



3800 SW 10th
Oklahoma City, OK 73108
(O) 405.947.6069
(F) 405.947.6068

Dear Applicant,

Thank you for your interest in employment at Haskell Lemon Group, LLC. We strive to be an excellent workplace and are pleased that you would like to join our team. By completing the attached application, you are taking the first step to be considered for current employment openings. We are committed to hiring the very best employees to serve our valued customers. As a result, we assess applicants on several dimensions. This process can include criminal, MVR, CDL, and previous employment checks. In addition, all candidates who are considered for employment must successfully pass a drug screen. In an effort to expedite your onboarding, we ask that you please complete all forms in this packet in their entirety and return to Human Resources as soon as possible. Please do not hesitate to contact us if you have any questions.

Sincerely,

Human Resources

Haskell Lemon Group, LLC and its subsidiaries are equal opportunity employers and do not discriminate on the basis of age, race, religion, color, sex, national origin, sexual orientation, ancestry, military status, marital status or physical or mental disability. In compliance with the Immigration Reform and Control Act of 1988, we will hire only U.S. Citizens and Aliens lawfully authorized to work in the U.S. Should you be employed by Haskell Lemon Group, LLC, you will be required to complete and sign Form I-9 Employment Eligibility Certification.

NAME:

(Last) (First) (Middle Initial) (Date of Birth)

PRESENT ADDRESS:

(Street) (City) (State) (Zip Code)

(Phone) (Email) (Social Security Number)

Are you legally authorized to work in the U.S. for any and all employers? Yes No

Are you at least 18 years old? Yes No

Have you previously applied for employment with Haskell Lemon Group, LLC Yes No If yes, when?

Have you ever been employed by Haskell Lemon Group, LLC? Yes No If yes, when? _____

Name used during previous employment with Haskell Lemon Group, LLC?

Position held: _____

Have you ever been convicted of a felony under any jurisdiction? Yes No

"Conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time, and rehabilitation will be taken into account in determining effect on suitability for employment."

Work Preferences

Position Desired:

(Title) (Desired Salary) (Date Available)

What days and hours are you available for work? Days: _____ Hours: _____

Are you available for work on weekends, if necessary? Yes No

Did anyone refer you to our company? If yes, who referred you? _____

Professional References

Please list those we may contact who can verify your academic and/or work history.

Name	City/State	Phone	Relationship

Education

Highest grade completed/ years completed:

Please list any other special training, skills, licenses, certifications, and experience relevant to the position for which you are applying:

Please list any job-related professional or trade group affiliations:

Military Service

Branch: _____ From _____ To _____

Did you obtain any specialized skills or abilities as a result of service in the military? Yes No

If so, please describe:

Are you an active member of the National Guard or Reserves? Yes No

Work Experience

This portion of the application must be completed even if supplemented by a resume. List jobs in reverse order held – present or most recent first. For periods of unemployment or self-employment, list dates and location. Please attach additional pages if necessary.

NOTE: All driver applicants to drive in interstate commerce must provide the following information based on all employers listed in the Work Experience Section of this application during the preceding 3 years. Further to drive a commercial motor vehicle in intrastate or interstate commerce, applicants shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

MOST RECENT EMPLOYER:

(Name) _____ (Phone) _____
 (Street) _____ (City) _____ (State) _____
 (Name and Title of Supervisor) _____
 (Your Position) _____ (Department) _____

Dates of Employment:	
From: _____	To: _____
Salary:	
Starting:\$ _____	Ending:\$ _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Hrs/wk _____	
Reason For Leaving: _____	

Driver Applicants only:	Were you subject to the FMCSRs while employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Any gaps in employment and or unemployment must be explained. Include dates (Month/Year) and reason.	

