

**HICKMAN'S EGG RANCH**  
6515 S. Jackrabbit Trail, Buckeye, AZ 85326  
FAX: 623-872-2388

**DRIVER APPLICATION FOR EMPLOYMENT**

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Applicant: You are advised that the information you provide in this application may be used, and your prior employers will be contacted for the purpose of investigating your background as required by D.O.T. regulation parts 382 thru 391.

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

Name (last, first, middle): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Pager: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long at present address? \_\_\_\_\_

Previous Address: \_\_\_\_\_

Other address of less than 3 years at previous address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Date of Last DOT Physical: \_\_\_\_\_ Physical Expiration: \_\_\_\_\_

In case of emergency, notify: (name) \_\_\_\_\_ (phone) \_\_\_\_\_

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Have you worked for this company before? (Circle) Yes No When? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Do you own any birds? \_\_\_\_\_

Are any of your relatives currently employed with the company? Yes\_\_\_No\_\_\_If yes, Name: \_\_\_\_\_

Position applied for? \_\_\_\_\_ Rate of pay desired? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Where? \_\_\_\_\_

If not, how long since last employed? \_\_\_\_\_ Do you speak fluent English? \_\_\_\_\_

Are you willing to take a pre-employment drug screening? \_\_\_\_\_ Can you pass? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Why do you want to work for Hickman's? \_\_\_\_\_

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Have you ever been convicted of or pled guilty to a felony? (Circle) Yes No

A "yes" answer will not automatically disqualify the applicant from employment.

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

Can you work in a dusty environment? \_\_\_\_\_ Are you physically capable of heavy manual work? \_\_\_\_\_

**Safety Sensitive Position**

You are applying for a position with Hickman's Family Farms that is designated as a Safety Sensitive Position pursuant to A.R.S. §23-493 et seq. You are ineligible for placement in a Safety Sensitive Position if you are engaged in the current use of any drug, whether legal, prescribed by a physician or otherwise, if it could cause an impairment or otherwise decrease or lessen your job performance or ability to perform your job duties.

Do you understand that you are applying to work in a Safety Sensitive Position? Yes\_\_\_\_No\_\_\_\_

**Consistent** attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company? Yes\_\_\_No\_\_\_ If yes, please explain \_\_\_\_\_

**Personal References**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EDUCATION:** Circle highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12

List any vocational schools or special training: \_\_\_\_\_

MILITARY? If so, what branch? \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_

**LICENSE AND DRIVING RECORD**

Do you hold more than one valid driver's license? (Circle one) yes no

Please list all licenses issued to you in the last three years.

<u>License #</u>	<u>State</u>	<u>Endorsements</u>	<u>Expiration</u>
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Have any of your licenses ever been suspended or revoked? If yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony involving a motor vehicle? If yes, explain: \_\_\_\_\_

Have you ever been convicted of violations, or paid a civil forfeiture for DOT or State Motor Carrier safety violations? If yes, explain: \_\_\_\_\_

Have you ever tested positive for alcohol or controlled substances? If yes, give date and circumstances: \_\_\_\_\_

<u>Date</u>	<u>City / State</u>	<u>Type of Vehicle</u>	<u>Offense or Accident Type</u>
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	<u>Years Driving</u>	<u>From</u>	<u>To</u>
Automobile:.....			
Straight Truck:.....			
Tractor & Semi-Trailer:.....			
What types of trailers have you pulled? (Check all that apply)			
<u>        </u> Flatbeds	<u>        </u> Ref Van	<u>        </u> Dry Van	<u>        </u> Doubles

List different types of transmissions:\_\_\_\_\_

(List ALL employers for the past 10 years)

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one)    yes    /    no

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one)    yes    /    no

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements

Reason for Leaving: \_\_\_\_\_

**Fourth Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Term. Date: \_\_\_\_\_

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one) yes / no

Reason for Leaving: \_\_\_\_\_

**Fifth Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Term. Date: \_\_\_\_\_

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one) yes / no

Reason for Leaving: \_\_\_\_\_

**Sixth Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Term. Date: \_\_\_\_\_

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one) yes / no

Reason for Leaving: \_\_\_\_\_

**Seventh Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Term. Date: \_\_\_\_\_

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one) yes / no

Reason for Leaving: \_\_\_\_\_

**Eighth Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Term. Date: \_\_\_\_\_

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one) yes / no

Reason for Leaving: \_\_\_\_\_

**Ninth Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Term. Date: \_\_\_\_\_

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one) yes / no

Reason for Leaving: \_\_\_\_\_



**Tenth Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **Term. Date:** \_\_\_\_\_

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one) yes / no

**Eleventh Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **Term. Date:** \_\_\_\_\_

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one) yes / no

**Reason for Leaving:** \_\_\_\_\_

**Twelfth Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **Term. Date:** \_\_\_\_\_

During your employment, were you subject to Federal Motor Carrier Safety Regulations and/or was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? (Circle one) yes / no

**Reason for Leaving:** \_\_\_\_\_

### **TO BE READ BY APPLICANT**

**APPLICANT'S STATEMENT AND AGREEMENT:** As a condition of my employment, I hereby certify that all the information I have provided on this application is true and correct. If at any time after employment has been established it is discovered that I misrepresented or falsely prepared this application or related documents, I understand that it shall be considered an act of dishonesty, a possible DOT and or State Motor Carrier Regulations violation and subject me to immediate dismissal. I further agree, as a condition of employment, to correctly furnish additional information and complete such documents and examinations, inclusive of medical examinations, that the company from time to time may require. I also agree and understand that being allowed to make application for employment in no way obligates the company to employ me. I understand that if hired, I will be employed for a stated probationary period during which time I may be discharged without recourse. This certifies that I completed this application, and that all entries on it and information in it are true and correct to the best of my knowledge.

