

PD BDX 607 ★ LDCKNEY, TX ★ 79241 806.652.2152 ★ FAX: 806.652.2632

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, or non-job related disability. Answer all questions – please print.

	Date of Application:			cation:
Position (s) Ap	oplied for:			
Name			Social Security No)
Last	First	Middle	j	
List your addre	ess of residency for t	he past 3 years.		
Current Addre	SS			
	Street	Street		City How Long?
	State	Zip Code	11011 c	How Long!
Previous Addresses				How Long?
1144145545	Street	City	State & Zip Code	110 \(\text{Doing} \).
				How Long?
	Street	City	State & Zip Code	
				How Long?
	Street	City	State & Zip Code	
Do you have Date of Birth (Required for True	/			re?
		g Your CDL Licen Doubles		ther
Do you have	your TWIC Card?	YES NO_		
Is your DOT	Physical Current?	YES NO _	Expiration D	ate:
Are you curre	ently employed? Y	YES NO If not, he	ow long since leavi	ng last employment?
Who referred	you?		Rate of	pay expected
Have you eve	er been convicted o	of a felony?N	o,Yes: Exp	lain

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer			Date			
Name:	1 2		From To	0		
Address:			Mo. Yr. M Position Held	lo. Yr.		
	Stata	7in	Salary/Wage			
Contact Person	City: State: Zip		Reason for Leaving			
Type of Equipment You	Phone #:		reason for Beaving			
Type of Equipment To			Date			
Name:	Employer		From To			
Name.			Mo. Yr. M	lo. Yr.		
Address:			Position Held			
City:	State:	Zip	·	Salary/Wage		
Contact Person	Phone #:		Reason for Leaving			
Type of Equipment You	u Operated:					
	Employer		Date			
Name:			From To Mo. Yr. M	o Io. Yr.		
Address:			Position Held			
City:	State:	Zip	Salary/Wage	Salary/Wage		
Contact Person	Phone #:	•	Reason for Leaving			
Type of Equipment You	u Operated:					
<u> </u>	Employer		Date			
Name:	1 5		From To			
A 11			Mo. Yr. M Position Held	lo. Yr.		
Address:	Ct. 1	7.	Salary/Wage			
City:	State:	Zip	Reason for Leaving			
Contact Person	Phone #:		Reason for Leaving			
Type of Equipment You						
XX	Employer		From To			
Name:				lo. Yr.		
Address:			Position Held			
City:	State:	Zip	Salary/Wage			
Contact Person	Phone #:		Reason for Leaving			
Type of Equipment You			1			
Employer			Date			
Name:	r ·J·		From To			
Address:			Position Held	<u> </u>		
City:	State:	Zip	Salary/Wage			
Contact Person Phone #:			Reason for Leaving			
Type of Equipment You			I			
Employer			Date			
Name:	2p10 j 0 1		From To			
			Mo. Yr. M Position Held	lo. Yr.		
Address:	C : :	7.				
City:	State:	Zip	Salary/Wage			
Contact Person	Phone #:		Reason for Leaving			
Type of Equipment You						
*Includes vehicles having a	GVRW of 26 001 lbs or	r more vehicles des	igned to transport 15 or more passeng	ere or any size		

^{*}Includes vehicles having a GVRW of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS/ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months require each driver it employs to prepare and furnish it with a list of violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account o any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

COMILETED DI	DRIVER - CERTI	TICATION OF V	IOLATIONS			
Name of Driver: (Print)	Social Security Nur	mber	Date of Employment			
Home Terminal (City and State)	Driver's License N	umber State	Expiration Date			
		00 11 1				
I certify that the following is have provided under Part 38						
months. (If you have had no			conateral during the past 12			
Date	Offense	Location	Type of Vehicle			
Do you have any surcha	rges or encumbrances ag	ainst your license that o	could affect the status of			
your CDL License?	No Yes, Exp	-				
			orfeited bond or collateral on			
			equired to be listed during the			
past 12 months.			J			
•						
Date of Certification	Driver Sign	nature				
COLUBY EMED DY 140	TOD CARRIED AND	WALL DELIZED OF D				
COMPLETED BY MO	TOR CARRIER – ANN	<i>UAL REVIEW OF D</i>	RIVING RECORD			
MOTOR CARRIER INST	TRUCTIONS: REVIEW O	CERTIFICATION OF V	IOLATIONS LISTED			
ABOVE AND OTHER INFORMATION DESCRIBED IN SECTION 391.25 OF THE FEDERAL						
MOTOR CARRIER SAF	ETY REGULATIONS. C	OMPLETE INFO REQU	JESTED BELOW.			
-	•	ove named driver in acco	rdance with Section 391.25			
and find that he/she (check						
Meets minimum require	_					
	n motor vehicle pursuant to					
	et satisfactory safe driving	g performance				
Action taken with driver:						
Reviewed by:						
Signature Signature		Date	2			
						
Printed Name	<u>,</u>	Title	2			
Motor Carrier Name		Mot	or Carrier Address			

 \star

INVESTIGATION INTO PREVIOUS EMPLOYMENT

Date//	P.O. Box 607, Lockney, TX 79241 (806) 652-2152 Phone (806) 652-2632 FAX
PREVIOUS EMPLOYER: Company:	
Nome/Title:	
Address:	
City/State/Zip	
Phone No.	
Mr./Mrs/Miss, Social Secur company for a position as a driver and states that he/she was from/ to/ review it within 30 days of the date the driver's employment	ity No, has applied to our employed by your company as a We must obtain this information from you and
review it within 30 days of the date the driver's employment	begins. Your reply will be held in strict confidence.
Sincerely, Signature of Co.	mpany Official
Release Auth I am authorizing you to release any and all information regarding m employed by your company. You are released from any and all liab You are hereby authorized to give the information requested to the p	y employment history, service, and conduct while I was bility, which may result from furnishing such information.
Driver Signature	/
NOTE: The info may be obtained by personal interviews, telephone interviews, by ma	= ****
Is employment record with your company correct as state If no, please state correct information	above? YESNO
2. What kind(s) of work did he/she do?	
3. Did he/whe have custody of money or valuables?	Were his/her accounts properly kept?
4. If employed as a driver, specify what type of equipment w	vas driven
5. Was the above named person ever involved in any preven If yes, how many and explain	table accidents? Yes NO
6. The reason for leaving your employment was a result of: DISCHARGELAID OFFRESIGN 7. Was his/her general conduct satisfactory?YES	NO OTHER
8. Would you ever consider rehiring this person? YES _	NO
9. Was he/she a safe and efficient driver? YESNO	
10. Did he/she keep your equipment clean in good repair? Y	YES NO
11. Do you have any additional comments on the above nam questions?	
Previous Employers Signature	/
r - J O	

EXPERIENCE AND QUALIFICATIONS

Show any trucking, transportation of other experience that may help in your work for this company	·
List courses and training other than shown elsewhere in this application.	
List special equipment or technical materials you can work with. List type of trailer and equipment have operated in the past.	t you
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 true and complete to the best of my knowledge. I authorize you to make such investigations and in of my personal, employment, financial or medical history and other related matters as my be necessarriving at an employment decision. (Generally, inquiries regarding medical history will be made and after a conditional offer of employment has been extended.) I hereby release employers, school health car 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 misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company.	e or
Date Applicants Signature	_

**Please include a copy of your Drivers License and DOT Physical Card with completed application.