



**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 here 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- A. Has any license, permit or privilege ever been revoked?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

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015

PLEASE READ CAREFULLY
AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

I, undersigned, do hereby certify that the information provided by me is true and complete to the best of my knowledge.

I authorize Allied Global Solutions, Inc. (hereinafter referred as "AGSI") and any of its agents/designated personnel, to disclose orally/or in writing the results of this verification process and/or interview to the designated authorized representative of the Company/Organization requesting a background search.

I have read and understand this release and consent, and I authorize the background verification of the type of information the company feels is pertinent to the work you will perform for them. I authorize person(s), schools, current and former employers, personal references, licensing boards and other organizations/agencies to provide AGSI with all information that may be requested to conduct a verification, as deemed necessary by this Company/Organization to fulfill their processing requirements. The type of searches that may be conducted are motor vehicle records; any criminal history record information pertaining to me which may be in the files of Federal, State, or Local criminal justice agencies within any state where I have resided or worked. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of said requested information of record. I agree that any copy of this document is as valid as the original. All results will be proprietary and will be kept CONFIDENTIAL and disclosed orally and/or in writing only to the designated authorized representatives of this Company as allowed by EEOC.

I do hereby agree to forever release, discharge, and indemnify **Schmidt & Sons, Inc.**, AGSI and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. In accordance with EEOC and FCRA, I am entitled to know if an adverse decision is based on information obtained by the Company and to receive a written or electronic copy of the report within 5 business days upon request.

Please complete and sign the following page to be used confirming your authorization for us to obtain information.

Initials

I hereby authorize all corporations; employers; educational institutions; state boards of licensing; law enforcement agencies, city, state, county and federal courts to release information they may have about me to the company (AGSI) 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
Current Address	City State Zip

NOTE: This information is provided voluntarily and IS NOT considered as part of an application for employment. Once considered for position, it is used for identification purposes in verifying information for employment/ consulting or volunteer positions when conducting background searches. It is required by law that you have been made aware and given your signed consent by completing this document.

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 degree(s), licenses or certifications		
Please provide name, location, and date of school(s) attended and/or License(s) received		
School (s)	Location	Date of Graduation
License# (CPA, etc.)	State	Date Issued/Renewed
Driver's License No.	State of License	Date of Birth

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name)

First, M.I., Last

Social Security Number

hereby authorize:

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)