



P.O. Box 232
Gonzales, TX 78629
(830) 672-2018
Fax: (830) 672-7373

Thank you for taking the time to view our employment opportunities and application. We are pleased that you are interested in a position here at Schmidt and Sons, Inc.

Please print out the application for employment along with corresponding forms. Complete the entire application and forms; attach a copy of your driver's license, Social Security Card and DOT Health Card. Please make sure all pages are signed where a signature is required, if applications are not completed correctly they will not be processed. If you have any questions concerning the application and requested information, please feel free to contact me.

Once you have completed the application and attached the necessary documents, please submit it by mail or fax.

Mail To: Schmidt and Sons, Inc.
ATTN: Tanya Zella
P. O. Box 232
Gonzales, Texas 78629

Fax To: 830-672-7373
ATTN: Tanya Zella

Once again we are pleased that you are interested in joining our staff here at Schmidt and Sons, Inc. and we look forward to hearing from you.

Sincerely,

Tanya Zella

830-672-2018 ext: 105
tzella105@schmidtandsons.com



**SCHMIDT
& SONS, INC.**

P.O. Box 232
Gonzales, TX 78629
(830) 672-2018
Fax: (830) 672-7373

APPLICATION FOR EMPLOYMENT

SSN: _____

PLEASE PRINT CLEARLY AND COMPLETE ALL BLANKS – (Do not type – print in black ink)

Level of Experience _____ Referred By _____

THIS APPLICATION WILL BE CONSIDERED FOR (30) DAYS FROM THIS DATE. AFTER THAT TIME, THE APPLICATION MUST BE RENEWED TO BE CONSIDERED.

An individual is not permitted to drive a motor vehicle by the Department of Transportation unless he/she is physically qualified to do so. If prior to a conditional offer of employment, you are uncertain as to whether or not you are capable of passing the DOT physical or have questions about the requirements, you may submit your application and, if contacted about employment, request additional information from our personnel. A conditional offer of employment may be made, thereafter; you will be required to answer some medical questions. You may still be sent for a physical examination. Any information provided to our company is strictly confidential and will be used only for the purposes allowed by the Department of Transportation.

<u>Last Name</u>	<u>First</u>	<u>Middle</u>	<u>Date</u>
<u>Have you ever been known by any other name? If yes give name.</u>			<u>Best time to reach you by phone.</u>
<u>Present street address</u>			<u>Phone</u> ()
<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone</u> ()
<u>Permanent Address</u>			
<u>Residence for past 3 years</u>			
<u>Date of Birth:</u>		<u>Social Security Number:</u>	
How did you hear about our company? (Circle all that apply) Radio TV Billboard Newspaper Magazine Other: List All -		Do you have the legal right to work in the US? If hired, proof of status will be required. () YES () NO	
List any driving schools: Name, Phone Number, Location, and Graduation Date		Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 Post-Grad	
MILITARY BRANCH	Dates: From	To	Highest Rank Achieved
			Rank at Discharge
Emergency Contact Name:		Relation	Phone
			Address
Reference Name:	Occupation:	Phone:	Reference Name:
			Occupation:
			Phone:

Circle Yes or No:

- A. Has any license, permit or privilege ever been revoked? Yes No
- B. Have you ever been arrested/convicted for driving under the influence of drugs or alcohol or have a current charge pending? Yes No
- C. Have you ever been arrested/convicted for possession, sale or use of a narcotic drug? Yes No
Amphetamine, or derivative thereof or have a current charge pending?
- D. Have you ever been convicted of a crime or have a current charge pending? Yes No
- E. Have you ever been convicted of an offense involving the use of drugs or alcohol? Yes No
- F. Have you ever tested positive on any drug test, tested at a breath alcohol concentration level of 0.02%
Or greater on a breath alcohol test, or refused to take a drug or alcohol test when you were required to do so
In accordance with any Federal regulation or a previous/current employer's policy? Yes No

If answer to either A, B, C, D, E, or F is yes, you must state the circumstances and date: _____

LIST ALL DRIVER'S LICENSES EVER HELD

SSN: _____

STATE	LICENSE NUMBER	TYPE	DATES SURRENDERED	EXPIRATION DATE	CURRENT STATUS
Current License:					