EMPLOYER 2:

(Name) _____ (Phone) _____
 (Street) _____ (City) _____ (State) _____
 Name and Title of Supervisor _____
 (Your Position) _____ (Department) _____

Dates of Employment:	
From: _____	To: _____
Salary:	
Starting:\$ _____	Ending:\$ _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Hrs/wk _____	
Reason For Leaving: _____	

Driver Applicants only:	Were you subject to the FMCSRs while employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Any gaps in employment and or unemployment must be explained. Include dates (Month/Year) and reason.	

EMPLOYER 3:

(Name) _____ (Phone) _____
 (Street) _____ (City) _____ (State) _____
 (Name and Title of Supervisor) _____
 (Your Position) _____ (Department) _____

Dates of Employment:	
From: _____	To: _____
Salary:	
Starting:\$ _____	Ending:\$ _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Hrs/wk _____	
Reason For Leaving: _____	

Driver Applicants only:	Were you subject to the FMCSRs while employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Any gaps in employment and or unemployment must be explained. Include dates (Month/Year) and reason.	

Work Experience (Continued)

EMPLOYER 4:

 (Name) (Phone)

 (Street) (City) (State)

 (Name and Title of Supervisor)

 (Your Position) (Department)

Dates of Employment:	
From: _____	To: _____
Salary:	
Starting:\$ _____	Ending:\$ _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Hrs/wk _____	
Reason For Leaving:	

Driver Applicants only:	Were you subject to the FMCSRs while employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Any gaps in employment and or unemployment must be explained. Include dates (Month/Year) and reason.	

EMPLOYER 5:

 (Name) (Phone)

 (Street) (City) (State)

 (Name and Title of Supervisor)

 (Your Position) (Department)

Dates of Employment:	
From: _____	To: _____
Salary:	
Starting:\$ _____	Ending:\$ _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Hrs/wk _____	
Reason For Leaving:	

Driver Applicants only:	Were you subject to the FMCSRs while employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Any gaps in employment and or unemployment must be explained. Include dates (Month/Year) and reason.	

EMPLOYER 6:

 (Name) (Phone)

 (Street) (City) (State)

 (Name and Title of Supervisor)

 (Your Position) (Department)

Dates of Employment:	
From: _____	To: _____
Salary:	
Starting:\$ _____	Ending:\$ _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Hrs/wk _____	
Reason For Leaving:	

Driver Applicants only:	Were you subject to the FMCSRs while employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Any gaps in employment and or unemployment must be explained. Include dates (Month/Year) and reason.	

Acknowledgements

I do hereby authorize the furnishing, without liability, of records and other information that Haskell Lemon Group, LLC. may request in its evaluation of my qualifications for employment.

In consideration of my employment, I agree to conform to the rules and regulations of Haskell Lemon Group, LLC. I also agree that my employment and compensation can be terminated at will (i.e. with or without cause, and with or without notice, at any time, at the option of either the firm or myself). I understand that no manager or representative of Haskell Lemon Group, LLC other than the CEO, has any authority to enter into any agreement for employment other than on an at-will basis.

This certifies that this application was completed by me, and that all entries on it and the information in it are true and complete to the best of my knowledge. I understand that any false information contained in this application is cause for discharge at any time during my employment.

Applicant's Name (Please Print) _____

Applicant's Signature _____ Date _____



FCRA Authorization to Obtain a Consumer Report (Background/Credit Check)

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Haskell Lemon Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Haskell Lemon Group, LLC to produce such reports at any time during, as permitted by law, my employment, contract, or volunteer period.

Print Legal Name: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____ Exp. Date: _____

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Haskell Lemon Group, LLC or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Signature

Date

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>



Drug and Alcohol Test Consent Form

CONSENT FOR PRE-EMPLOYMENT, RANDOM, OR REASONABLE SUSPICION DRUG AND ALCOHOL TEST SCREEN AND RELEASE COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I hereby CONSENT to allow a specimen of my hair, urine, or blood be taken and submitted for a pre-employment, random, or reasonable suspicion drug test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective or current employer.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against my employer, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS Haskell Lemon Group, LLC, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

(SIGNATURE)

(NAME PRINTED)

(DATE)
