

## van Hoekelen Greenhouses, Inc.

220 S Hancock St., McAdoo, PA 18237 570-929-2022

Application ID: 1714129630

|                   |                     | Applicatio                 | on For Employment          |                 |              |                       |
|-------------------|---------------------|----------------------------|----------------------------|-----------------|--------------|-----------------------|
| Job Applied For * |                     | First Name *               | Middle                     | Last Nam        | e *          | Social Security No. * |
| Date of Birth *   | Mobile              | Phone No. *                | Other Phone No.            | Email Add       | lress *      |                       |
| Present Address * | Address 2*          | City *                     | State/Province *           | ZIP *           | County       | Yrs at this address * |
|                   | *If at current addr | ess less than 7 years, lis | st below most recent addre | esses for the p | ast 7 years. |                       |
| Previous Address  | Address 2           | City                       | State/Province             | ZIP             | County       | Yrs at this address   |
|                   |                     |                            |                            |                 |              |                       |
|                   |                     |                            |                            |                 |              |                       |

|                        |                    | Com              | mercial Driver's L    | icense        |               |                  |                      |
|------------------------|--------------------|------------------|-----------------------|---------------|---------------|------------------|----------------------|
| Name - Exactly as it a | appears on your dr | iver's license * | Maiden                | or other name | eused         |                  |                      |
| CDL Type *             |                    | Endorsement      | ts (check all that ap | oply)         | License E     | xpiration Date * |                      |
| ○ A ○ B ○              | C ONONE            | H I              | T N X                 | P             |               |                  |                      |
| Air Brake Restriction  | !? <b>*</b>        | Automatic Tr     | ansmission Restric    | tion *        | Years of C    | DL Experience    |                      |
| 🔘 Yes 🛛 No             |                    | Ves 🛛            | No                    |               |               |                  |                      |
|                        |                    | Driv             | ving/Hauling Experi   |               |               |                  | Card Expiration Date |
| Equipment              | Yrs Exp            | Equipment        | Yrs Exp               | Equipmer      | nt            |                  | Yrs Exp              |
| Dry van                |                    | Doubles          |                       | Flatbed       |               |                  |                      |
| Tanker                 |                    | Reefer:          |                       | Switching     | (yard tractor | )                |                      |
| Dump                   |                    | CDL B            |                       |               |               |                  |                      |
|                        |                    | 1                |                       |               |               |                  |                      |

| _ |             | Education                   |                | =                     |
|---|-------------|-----------------------------|----------------|-----------------------|
| I |             |                             |                |                       |
|   |             | Name and Location of School | Years Attended | Diploma/Certification |
|   | High school |                             |                |                       |

|  | Name and Location of School | Years Attended | Diploma/Certification |
|--|-----------------------------|----------------|-----------------------|
| College                                    |                             |                |                       |
| Trade or Business School                   |                             |                |                       |
| List special courses or training that will | l help you as a driver:     |                |                       |
|  |                             |                |                       |
| List driving awards held and who prese     | ented them:                 |                |                       |

|   |  | Additional                               | Licenses  |                                    |
|---|--|--|---|------------------------------------|
|   |  |  |   |                                    |
|   | List ALL a   | additional licenses                      | s held in the past 5 years.                                     |                                    |
| State/Province  | License no.  | Class                                    | Endorsement(s)  | Expiration date                    |
|   |  |  |   |                                    |
| Yes No - Has a  | ny license, permit, or privile   | ege ever been sus                        | pended, revoked, or denied? *                                   |                                    |
| Ves No - Has a  |  |  |   |                                    |
| ○ Yes ○ No - Have y   | you ever been convicted fo   | or driving under the                     | e influence of drugs or alcohol                                 | ?*                                 |
| <ul> <li>Yes</li> <li>No</li> <li>Have you ever tested positi<br/>employer to which you applie<br/>and alcohol testing rules dur</li> </ul> | ve or refused to test on an<br>ed for but did not obtain sa<br>ing the past 2 years? * | y pre-employment<br>ifety sensitive tran | drug and / or alcohol test adn<br>sportation work covered by D0 | ninistered by an<br>DT agency drug |
| ○ Yes ○ No - Have   | you ever been convicted of   | f a felony or misde                      | emeanor? *  |                                    |
|   |  |  |   |                                    |

|                       |                  | Accident Review For Past 5              | /ears         |          |   |
|-----------------------|------------------|---|---------------|----------|---|
|                       |                  |   |               |          |   |
|                       |                  | If no Accidents to report, you must che | eck this box. |          |   |
| No Accidents to       | o report.        |   |               |          |   |
| Click on the Plus sig | n to add additio | nal Accidents.                          |               |          |   |
|                       | Dates            | (head-on, rear-end, overturn, etc.)     | Fatalities    | Injuries | Vehicle Type                                  |
| Last Accident         |                  |   |               |          | <ul><li>Personal</li><li>Commercial</li></ul> |
|                       |                  | -<br>-                                  | -             | -<br>-   | · · · · · · · · · · · · · · · · · · ·         |

|                           | Traffic                       | Convictions & Forfeitures For Past 5 Years              |         |
|---------------------------|-------------------------------|---|---------|
|                           | If no Traffic Conv            | ictions or Forfeitures to report, you must check this b | IOX.    |
| No Traffic Convicti       | ons or Forfeitures to report. |   |         |
| Click on the Plus sign to | add additional Traffic Convi  | ctions or Forfeitures.                                  |         |
| Location                  | Date                          | Charge(other Than Parking Violations)                   | Penalty |
|                           |                               |   |         |
|                           |                               |   |         |