Do you possess a Commercial Driver's License (CDL) _____ Which endorsements do you have, If any? _____

TRAFFIC CONVICTIONS AND FORFEITURES

LIST ALL TRAFFIC CONVICTIONS, FORFEITURES OR SUSPENSIONS OF LICENSE IN A MOTOR VEHICLE (other than parking violations) FOR THE PAST 5 YEARS (IF NONE, WRITE NONE)

DATE	TYPE OF VEHICLE	LOCATION (STATE)	CHARGE	PENALTY

ACCIDENT RECORD

LIST ALL ACCIDENTS YOU HAVE BEEN INVOLVED IN WHILE OPERATING A TRUCK, CAR, MOTORCYCLE, OR OTHER MOTORIZED VEHICLE INCLUDING PROPERTY DAMAGE, IN THE PAST 5 YEARS. INCLUDE ALL ACCIDENTS WHETHER AT FAULT OR NOT AT FAULT. (IF NONE, WRITE NONE)

DATE	VEHICLE TYPE	NATURE OF ACCIDENT (Head on, Rear -end, upset, inc.)	WERE YOU AT FAULT	WERE YOU TICKETED	FATALITIES	INJURIES?	AMOUNT OF PROPERTY DAMAGE

EMPLOYMENT RECORD

FOR THE PAST 5 YEARS (10 COMMERCIAL DRIVING)

Begin with your present or most recent job and work backwards in order, listing all employers for at least 5 years (10 years of commercial driving) including all full time and part-time employment. All time must be accounted for including military service, school, self-employment and periods of unemployment. Use supplemental sheet if necessary for more than five employers. **We must have telephone numbers for all employers' reference.**

If unemployed: FROM _____ TO _____ DID YOU RECEIVE UNEMPLOYMENT BENEFITS? () YES () NO

Have you ever been discharged from a job? If so, please explain: _____

CURRENT EMPLOYER:

DATES: FROM: TO:	COMPANY NAME	SUPERVISORS NAME	PHONE NUMBER	POSITION HELD & PAY RATE

ADDRESS: _____

List months of experience with each type of equipment: () straight truck () tractor & semi trailer () tractor & twin trailer
() tractor & flat bed () tractor & tanker () other

Why do you want to change employers? _____

Number of states driven in: _____ COMMENTS: _____

EMPLOYMENT RECORD CONTINUED

SSN: _____

If unemployed: FROM _____ TO _____ DID YOU RECEIVE UNEMPLOYMENT BENEFITS? () YES () NO

Have you ever been discharged from a job? If so, please explain: _____

SECOND LAST EMPLOYER:

DATES: FROM: TO:	COMPANY NAME	SUPERVISORS NAME	PHONE NUMBER	POSITION HELD & PAY RATE
ADDRESS:				

List months of experience with each type of equipment: () straight truck () tractor & semi trailer () tractor & twin trailer
() tractor & flat bed () tractor & tanker () other

Reason for Leaving ? _____

Number of states driven in: _____ COMMENTS: _____

If unemployed: FROM _____ TO _____ DID YOU RECEIVE UNEMPLOYMENT BENEFITS? () YES () NO

Have you ever been discharged from a job? If so, please explain: _____

THIRD LAST EMPLOYER:

DATES: FROM: TO:	COMPANY NAME	SUPERVISORS NAME	PHONE NUMBER	POSITION HELD & PAY RATE
ADDRESS:				

List months of experience with each type of equipment: () straight truck () tractor & semi trailer () tractor & twin trailer
() tractor & flat bed () tractor & tanker () other

Reason for Leaving ? _____

Number of states driven in: _____ COMMENTS: _____

If unemployed: FROM _____ TO _____ DID YOU RECEIVE UNEMPLOYMENT BENEFITS? () YES () NO

Have you ever been discharged from a job? If so, please explain: _____

FOURTH LAST EMPLOYER:

DATES: FROM: TO:	COMPANY NAME	SUPERVISORS NAME	PHONE NUMBER	POSITION HELD & PAY RATE
ADDRESS:				

List months of experience with each type of equipment: () straight truck () tractor & semi trailer () tractor & twin trailer
() tractor & flat bed () tractor & tanker () other

Reason for Leaving ? _____

Number of states driven in: _____ COMMENTS: _____
SSN: _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all the entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history are made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the company.

