



PO BOX 663 • 1721 HCR 3106
HILLSBORO, TX 76645
PHONE: 254-582-0205 • FAX: 866-582-3199

APPLICATION

NOTE TO APPLICANT: The information you supply will be used, and your previous employers will be contacted for the purpose of investigating your safety performance history information as required by section 391.23 of the FMCSRs.

DATE: _____

NAME: _____ PHONE (____) _____
 FIRST MIDDLE LAST

CURRENT ADDRESS: _____
 STREET CITY STATE ZIP YEARS AT ADDRESS

If at the above address for less than 3 years, list below residences for the past 3 years. Attach a separate sheet if necessary.

 STREET CITY STATE ZIP YEARS AT ADDRESS

 STREET CITY STATE ZIP YEARS AT ADDRESS

EMAIL ADDRESS: _____

POSITION APPLYING FOR: _____ RATE OF PAY EXPECTED? _____

WHO REFERRED YOU? _____ WHEN ARE YOU AVAILABLE FOR WORK? _____

NAMES OF ANY RELATIVES EMPLOYED BY THIS COMPANY _____

EDUCATION – TRAINING – AWARDS

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
 NAME ADDRESS

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

LIST DRIVING AWARDS HELD AND FROM WHICH COMPANY _____

GENERAL

HAVE YOU EVER BEEN DENIED A BOND? _____ IF SO WHEN _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN TRAFFIC VIOLATIONS? _____

IF YES, EXPLAIN _____

HISTORY OF EMPLOYMENT

FILL OUT COMPLETELY AND ANSWER ALL QUESTIONS. DOT REGULATIONS REQUIRE THAT COMMERCIAL MOTOR VEHICLE OPERATORS APPLYING FOR WORK MUST PROVIDE AT LEAST TEN YEARS PRIOR WORK HISTORY. DO NOT LEAVE GAPS BETWEEN EMPLOYMENT DATES, IF UNEMPLOYED, SO STATE AND GIVE DATES. IF SELF EMPLOYED, GIVE PERSON(S) THAT CAN VERIFY.

START WITH YOUR LAST OR CURRENT POSITION, INCLUDING MILITARY EXPERIENCE, AND WORK BACK. (ATTACH A SEPARATE SHEET IF NECESSARY):

COMPANY: _____ SUPERVISORS NAME: _____

ADDRESS: _____ PHONE: (____) _____

POSITION HELD: _____ FROM: _____ TO: _____ PAY: _____
MONTH / YEAR MONTH / YEAR

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB ? ___ YES ___ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? ___ YES ___ NO

REASON FOR LEAVING: _____

COMPANY: _____ SUPERVISORS NAME: _____

ADDRESS: _____ PHONE: (____) _____

POSITION HELD: _____ FROM: _____ TO: _____ PAY: _____
MONTH / YEAR MONTH / YEAR

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? ___ YES ___ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? ___ YES ___ NO

REASON FOR LEAVING: _____

COMPANY: _____ SUPERVISORS NAME: _____

ADDRESS: _____ PHONE: (____) _____

POSITION HELD: _____ FROM: _____ TO: _____ PAY: _____
MONTH / YEAR MONTH / YEAR

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? ___ YES ___ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? ___ YES ___ NO

REASON FOR LEAVING: _____

COMPANY: _____ SUPERVISORS NAME: _____

ADDRESS: _____ PHONE: (____) _____

POSITION HELD: _____ FROM: _____ TO: _____ PAY: _____
MONTH / YEAR MONTH / YEAR

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? ___ YES ___ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? ___ YES ___ NO

REASON FOR LEAVING: _____

COMPANY: _____ SUPERVISORS NAME: _____

ADDRESS: _____ PHONE: (____) _____

POSITION HELD: _____ FROM: _____ TO: _____ PAY: _____
MONTH / YEAR MONTH / YEAR

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? ___YES ___NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? ___YES ___NO

REASON FOR LEAVING: _____

COMPANY: _____ SUPERVISORS NAME: _____

ADDRESS: _____ PHONE: (____) _____

POSITION HELD: _____ FROM: _____ TO: _____ PAY: _____
MONTH / YEAR MONTH / YEAR

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? ___YES ___NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? ___YES ___NO

REASON FOR LEAVING: _____

COMPANY: _____ SUPERVISORS NAME: _____

ADDRESS: _____ PHONE: (____) _____

POSITION HELD: _____ FROM: _____ TO: _____ PAY: _____
MONTH / YEAR MONTH / YEAR

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? ___YES ___NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? ___YES ___NO

REASON FOR LEAVING: _____

COMPANY: _____ SUPERVISORS NAME: _____

ADDRESS: _____ PHONE: (____) _____

POSITION HELD: _____ FROM: _____ TO: _____ PAY: _____
MONTH / YEAR MONTH / YEAR

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? ___YES ___NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? ___YES ___NO

REASON FOR LEAVING: _____

DRIVER'S LICENSE # _____ STATE ISSUING _____ EXP. DATE _____ SOCIAL SECURITY # _____ - - _____

CDL CLASS RESTRICTIONS ENDORSEMENTS DATE OF BIRTH

DRIVING EXPERIENCE:

TYPE OF EQUIPMENT	YEARS OF DRIVING THIS TYPE
FLATBEDS	_____
STRAIGHT TRUCKS	_____
TRACTORS	_____
SEMITRAILERS	_____
DOUBLES (PUPS)	_____
OTHER: _____	_____

ACCIDENTS:

Below is a list of all accidents that I have had in the previous 3 years preceding the date of this application:

DATE OF ACCIDENT	NATURE OF ACCIDENT	INJURIES	FATALITIES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRAFFIC VIOLATIONS:

Below is a listing of all traffic violations of motor vehicle laws or ordinances of which I was convicted or forfeited bond or collateral during the 3 years preceding the date of this application (excluding parking violations):

DATE	OFFENSE	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAVE YOU EVER HAD A DENIAL, REVOCATION, OR SUSPENSION OF ANY LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE THAT HAS BEEN ISSUED TO YOU? _____ (IF YES, EXPLAIN FACTS BELOW)

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

This Company does not discriminate on the basis of race, color, religion, creed, national origin, sex, or ancestry, or on the basis of age. No questions on this application is intended to secure information to be used for such discrimination.

This application will be given every consideration, but its receipt does not imply that the applicant will be accepted.

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative consumer report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my driver qualification file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

NOTE TO APPLICANT: You have the right to review the information obtained from previous employers, to correct errors in that information and rebut perceived incorrect information. You must submit to us, within 30 days, a written request for this information. We will have this available for you, at our place of business, within 5 days, from your request or within 5 days of having received the information from the previous employer. The previous employer will have 15 days to respond to your request for a correction of erroneous information. If you choose to submit a rebuttal, the previous employer has 5 days to forward the rebuttal to us (prospective employer) and they are to append a copy of the rebuttal to the your permanent safety and performance history.

DATE

APPLICANT SIGNATURE