**APPLICANT'S BACKGROUND INVESTIGATIVE AUTHORIZATION:** I hereby authorize the company, or their agents, to investigate my complete background, regardless of subject, in order to ascertain that all information given by me is correct and further, I release any and all past employers, persons, organizations from all liability for any damages on account of furnishing any information and agree to indemnify and hold harmless all such persons and organizations who furnish any such information. (Note: If there is anything in the statements you don't understand, ask the person accepting your application for clarification and meaning) I am advised that I have the right to review, request correction or refute information that has been provided by a previous employer in response to inquiries regarding my safety history.

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

\_\_\_\_\_  
Date

# HICKMAN'S EGG RANCH

6515 S. Jackrabbit Trail, Buckeye, AZ 85326

Phone: (623) 872-2304

Fax#: (623) 872-2332

## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS

\_\_\_\_\_, applied for a position as a driver and states he was employed by your company from \_\_\_\_\_ to \_\_\_\_\_. We appreciate your time in courtesy in completing, in confidence, the information requested below.

Information request date(s): \_\_\_\_\_

**I HEREBY AUTHORIZE YOU TO RELEASE THE INFORMATION REQUESTED BELOW REQUIRED BY SECTIONS 382 THROUGH 391 OF THE FEDERAL MOTOR CARRIERS SAFETY REGULATIONS.**

APPLICANTS SIGNATURE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Previous Employer's Address: \_\_\_\_\_

Employer Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Term./Resig. Date: \_\_\_\_\_

Was this person a Class A CDL driver: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

General Disposition & Work Habits: \_\_\_\_\_

Eligible for Rehire? Yes \_\_\_\_\_ No \_\_\_\_\_ Upon Review \_\_\_\_\_ Against Policy \_\_\_\_\_

Type of Trailer Pulled: Van \_\_\_\_\_ Tanker \_\_\_\_\_ Belly Dump \_\_\_\_\_ Flatbed \_\_\_\_\_ Reefer \_\_\_\_\_

Type of Driving (Circle): Local \_\_\_\_\_ Regional \_\_\_\_\_ Over The Road \_\_\_\_\_

Preventable Accidents/Incidents? \_\_\_\_\_

### Per Federal Motor Carrier Safety Regulations, section 382 (Final Rule Published – 3 years!):

- Did the applicant test positive for any controlled substances? Yes \_\_\_\_\_ No \_\_\_\_\_
- Did the applicant test positive for alcohol (.04 or higher)? Yes \_\_\_\_\_ No \_\_\_\_\_
- Did applicant refuse to participate in any alcohol or controlled substance test required by federal regulations? Yes \_\_\_\_\_ No \_\_\_\_\_
- Did applicant violate any DOT agency drug and alcohol testing regulations? Yes \_\_\_\_\_ No \_\_\_\_\_
- Did applicant violate any DOT agency drug and alcohol testing regulations or test positive for any employers prior to their employment with your company within the past three years? Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE FAX BACK TO (623) 872-2332. THANKS FOR YOUR HELP!**



Answering the following questions is voluntary and to be used only for keeping statistical records. Hickman's is an equal opportunity, affirmative action employer and the following information will help us track our performance as such:

Gender: Male\_\_\_\_ Female\_\_\_\_

Ethnic Group: White\_\_\_\_ Black/African American\_\_\_\_ Native Hawaiian or Pacific Islander\_\_\_\_ Asian\_\_\_\_

American Indian/Alaskan Native\_\_\_\_ Hispanic\_\_\_\_ Two or more races\_\_\_\_

Are you a veteran? Yes\_\_\_\_ No\_\_\_\_ Are you a Vietnam Era veteran? Yes\_\_\_\_ No\_\_\_\_

Are you a Special Disabled Veteran? Yes\_\_\_\_ No\_\_\_\_

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

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

**MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS**

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

1. In connection with your application for employment with \_\_\_\_\_ ("Prospective Employer"), it 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. 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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver's written or electronic consent prior to accessing the driver's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**



## HICKMAN'S EGG RANCH, INC.

### CONSUMER DISCLOSURE AND AUTHORIZATION FORM

#### Disclosure Regarding Background Investigation

Hickman's Egg Ranch, Inc. and all affiliates may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company at: Human Resources at 1-623-872-2311. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

#### ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, Massachusetts, New York or Washington State applicant, employee or contractor, please also note:

**CALIFORNIA:** Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

**MAINE:** You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

**MASSACHUSETTS:** If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

**NEW YORK:** You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Attached below is additional information about New York law.

**WASHINGTON STATE:** If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

#### Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

☐ **California, Minnesota or Oklahoma applicants only:** Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

### Applicant Self-Reported Convictions

Have you ever been convicted of an offense against the law (including any conviction for driving under the influence) other than a minor traffic violation? Do not disclose any conviction for which the records have been sealed, expunged or subject to deferred adjudication. Circle answer.      Yes      No

Offense 1: \_\_\_\_\_

Offense Date: \_\_\_\_\_ State: \_\_\_\_\_

Disposition: \_\_\_\_\_

Disposition Date: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Name offense committed under (if different than current)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Offense 2: \_\_\_\_\_

Offense Date: \_\_\_\_\_ State: \_\_\_\_\_

Disposition: \_\_\_\_\_

Disposition Date: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Name offense committed under (if different than current)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Applicant Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security No. \* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Present Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Prior Addresses \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Prior Addresses \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

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



**NEW YORK CORRECTION LAW  
ARTICLE 23-A**

**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY  
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

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§ 750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§ 751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§ 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable,



shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.