DATE

APPLICANT'S PRINTED NAME

APPLICANT'S SSN:

APPLICANT'S SIGNATURE

DRIVER INSURABILITY REQUEST FORM

Account #: _____

Account Name: _____

Date	No. of Pages
To Driver Insurability	From
Co Federated Insurance	Co
Phone No. 1-800-335-4687	Phone No.
Fax No.	Fax No.

Please call us at 1-800-335-4687 to use our Driver Insurability Service. You will be informed if the person is insurable to drive vehicles. Federated cannot provide you a copy of the MVR but see reverse side for important information which includes MVR options.

<input type="checkbox"/> Prospective Employee.	<input type="checkbox"/> Employee			
Last	First	Middle Initial	Date of Birth	State of License
				Driver's License Number
				Relationship to Named Insured*
				1 2 3 4 5 6
CHECK THE APPROPRIATE BOX FOR EACH QUESTION:				
			Yes	No
Have you ever been denied a driver's license or had one suspended or revoked?			<input type="checkbox"/>	<input type="checkbox"/>
Have you had any violations in the past 3 years?			<input type="checkbox"/>	<input type="checkbox"/>
Have you had any auto accidents in the past 3 years?			<input type="checkbox"/>	<input type="checkbox"/>
IF THE ANSWER TO ANY QUESTION WAS "YES", please explain (give dates of violations and/or accidents) _____				

DRIVER - I affirm that the statements made above are stated truthfully and without reservation.				
Signed this _____ day of _____, _____ Driver's Signature _____				

- * Please show Relationship to Named Insured, as indicated below, by circling the corresponding number above.
- | | |
|--|--|
| 1. Owner (owner, partner, officer, director) | 4. Driver or salesperson |
| 2. Owner's family member (spouse, dependent) | 5. All other-frequent use (not shown in 1 - 4 but often drives) |
| 3. Heavy truck driver (2 ton trucks and heavier) | 6. All other-infrequent use (not shown in 1 - 4 but rarely drives) |

OFFICE USE ONLY - TO BE COMPLETED BY FEDERATED

Insurable for driving vehicles

Exceeds standards/uninsurable for driving vehicles

Probationary - any more convictions or at-fault accidents change this driver to exceeds standards/uninsurable.

No MVR found based on information provided. Please revise incorrect data and return to Federated if still desired.

Comments

MVR Reviewer Name CST/Dept Date

Date	No. of Pages
To Driver Insurability	From
Co Federated Insurance	Co
Phone No. 1-800-335-4687	Phone No.
Fax No.	Fax No.

IMPORTANT INFORMATION

You may request our Driver Insurability Service on new, prospective and existing employees whose jobs require driving. We will inform you if the driver is insurable to drive vehicles. Note: For each request for Alaska, Arkansas or Canada (except New Brunswick and New Foundland), include completed Motor Vehicle Authorization Form (WF-194).

You as the employer may order MVRs direct from Insurance Information Exchange (iiX). Please inform iiX that you want employment MVRs and are associated with Federated Insurance (so that you receive a preferred rate). Federated will not reimburse you for the cost of MVRs. **Call 800-683-8553 menu option 1.**

A driver who has been classified as exceeds standards/uninsurable or probationary may obtain a free copy of his/her MVR from iiX if the driver believes the MVR information is incorrect. It may take up to 30 days to receive the MVR. Only the driver may request his/her own free copy. **Call 800-683-8553 menu option 8.**

MVRs are available from local law enforcement centers, state department of motor vehicles, Insurance Information Exchange (iiX) or other MVR vendors. It is your responsibility as an employer to maintain appropriate records.

There is no charge to you for our service if used for drivers. If you use our service for non-driving positions, your policy premium may reflect an extra charge to offset our expenses. There are legal concerns with an employer's use of MVR information with regard to non-driving positions.

