



**Arnan Development Corporation**  
 d/b/a Pickett Building Materials  
 d/b/a Oneonta Block Company  
 d/b/a Duke Concrete Products  
 Otsego Ready Mix, Inc.

6459 State Highway 23, Oneonta, NY 13820  
 Phone: 607-432-6641 Fax: 607-433-6284

## Driver's Application for Employment

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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, veteran status, non-job related disability, or any other protected group status.

### To be Read and Signed by Applicant

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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

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 (3). I understand 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.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please answer all questions and print clearly.**

Position(s) Applied \_\_\_\_\_

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

Social Security #: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Cell Telephone #: \_\_\_\_\_

List your addresses of residence for the past 3-years; list current address first:

Street City State & Zip Code How long?

Street City State & Zip Code How long?

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Street City State & Zip Code How long?

Do you have the legal right to work in the United States?  Yes  No

Have you been convicted of a felony within the last 7-years?  Yes  No

*If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment—all circumstances will be considered.*

Date of Birth: \_\_\_\_\_ Can you provide proof of age:  Yes  No  
Required for Commercial Drivers

Have you worked for this Company before?  Yes  No Dates: \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

Are you Currently Employed?  Yes  No  
If not, how long since leaving your last employment? \_\_\_\_\_

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

Is there any reason you might be unable to perform the functions of a commercial driver (tractor trailer)?  Yes  No If yes, explain if you wish: \_\_\_\_\_

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

## Employment History

All driver applicants, in order to drive interstate commerce, must provide the following information on all employers during the preceding 3-years. List complete mailing address including street number, city, state and zip code. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce must also provide an additional 7-years information on those employers for whom applicant operated such a vehicle.

**Note:** List employers in reverse order starting with the most recent; add another sheet if necessary.

Employer: _____		
Address: _____		
_____		
_____		
Employed From: _____	To: _____	Pay Rate: _____
Position Held: _____		
Contact Person / Phone Number: _____		
Reason for Leaving: _____		
_____		
Were you subject to the FMCSR while employed in this position?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer: _____		
Address: _____		
_____		
_____		
Employed From: _____	To: _____	Pay Rate: _____
Position Held: _____		
Contact Person / Phone Number: _____		
Reason for Leaving: _____		
_____		
Were you subject to the FMCSR while employed in this position?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer: _____		
Address: _____		
_____		
_____		
Employed From: _____	To: _____	Pay Rate: _____
Position Held: _____		
Contact Person / Phone Number: _____		
Reason for Leaving: _____		
_____		
Were you subject to the FMCSR while employed in this position?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Pay Rate: \_\_\_\_\_  
 Position Held: \_\_\_\_\_  
 Contact Person / Phone Number: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 Were you subject to the FMCSR while employed in this position?  Yes  No  
 Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Pay Rate: \_\_\_\_\_  
 Position Held: \_\_\_\_\_  
 Contact Person / Phone Number: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 Were you subject to the FMCSR while employed in this position?  Yes  No  
 Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Pay Rate: \_\_\_\_\_  
 Position Held: \_\_\_\_\_  
 Contact Person / Phone Number: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 Were you subject to the FMCSR while employed in this position?  Yes  No  
 Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

**Accident Record** for Past 3-Years or More (attach additional sheet if more space is needed). If none, please write NONE.

Date	Nature of Accident	Fatalities?	Injuries?
Last Accident: _____			
Next Previous: _____			
Next Previous: _____			

**Traffic Convictions** and Forfeitures for the past 3-years (other than parking violations). If none, please write NONE.

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Experience** and Qualifications: List all driver licenses or permits held in the past 3-years.

State	License #	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No  
 Has any license, permit or privilege ever been suspended or revoked?  Yes  No  
 If the answer to either question above is YES, please give details.

\_\_\_\_\_

\_\_\_\_\_

Class of Equipment:  Tractor & Semi-Trailer  Tractor & 2 Trailers  
 Van  Reefer  Flat Bed  Tank  Other \_\_\_\_\_

List states operated in for last five (5) years: \_\_\_\_\_

\_\_\_\_\_

List special courses or training that will help you as a driver: \_\_\_\_\_

\_\_\_\_\_

**Education** -- Circle Highest Grade Completed:

1      2      3      4      5      6      7      8      9      10      11      12

School: \_\_\_\_\_  
School Name \_\_\_\_\_ City / State \_\_\_\_\_

College: \_\_\_\_\_ 1 2 3 4  
School Name \_\_\_\_\_ City / State \_\_\_\_\_

Other: \_\_\_\_\_ 1 2 3 4  
School Name \_\_\_\_\_ City / State \_\_\_\_\_

Have you, in the two (2) years preceding the date of this application, tested positive, refused or failed to provide a urine sample for any motor carrier for whom you did not undertake safety sensitive functions?       Yes       No

**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.

Applicant Signature: \_\_\_\_\_

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

PERSON TO NOTIFY IN CASE OF EMERGENCY	
NAME: _____	PHONE # _____
ADDRESS: _____	RELATIONSHIP: _____



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## Fair Credit Reporting Act: Disclosure / Authorization

In accordance with the provisions of section 604(b)(2)(A) of the Fair Credit Reporting Act (FCRA) (Title II, Subtitle D, Chapter I, Public Law 104-208), you are hereby informed that a consumer report about you may be ordered and used for employment Purposes. Under the provisions of the Act, a driving record is considered a consumer report when used for employment purposes.

I, the undersigned, acknowledge receipt of the above disclosure and authorize the above-named company to obtain a consumer report about me for its use related to employment purposes.

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

Print Name: \_\_\_\_\_

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



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## Pre-Employment Urinalysis Notification

The Federal Motor Carrier Safety Regulations, Section 382.031 pre-employment testing requirements, apply to driver-applicants of this company.

### §382.301 Pre-employment Testing Requirements

- a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- c) Prior to collection of urine sample under §382.301 of this sub-part, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substance based on the urinalysis test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive tests will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis notification.

Applicant's Name (Print): \_\_\_\_\_

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

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

Witnessed by: \_\_\_\_\_  
 Company Representative

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



# NEW YORK CORRECTION LAW

## ARTICLE 23-A

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

§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 752 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 all 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.

Received Copy:

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

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

Print Name: \_\_\_\_\_

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

In connection with your application for employment with Arnan Development Corp. and/or Otsego Ready Mix, Inc. ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. 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:

I authorize Arnan Development Corp. and/or Otsego Ready Mix, Inc. ("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.

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.

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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)