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# LHV PRECAST, INC “The Creative Applications Specialists”

## DRIVER’S EMPLOYMENT APPLICATION

<b>Applicant's Name (Last, First, Middle)</b>		<b>Social Security Number</b>	<b>Date of Birth</b>
<b>Present Address</b>			<b>Phone</b>
<b>Previous Address(es) for the past 3 years</b>			
<b>In Case Of Emergency Notify:</b> (Do not answer in New York)	<b>Name</b>		<b>Phone</b>
	<b>Address</b>		

**DRIVER INFORMATION:**

Name \_\_\_\_\_

State \_\_\_\_\_ License # \_\_\_\_\_ Type \_\_\_\_\_

Expiration Date \_\_\_\_\_ Held Since \_\_\_\_\_

Is this the only current drivers license held?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If no, please explain: \_\_\_\_\_

**DRIVING EXPERIENCE:**

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

**ACCIDENT RECORD FOR PAST 3 YEARS:** (Use the back of this sheet if additional space is needed.)

	<u>Date of Accident</u>	<u>Nature of Accident</u>	<u># of Fatalities</u>	<u># of Injuries</u>
Last Accident	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____

**TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS:** (Other than parking violations)

<u>Location (City/State)</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:**

State the number of pounds, which you are physically capable of lifting in connection with an employment situation: \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_ Doctor's Name & Address: \_\_\_\_\_

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

**GENERAL:**

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended: \_\_\_\_\_  
(Name) (City) Dates From / To  
(Not to be completed in Hawaii)

Have you served in the U.S. Armed Forces? (Not to be completed in New Jersey) \_\_\_\_\_ Branch \_\_\_\_\_

Dates: 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: \_\_\_\_\_

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)