LHV PRECAST INCORPORATED

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Kingston, NY 12401
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Driver's Employment Application

Applicant's Name (Last, First, Middle)	Social Security No.	Date of Birth
Present Address:		**Phone**
Previous Address(es) for the past 3 years		

In Case Of Emergency Notify: (Do not answer in New York)

Name	Phone
Address:	

Driver Information:

Name _____

State _____ **License #** _____ **Type** _____

Is this the only current drivers license held? ☐ **Yes** ☐ **No**

If no, please explain: _____

Driving Experience:

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates of Operation (From/To)	Total Miles of Operation (approx.)
Bus			
Straight Truck			
Tractor & Semi-Trailer			
Other			

Accident Record For Past 3 Years:

(Please include an attachment if additional space is needed.)

	Date of Accident	Nature of Accident	# of Fatalities	# of Injuries
Last Accident				
Next Previous				
Next Previous				
Next Previous				

Traffic Convictions & Forfeitures For The Past 3 Years:

(Other than parking violations)

Location (City/State)	Date	Charge	Penalty

A. Have you ever been denied a license, permit or privilege? ☐ **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 a statement giving details.

Physician History:

How many pounds you are physically capable of lifting? _____ **lbs.**

Date of last physical examination: _____ **Doctor's name:** _____

Doctor's address: _____

How much time lost from work in past three years for illness? _____

General:

Highest grade completed (1-12) _____ **How many years of college? (0-4)** _____

Name of last school attended: _____ **From:** _____ **To:** _____
(Not to be completed in Hawaii)

Address of last school attended: _____

Have you served in the U.S. Armed Forces? (Not to be completed in New Jersey) ☐ **Yes** ☐ **No**

From: _____ **To:** _____ **Rank at discharge:** _____

List skills acquired and a brief description of education, training and work experience while serving:

_____

Have you ever been convicted of a Felony? If so, explain: ☐ **Yes** ☐ **No**

_____

Safe Driving Awards you now hold and from whom? _____

Past Employment (Last 10 Years)

LAST EMPLOYER Name: _____

Address: _____

Position Held: _____ **From:** _____ **To:** _____ **Salary:** _____

Reason for Leaving: _____

SECOND LAST EMPLOYER Name: _____

Address: _____

Position Held: _____ **From:** _____ **To:** _____ **Salary:** _____

Reason for Leaving: _____

THIRD LAST EMPLOYER Name: _____

Address: _____

Position Held: _____ **From:** _____ **To:** _____ **Salary:** _____

Reason for Leaving: _____

Please give any further information which may be helpful to us in considering your qualifications:

_____

_____

I hereby give LHV Precast, Inc. the right to make a thorough investigation of my past employment and activities including a check of State Motor Vehicle Records and prior employers, and I release from all liability, all persons, companies and corporations supplying such information.

I also agree to furnish such additional information and complete such examinations as may be required to complete the selection process.

I understand that any false answer or statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

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.

_____ SIGNATURE

_____ DATE