



PO BOX 607 ★ LOCKNEY, 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: _____

Position (s) Applied for: _____

Name _____ Social Security No. _____
Last First Middle

List your address of residency for the past 3 years.

Current Address _____
Street City
Phone How Long? _____
State Zip Code

Previous Addresses
How Long? _____
Street City State & Zip Code
How Long? _____
Street City State & Zip Code
How Long? _____
Street City State & Zip Code

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____
(Required for Truck Drivers)

Check All That Apply Regarding Your CDL License Endorsements:
Haz-Mat ____ Tanker ____ Doubles ____ Triples ____ Other _____

Do you have your TWIC Card? YES ____ NO ____

Is your DOT Physical Current? YES ____ NO ____ Expiration Date: _____

Are you currently employed? YES NO If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been convicted of a felony? ____ No, ____ Yes: Explain _____

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:		From Mo. Yr.	To Mo. Yr.
Address:		Position Held	
City:	State: Zip	Salary/Wage	
Contact Person	Phone #:	Reason for Leaving	
Type of Equipment You Operated:			
Employer		Date	
Name:		From Mo. Yr.	To Mo. Yr.
Address:		Position Held	
City:	State: Zip	Salary/Wage	
Contact Person	Phone #:	Reason for Leaving	
Type of Equipment You Operated:			
Employer		Date	
Name:		From Mo. Yr.	To Mo. Yr.
Address:		Position Held	
City:	State: Zip	Salary/Wage	
Contact Person	Phone #:	Reason for Leaving	
Type of Equipment You Operated:			
Employer		Date	
Name:		From Mo. Yr.	To Mo. Yr.
Address:		Position Held	
City:	State: Zip	Salary/Wage	
Contact Person	Phone #:	Reason for Leaving	
Type of Equipment You Operated:			
Employer		Date	
Name:		From Mo. Yr.	To Mo. Yr.
Address:		Position Held	
City:	State: Zip	Salary/Wage	
Contact Person	Phone #:	Reason for Leaving	
Type of Equipment You Operated:			
Employer		Date	
Name:		From Mo. Yr.	To Mo. Yr.
Address:		Position Held	
City:	State: Zip	Salary/Wage	
Contact Person	Phone #:	Reason for Leaving	
Type of Equipment You Operated:			
Employer		Date	
Name:		From Mo. Yr.	To Mo. Yr.
Address:		Position Held	
City:	State: Zip	Salary/Wage	
Contact Person	Phone #:	Reason for Leaving	
Type of Equipment You Operated:			

*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.

INVESTIGATION INTO PREVIOUS EMPLOYMENT

Date: ____/____/____

MOTOR CARRIER: Thomas Trucking
P.O. Box 607, Lockney, TX 79241
(806) 652-2152 Phone (806) 652-2632 FAX

PREVIOUS EMPLOYER:

Company: _____

Name/Title: _____

Address: _____

City/State/Zip _____

Phone No. _____

Mr./Mrs/Miss _____, Social Security No ____ - ____ - ____, has applied to our company for a position as a driver and states that he/she was employed by your company as a _____ from ____/____/____ to ____/____/____. 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 Company Official

Release Authorization

I am authorizing you to release any and all information regarding my employment history, service, and conduct while I was employed by your company. You are released from any and all liability, which may result from furnishing such information. You are hereby authorized to give the information requested to the person named above.

Driver Signature

____/____/____
Date

NOTE: The info may be obtained by personal interviews, telephone interviews, by mail, or by any other method the motor carrier deems appropriate.

1. Is employment record with your company correct as state above? YES ____ NO ____
If no, please state correct information. _____
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 was driven. _____
5. Was the above named person ever involved in any preventable accidents? Yes ____ NO ____
If yes, how many and explain _____
6. The reason for leaving your employment was a result of:
DISCHARGE _____ LAID OFF _____ RESIGNED _____
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? YES ____ NO ____
10. Did he/she keep your equipment clean in good repair? YES ____ NO ____
11. Do you have any additional comments on the above named person's employment history or to any of the above questions? _____

Previous Employers Signature

____/____/____
Date

EXPERIENCE AND QUALIFICATIONS

Show any trucking, transportation or 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 you have operated in the past.

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. 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 understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicants Signature

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