION PACKET IS A SUMMARY OF RIGHTS UNDER THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA), AS THEY PERTAIN TO BACKGROUND SCREENING FOR EMPLOYMENT PURPOSES.

EMPLOYMENT VERIFICATION: CONFIDENTIAL INQUIRY TO PAST EMPLOYER

TO: _____ Date _____
Former Employer

Location (City/Jobsite)

Dear Personnel Manager:

The individual listed below has applied to this company for employment. The applicant has advised that your firm is a past employer. As you will note from the waiver below, **the applicant has released your company from all legal liability**. You may reply by facsimile using the fax number listed below. Thank you for taking the time to assist us in this process. We will gladly return the favor should the opportunity present itself.

From: _____ **Hatcher Consultants, Inc.**
Phone: **(866) 213-5557** **2955 SW Wanamaker Dr**
Fax: **(888) 631-6092** **Topeka, KS 66614-5340**

Name of Applicant: _____ SSN: _____ -- _____ -- _____

PLEASE COMPLETE THE SECTION BELOW

Position/Title: _____ Hire Date: ____/____/____ Release Date: ____/____/____

Resigned w/Notice Resigned without Notice Laid Off Permanently Laid Off Temporarily Terminated from Employment

Would you re-employ this person? YES NO If NO, please explain: _____

Was the employee punctual? YES NO Did the employee get along well with co-workers and supervisors? YES NO

Was disciplinary action ever taken against the employee? YES NO If YES, please explain: _____

Did the employee ever test positive for drugs and/or alcohol? YES NO Drug/alcohol testing not conducted

Did the employee ever have an accident on the job? YES NO

If YES, please explain: _____

Additional Comments: _____

Your Name: _____ Title: _____

Signature _____ Date: _____

APPLICANT MUST READ AND SIGN BELOW

I, the undersigned, hereby authorize this prior employer to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all drug/alcohol tests, confirmed test results, my refusal to submit to any drug/alcohol testing, and any rehabilitation completed under directions of an SAP/MRO) to companies (and/or authorized agents) who have requested said information in connection with my application for employment. I hereby release the aforementioned companies (including its employees, officers, directors, and agents) from any and all liability of any type, or damage that may occur, as a result of the truthful disclosure and provision of the above information.

Applicant Signature:

Date:

Witness Signature:

Date:

SIDE 1

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, M.I., Last _____ Social Security Number _____

hereby authorize:

Previous Employer: _____ Email: _____
Date of Birth _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____
(date of employment application)

To:

Prospective Employer: _____

Attention: _____ Telephone: _____

Street: _____

City, State, Zip: _____

In compliance with §40.25(g) and 391.23(h), release of this information must be made in written form that ensures confidentiality, such as fax, email or letter.

Prospective employer's confidential fax number: _____

Prospective employer's confidential email address: _____

Applicant's Signature _____ Date _____

This information is being requested in compliance with §40.25 and 391.23.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER (ALSO COMPLETE SIDE 2 SECTION 3)

ACCIDENT HISTORY

The applicant named above was employed by us as a _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive a motor vehicle for you? Yes ___ No ___ If yes, what type? Straight Truck Cargo Tank

Tractor-Semitrailer Bus Doubles/Triples Other (Specify) _____

2. Reason for leaving your employ: Discharged ___ Resignation ___ Lay Off ___ Military Duty ___

3. Would you re-employ this person? Yes ___ No ___ If NO, please explain _____

4. Was this person punctual? Yes ___ No ___

5. Was his/her general conduct satisfactory? Yes ___ No ___ If NO, please explain _____

***If there is no safety performance history to report, check here _____, sign below and return.**

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here _____ if there is no accident register date for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____ Title: _____ Date: _____

SECTION 3:

TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check here _____, fill in the dates of employment from _____ to _____, complete bottom of section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

- | | YES | NO |
|---|-------|-------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | _____ | _____ |
| 2. Has this person tested positive, adulterated, or substituted a test specimen for controlled substances? | _____ | _____ |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | _____ | _____ |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40: | _____ | _____ |
| 5. If this person has violated DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form. | _____ | _____ |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? | _____ | _____ |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Section 3 Completed by (Signature): _____ Date: _____

SECTION 4:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one): Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Date: _____

PLEASE READ: HCI WILL NOT OBTAIN A PERSONAL CREDIT REPORT WITHOUT AN APPLICANT'S PRIOR AUTHORIZATION, AND ONLY THEN IF HIS/HER JOB DUTIES ARE DEEMED TO BE SECURITY SENSITIVE.

This copy of the federal Fair Credit Reporting Act has been provided in order to inform an applicant of his or her rights regarding employment screening in general, as well as utilization of consumer information as it pertains to pre-employment screening.

THE FAIR CREDIT REPORTING ACT

Public Law 91-508 effective April 25, 1971 with Amendments
(15 U.S.C. § 1681 *et seq.*)

§ 604. PERMISSIBLE PURPOSES OF REPORTS

"A consumer reporting agency may furnish a consumer report under the following circumstances and no other:

"(1) In response to the order of a court having jurisdiction to issue such an order, or a subpoena issued in connection with proceedings before a Federal grand jury.

"(2) In accordance with the written instructions of the consumer to whom it relates.

