

# Employment Application For



EQUIPMENT LEASING  
SALES & SERVICE  
MANUFACTURING



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Today's Date \_\_\_\_\_ Desired Position \_\_\_\_\_  
Referred By \_\_\_\_\_  
Your Name \_\_\_\_\_  
(First) (Middle) (Last)  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Alternate number \_\_\_\_\_  
In Case of an Emergency Call \_\_\_\_\_ Telephone# \_\_\_\_\_  
Call \_\_\_\_\_ Telephone# \_\_\_\_\_

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## PERSONAL INFORMATION

Social Security Number..... - - -  
Are you over 18? (circle one)..... Yes No  
Are there any times during which you can not be available to work?  
Weekdays Weekends Evenings Nights Overtime  
Please explain if you can not be available at all times \_\_\_\_\_  
Can you travel if a job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No  
What languages do you speak fluently? (Circle one or more)  
English Spanish Other \_\_\_\_\_

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## GENERAL INFORMATION

Do you have a valid driver's license? (circle one) ..... Yes No  
If yes, what is your driver's license number \_\_\_\_\_  
State \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Are you a veteran? (circle one)..... Yes No  
Have you ever been convicted of a crime? (besides a traffic violation) (circle one).. Yes No  
If yes, Please explain: (you may speak confidentially with someone if you prefer)  
\_\_\_\_\_  
Have you ever worked for our company before ..... Yes No  
If yes , when \_\_\_\_\_  
Do you know anyone working for our company..... Yes No  
If yes, who? \_\_\_\_\_  
Is there anything we can do to reasonably accommodate any special need or disability you  
may have? ..... Yes No  
If yes, please explain: \_\_\_\_\_

## EXPERIENCE

Please circle any of the following in which you are competent.

	<u>Years of Experience</u>
<b>Operator:</b> Bulldozer – Motor grader – Scraper – Loader	_____
Crane – Backhoe – Roller – Other	_____
<b>Craft Worker:</b> Carpenter – Form Builder – Pipe layer – Concrete Finisher	_____
<b>Laborer:</b> Heavy – Light	_____
<b>Shop Worker:</b> Welder - Mechanic - Heavy Equipment - Auto	_____
<b>Truck Driver:</b> Trucks - Truck Tractors - Semi Trailers - Full Trailers	_____
<b>Clerical:</b> Receptionist – Payroll – Accounts Payable – Computer	_____
Human Resources – Benefits	_____
<b>Other:</b> _____	_____

## EMPLOYMENT HISTORY

Please list your employment history beginning with your current employer or most recent. Include at least the last three years of your working history.

1. \_\_\_\_\_

Name of Employer	Address	City	Phone
_____			
Name of Supervisor	Your Position	Dates employed	to from
_____			
Reason for leaving			
_____			

2. \_\_\_\_\_

Name of Employer	Address	City	Phone
_____			
Name of Supervisor	Your Position	Dates employed	to from
_____			
Reason for leaving			
_____			

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3.

Name of Employer                      Address                      City                      Phone

Name of Supervisor              Your Position              Dates employed              to              from

Reason for leaving

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4.

Name of Employer                      Address                      City                      Phone

Name of Supervisor              Your Position              Dates employed              to              from

Reason for leaving

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5.

Name of Employer                      Address                      City                      Phone

Name of Supervisor              Your Position              Dates employed              to              from

Reason for leaving

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**REFERENCES** – Please list (3) other people who are familiar with your work.

1.

Name                      Address                      Phone

2.

Name                      Address                      Phone

3.

Name                      Address                      Phone

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**EDUCATION**

Grade Completed              7 8 9 10 11 12 13 14 15 16 17 18 19+

High School Attended              City                      State                      Diploma?              Year

Special Education or Training \_\_\_\_\_

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## COMMENTS

Please use this section for any comments you may have regarding employment with our company.