| EMPLOYER #1   |                                       |                                   |                                  |
|---|---------------------------------------|-----------------------------------|----------------------------------|
| Company *   | Supervisor's Name                     | Supervisor Phone                  | Salary                           |
|   |                                       |                                   |                                  |
| Street Address  |                                       | City                              | State/Province                   |
|   |                                       |                                   |                                  |
| Position Held *   |                                       | From Date (mm/yy) *               | To Date (mm/yy) *                |
|   |                                       |                                   |                                  |
| Reason For Leaving *  |                                       |                                   |                                  |
|   |                                       |                                   |                                  |
|   |                                       |                                   |                                  |
|   | Driving/Hauling E                     | Experience With This Employer     |                                  |
| Hauling What?   | Number of Mor                         | nths: Equ                         | ipment                           |
|   |                                       |                                   |                                  |
|   | MCSRs while employed by this emp      | blover? *                         |                                  |
| Were you subject to the F   |                                       | , , <b>.</b>                      |                                  |
|   |                                       |                                   |                                  |
| Were you subject to the F   |                                       |                                   |                                  |
| Yes No  | as a safety sensitive function in any | y DOT regulated mode subject to a | Icohol and controlled substances |
| Yes No<br>Was your job designated a<br>testing requirements as b  |                                       | y DOT regulated mode subject to a | Icohol and controlled substances |
| ○ Yes ● No Was your job designated and a second |                                       | y DOT regulated mode subject to a | Icohol and controlled substances |
| Yes No<br>Was your job designated a<br>sesting requirements as b  | y 49 CFR part 40? *                   | y DOT regulated mode subject to a | Icohol and controlled substances |

|                 | Owner O         | perator Equipment Form |                 |
|-----------------|-----------------|------------------------|-----------------|
| Tractor         | Trailer         | Straight Truck         | Cargo Van       |
| Make            | Make            | Make                   | Make            |
| Model           | Model           | Model                  | Model           |
| Year            | Year            | Year                   | Year            |
| VIN Number      | Plate Number    | VIN Number             | VIN Number      |
| Plate Number    | Current Mileage | Plate Number           | Plate Number    |
| Current Mileage | Length          | Current Mileage        | Current Mileage |
|                 |                 | Length                 | Length          |

## Authorization

By clicking "Send" below, I certify that this application was completed by me and that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, any falsified statements on this application shall be grounds for dismissal. Under the provisions of the fair credit reporting act, the Americans With Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws I authorize investigation of all statements contained herein as well as authorize the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to review information provided by previous employers; have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I hereby release, and hold harmless any employers, schools, healthcare providers, firms, or entity that discloses information in accordance with this authorization, as well as my prospective employer, from any liability that may otherwise results from the request for, use of, or disclosure of, any or all of the foregoing information. The above-mentioned investigations and inquiries may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history records; medical history, made only if and after a conditional offer of employment has been extended; any other public record; and other related matters as may be necessary in arriving at an employment decision.

I understand that consumer reports which may contain public record information may be requested, at the discretion of my prospective employer, which may include names, dates of employment, reason for termination, work experience, traffic records, workers compensation claims, etc. I have the right, under the provisions of the Fair Credit Reporting Act and the Drivers Privacy Protection Act to request all such information from the reporting agency, upon proper identification, and to request the nature and substance of all information; and the receipt of any reports on me, which the reporting agency has, or will, furnish for the two preceding years. I am also entitled to a copy of my consumer rights under the Fair Credit Reporting Act. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

\*I hereby agree and consent to completing this application and background investigation process electronically. I understand that I will be signing this application and all forms related to this application electronically and that the electronic signatures appearing on these documents are the same as my handwritten signature for the purposes of validity, enforceability and admissibility.

You have the right to withdraw your consent to sign electronically at any time by calling the number listed at the top of this page. You can print and retain a copy of any electronically signed documents by clicking on the PDF symbol in the top right corner of that document.

\* I hereby agree and consent to receiving SMS text messages requesting additional information and/or providing additional instructions regarding the application process, onboarding and/or my employment, if applicable.

You have the right to withdraw your consent to receiving SMS text messages at any time by texting "STOP" in reply to any message you receive or by calling 888-209-7427.

As part of the application process we require that the following standard consent forms be completed. You do not have to fill these forms out. They will be automatically completed using the information you provided above. Please review each form in its entirety. After reading each form check the box next to it indicating your intention to sign and submit it along with your application.

- Inquiry to Previous Employer
- Previous Employer Inquiry For Driving History & Safety Performance
- \* PSP Consent Form
- Consent for Release of Info Form
- Disclosure and Authorization Form
- Pre-Employment Controlled Substance Consent Form
- \* Fair Credit Reporting Act Consumer Rights

| Signature*  | Date  |
|---|---|
| , נוזמר נוזוא מטטוונימנוטוו שמא כטוווטופנפט טע ווופ מווט נוזמר מוו פוונוופא מווט נוופ ווווטוווזמנוטוו וופרפווז מרפ נועפ | e and complete to the best of my  |
|   | hat this application was completed by me and that all entries and the information herein are true |