If you want to request driver insurability on multiple drivers, you may complete the following but we encourage you to screen prospective employees using the questions on page 1.

Last	First	Middle Initial	P E*	C E*	Date of Birth	State of License	Driver's License Number	Relationship to Named Insured**							
								1	2	3	4	5	6		
								1	2	3	4	5	6		
								1	2	3	4	5	6		
								1	2	3	4	5	6		
								1	2	3	4	5	6		
								1	2	3	4	5	6		
								1	2	3	4	5	6		

* PE = Prospective Employee or CE = Current Employee - Place an "X" as applicable.*

- ** Please show Relationship to Named Insured, as indicated below, by circling the corresponding number above.
- 1. Owner (owner, partner, officer, director)
 - 2. Owner's family member (spouse, dependent)
 - 3. Heavy truck driver (2 ton trucks and heavier)
 - 4. Driver or salesperson
 - 5. All other-frequent use (not shown in 1 - 4 but often drives)
 - 6. All other-infrequent use (not shown in 1 - 4 but rarely drives)

OFFICE USE ONLY - TO BE COMPLETED BY FEDERATED

Insurable for driving vehicles

Exceeds standards/uninsurable for driving vehicles

Probationary - any more convictions or at-fault accidents change this driver to exceeds standards/uninsurable.

No MVR found based on information provided. Please revise incorrect data and return to Federated if still desired.

Comments

MVR Reviewer Name CST/Dept Date



**SCHMIDT
& SONS, INC.**

I hereby authorize all corporations; former employers; educational institutions; credit bureaus; law enforcement agencies, city, state, county and federal courts to release information they may have about me to the company (BRS) with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting/reporting such information found on file.

I am willing that a photocopy of this authorization be accepted with the same authority as the original and this release expires one (1) year after the date of origination.

Date

Signature

Social Security Number

Printed Name (Last, First, Middle)

Current Address

City State Zip

NOTE: The following information is provided voluntarily and IS NOT considered as part of your application for employment. It is used for identification purposes in verifying information for pre-employment background verifications.

List any other cities and states in which you have lived during the past seven (7) years		
List any other names you have used during the previous seven (7) years		
List any other name under which you received your high school diploma, or other degree		
Please provide name, location, and date of the school(s) attended:		
_____ High School	_____ Location	_____ Date of Graduation
_____ Further Education	_____ Location	_____ Date of Graduation
Drivers License No.	State of License	Date of Birth

***** MAY CURRENT EMPLOYER BE CONTACTED? YES NO N/A *****

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name)

First, M.I., Last

hereby authorize:

Social Security Number

Date Of Birth

Previous Employer:

Email:

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 Substances Testing records within the previous 3 years from

To (date of employment application)

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 a 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

ACCIDENT HISTORY

The applicant named above was employed by us. Yes [] No []

Employed as from (m/y) to (m/y)

1. Did he/she drive motor vehicle for you? Yes [] No [] If yes, what type? Straight Truck [] Tractor-Semitrailer [] Bus [] Cargo Tank [] Doubles/Triples [] Other (Specify)

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

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 data for this driver.

Table with 5 columns: Date, Location, No. of Injuries, No. of Fatalities, Hazmat Spill. Rows 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:

Any other remarks:

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 <input type="checkbox"/> , 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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
In answering these questions, include any DOT drug or alcohol testing information obtained from 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 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER	
This form was (check one) <input type="checkbox"/> Faxed to previous employer. <input type="checkbox"/> Mailed. ... <input type="checkbox"/> Emailed.. <input type="checkbox"/> Other _____		
By: _____		Date: _____

SECTION 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER	
Complete below when information is obtained.		
Information received from: _____		
Recorded by: _____	Method:	<input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email
Date: _____		

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1 SECTION 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

SIDE 2 SECTION 4a: Prospective Employer

- Complete the information
- Send a copy to the Previous Employer

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and Date
- complete SIDE 2 SECTION 3

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Retain a copy
- Return original to Prospective Employer

SIDE 2 SECTION 4b: Prospective Employer

- Record receipt of the information
- Retain a copy

Motor Vehicle Driver's
CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date _____

Notes: _____

(This form is not required for DOT compliance)