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IF YOU HAVE A PREPARED RESUME', PLEASE ATTACH TO COMPLETED APPLICATION

### PLEASE READ THE FOLLOWING CAREFULLY

This company requires all employees to submit to random drug testing. The employee must have results showing that there are no drugs in his/her system. This company may perform a **BACKGROUND CHECK** which includes checking references and criminal history. Before an applicant begins work he/she will be required to go through a **COMPANY ORIENTATION** which will describe in detail basic safety requirements as well as the benefits offered. This company is an **EQUAL OPPORTUNITY EMPLOYER** that does not discriminate on the basis of sex, race, color, national origin, age, religion, or sexual orientation. Further, this company ensures that its employees are treated without discrimination in regards to the above criteria. This company maintains an **EMPLOYMENT AT WILL** status with all its employees. This means an employee may be terminated at any time for good cause, bad cause, or no cause at all.

This certifies that this application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge. I understand that I may be terminated if I have falsified any information on this application. I agree to abide by the company policy as explained above and will not discriminate against any co-worker should I become employed.

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Signature of Applicant

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**VOLUNTARY INFORMATION**

(To be completed by applicant)

In order to comply with reporting requirements under federal law, we ask you to voluntarily complete this form. The information requested will be kept confidential and a refusal to provide the information will not affect your opportunity for employment. It will not be used for hiring, placement or any other decision relating to terms and conditions of employment.

Do not hesitate to ask for assistance if you have any difficulty completing this form. Thank you very much for your cooperation.

**Please Print**

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**(Last Name)                      (First Name)                      (Middle Initial)                      (Application Date)**

Race or National Origin **(Circle One or More)**

- **White** .....(Not Hispanic or Latino)
- **Hispanic or Latino**
- **Black or African American**
- **Native Hawaiian or other Pacific Islander** .....(Not Hispanic or Latino)
- **Asian** .....(Not Hispanic or Latino)
- **American Indian or Alaska Native** .....(Not Hispanic or Latino)
- **Two or More Races** .....(Not Hispanic or Latino)

Date of Birth \_\_\_\_\_

Your Sex **(Circle One)**                      Male                      Female

# Equal Opportunity Employment

## CDL SECTION

**Fill this section out if:** You are applying to operate a commercial motor vehicle as defined by Part 383 **OR** You currently are not licensed to operate a commercial motor vehicle as defined by Part 383 **but would like to become** licensed and operate a commercial motor vehicle defined by Part 383.

Date of Birth \_\_\_\_\_

Home addresses any time in the last 3 years.

Street Address	City	State	Zip Code	from	to
Street Address	City	State	Zip Code	from	to
Street Address	City	State	Zip Code	from	to

If you need more space for addresses, please write on the back of this page.

Have you had any motor vehicle accidents during the 3 years preceding the date the application is submitted?  
No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, please list specifying the date and nature of each accident and any fatalities or personal injuries it caused.

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List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date the application is submitted:

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Have you ever received a denial, revocation, or suspension of any license, permit or privilege to operate a motor vehicle that has been issued to you? No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, please list in detail the facts and circumstances.

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Were you subject to the FMCSR (Federal Motor Carriers Safety Regulations) while employed by any previous employer? No \_\_\_\_\_ Yes \_\_\_\_\_

Was any job you held designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? No \_\_\_\_\_ Yes \_\_\_\_\_

(continued on next page)

**CDL SECTION**

(continued)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check One:  Yes  No

2. If you answered yes, can you provide / obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check One:  Yes  No

List all names and addresses of employers during the 7 year period preceding the 3 years contained earlier in this application for which you were an operator of a commercial motor vehicle.

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Name of Employer	Address	City	Phone
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Name of Supervisor	Your Position	Date Employed	To	From
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Reason for Leaving

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Name of Employer	Address	City	Phone
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Name of Supervisor	Your Position	Date Employed	To	From
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Reason for Leaving

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Name of Employer	Address	City	Phone
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Name of Supervisor	Your Position	Date Employed	To	From
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Reason for Leaving

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**Heck & Wicker, Inc.**

**Machinery Maintenance**

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208). You are being informed that reports verifying your previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

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Applicant's Signature

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Date

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Print Name

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Social Security Number