

A COPY OF YOUR DRIVER LICENSE AND SOCIAL SECURITY CARD WILL BE NEEDED IF HIRED.

## HARTY TRACTOR SERVICES, INC.

1331 Tractor Way  
P.O. Box 741674  
Orange City, FL 32774-1674  
(386) 775-1005

### APPLICATION FOR EMPLOYMENT

(Answer all questions- please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Last, First, Middle Initial

Telephone No.: \_\_\_\_\_ Alternate Telephone No.: \_\_\_\_\_

Current Address \_\_\_\_\_  
Street, City, State and Zip Code How Long?

Previous Address: \_\_\_\_\_  
Street, City, State and Zip Code How Long?

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Have you worked for Harty Tractor before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Do you have any relatives working at Harty Tractor? \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of Pay expected: \_\_\_\_\_

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Is there any reason you might be unable to perform the functions of the job for which you have applied? \_\_\_\_\_  
If yes, explain if you wish:

\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the proceeding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* (including vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in quantity requiring placarding), in interstate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

EMPLOYER			DATE			
NAME			FROM	TO		
			MO.	YR	MO	YR
ADDRESS			Position held			
CITY	STATE	ZIP	Salary/Wage			
CONTACT PERSON		PHONE NUMBER	Reason for leaving			

EMPLOYER			DATE			
NAME			FROM	TO		
			MO.	YR	MO	YR
ADDRESS			Position held			
CITY	STATE	ZIP	Salary/Wage			
CONTACT PERSON		PHONE NUMBER	Reason for leaving			

EMPLOYER			DATE			
NAME			FROM	TO		
			MO.	YR	MO	YR
ADDRESS			Position held			
CITY	STATE	ZIP	Salary/Wage			
CONTACT PERSON		PHONE NUMBER	Reason for leaving			

EMPLOYER			DATE			
NAME			FROM	TO		
			MO.	YR	MO	YR
ADDRESS			Position held			
CITY	STATE	ZIP	Salary/Wage			
CONTACT PERSON		PHONE NUMBER	Reason for leaving			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE.

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE NEEDED)

## EDUCATION

COMPLETED: HIGH SCHOOL: \_\_\_\_\_ COLLEGE: \_\_\_\_\_ POST GRADUATE: \_\_\_\_\_

LAST SCHOOL  
ATTENDED \_\_\_\_\_

(NAME)

(CITY, STATE)

### EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? 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 STATEMENT GIVING DETAILS

DRIVING EXPERIENCE: IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT(VAN,TANK,FLAT,ETC)	DATES FROM	DATES TO	APPROX NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR –TWO TRAILERS				
MOTORCOACH-SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN THE LAST FIVE YEARS. \_\_\_\_\_  
\_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_  
\_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM: \_\_\_\_\_  
\_\_\_\_\_

### EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

\_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

\_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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**TO BE READ AND SIGNED BY APPLICANT**

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. 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 will be 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.

We require you to sign the following documents when you submit your application.

Fair Credit Reporting Act and authorization to obtain reports such as your driving record for assessment of insurability.

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Date

Applicant's Signature

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**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_  
 (IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE  
 OFFICER OR COMPANY REPRESENTATIVE**

SUPERIOR    GOOD    FAIR    BELOW AVERAGE    POOR    WRITTEN RECORD ON FILE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

Harty Tractor Services, Inc.  
P O Box 741674  
Orange City, FL 32774-1674

Dear Harty Tractor Services, Inc.:

Consumer reports may be obtained as part of Harty Tractor Services, Inc.'s evaluation of my job application/employment.

The report may be procured by First Advantage/Employment Advantage and Lassiter-Ware Insurance and may include my driving record, an assessment of my insurability under Harty Tractor Service, Inc.'s insurance coverage, or other consumer reports.

By signing this disclosure, I hereby authorize Harty Tractor Services, Inc. to procure such reports and additional reports about me from time to time as it deems appropriate to evaluate my insurability or for the other permissible purposes.

I also acknowledge receipt of the FTC Prescribed Summary of Consumer's Rights (attached).

Signature of Job Applicant: \_\_\_\_\_

Printed Name of Job Applicant: \_\_\_\_\_

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

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

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