"(3) To a person which it has reason to believe-

"(A) Intends to use the information in connection with a credit transaction involving the consumer on whom the information is to be furnished and involving the extension of credit to, or review or collection of an account of, the consumer; or

"(B) Intends to use the information for employment purposes; or

"(C) Intends to use the information in connection with the underwriting of insurance involving the consumer; or

"(D) Intends to use the information in connection with a determination of the consumer's eligibility for a license or other benefit granted by a governmental instrumentality required by law to consider an applicant's financial responsibility or status; or

"(E) Otherwise has a legitimate business need for the information in connection with a business transaction involving the consumer.

§ 606. DISCLOSURE OF INVESTIGATIVE CONSUMER REPORTS

"(a) A person may not procure or cause to be prepared an investigative consumer report on any consumer unless-

"(1) It is clearly and accurately disclosed to the consumer that an investigative consumer report including information as to his character, general reputation, personal characteristics, and mode of living, whichever are applicable, may be made, and such disclosure (A) is made in a writing mailed, or otherwise delivered, to the consumer, not later than three days after the date on which the report was first requested, and (B) includes a statement informing the consumer of his right to request the additional disclosures provided for under subsection (b) of this section; or

"(2) The report is to be used for employment purposes for which the consumer has not specifically applied.

"(b) Any person who procures or causes to be prepared an investigative consumer report on any consumer shall, upon written request made by the consumer within a reasonable period of time after the receipt by him of the disclosure required by subsection (a)(1), shall make a complete and accurate disclosure of the nature and scope of the investigation requested. This Disclosure shall be made in a writing mailed, or otherwise delivered, to the consumer not later than five days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the later.

"(c) No person may be held liable for any violation of subsection (a) or (b) of this section if he shows by a preponderance of the evidence that at the time of the violation he maintained reasonable procedures to assure compliance with subsection (a) or (b).

*** For a complete copy of the Fair Credit Reporting Act, or to learn more about your rights you may visit the FCRA website at <http://www.ftc.gov/os/statutes/fcra.htm>**

I acknowledge being advised of my rights pursuant to the FCRA.

Applicant's Initials:

Date:



QUARRIES
 CONSTRUCTION
 ASPHALT
 WASTE MANAGEMENT

EQUAL OPPORTUNITY EMPLOYMENT FORM

THIS FORM IS VOLUNTARY and may be partially or completely filled out upon completion of your application packet. The information requested below is being collected for the purpose of reporting statistics to federal and state Equal Opportunity Employment agencies. The information collected from this form **WILL NOT BE UTILIZED** during the applicant selection process.

This form will be separated from your employment application packet once it is complete.

PERSONAL INFORMATION

Last Name:		First Name:		Middle Name:	
Current Address:			City:	State:	Zip:
Sex (circle one): MALE FEMALE		Social Security No.:		Date of Birth:	

ETHNIC ORIGIN (please circle your selection):

White/Caucasian Black/African-American Hispanic Asian/Pacific Islander
 Native American Mixed or Other: _____

JOB CATEGORY (please circle your selection):

Driver Laborer Mechanic Office Other: _____

SPECIAL STATUS¹ (please circle all that apply):

Veteran Spouse of a Veteran Orphan of a Veteran Disabled Veteran
 Vietnam-Era Veteran Other Protected Veteran Newly Separated Veteran

Please describe how you became aware of this job opening:

Signature:

Date:

Hamm Companies is an Equal Opportunity Employer

Office use only	EEOC Job Category:
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¹ As defined by the US Department of Labor, 41 CFR 61 250 and/or §U.S.C 3106

Request for Workers Compensation Records - For Party Requesting Information

Division of Workers Compensation
KANSAS DEPARTMENT OF LABOR
800 SW Jackson Street, Suite 600
Topeka, KS 66612-1227
Phone: 785-296-3441 – Fax: 785-291-3430
Web site: www.dol.ks.gov
e-mail: workerscomp@dol.ks.gov

Official Use Only

Name: David R. Hatcher Phone Number: (785) 271-5557

Company or Entity: Hatcher Consultants, Inc. Fax Number: (785) 271-8333

Address: 2955 SW Wanamaker Drive

City, State, Zip: Topeka, KS 66614

Workers Name: _____ Worker's SS# _____

Records sought: Accident reports Medical records

In order to acquire accident reports or medical records, the requestor must be in category I or II below. Please specify which categories pertain to you and provide the accompanying information:

- I) Are you: The employer of a worker seeking workers compensation benefits.
 An insurance carrier with coverage of a worker seeking workers compensation benefits.
 An insurance carrier's attorney/representative for the employer.

Date of accident: _____

- II) Are you: An employer which has made a conditional offer of employment to the individual whose records are sought.
 An insurance carrier of an employer which has made an employment offer to the individual whose records are sought.
 An insurance carrier's attorney/representative for the employer.

Type of job conditionally offered the individual: _____

The following release must be signed by the worker to whom the offer of employment was made:

I hereby verify that I have been offered employment by the individual or entity requesting my records from the Division of Workers Compensation of the State of Kansas and give the Division permission to release the records specified to the individual or entity making the request.

Signature of Worker: _____

I certify that all information provided by me is true and correct to the best of my knowledge. I understand that providing false or misleading information may be a fraudulent or abusive practice under the Workers Compensation Act and may subject me to prosecution.

Signature of Requestor: _____ Date: _____

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security number be included in forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.