

FASTSHOT HOTSHOT, LLC

1032 Virgie Community Rd.
Magnolia, TX 77354
281-252-7099

APPLICANT INFORMATION

Name: _____ Date: _____

Phone: _____ Emergency Contact Name & Number: _____

Date of Birth: _____ Social Security Number: _____

Medical Card Expiration Date: _____ Available to Start: _____

Current and Previous 3 years Addresses:

_____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

Position Applying for: Please check one

Company Driver Owner Operator

Have you worked for this company before? _____ Yes _____ No

If yes, when _____ Reason for leaving: _____

Education History

Please check your highest level of Education:

High School Diploma / GED or Equivalent

Some College

2 or 4 year Degree

EMPLOYMENT HISTORY

Give a complete record of all employment for the past 3 years, including any unemployment or self-employment periods and all commercial driving experience for the past 10 years.

From: _____ To: _____ Present or Last Employer Name: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Company Phone: _____

Were you subject to the FMCSRs while employed there? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? _____ Yes _____ No

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EMPLOYMENT HISTORY CONTINUED

From: _____ To: _____ Present or Last Employer Name: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Company Phone: _____

Were you subject to the FMCSRs while employed there? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? _____ Yes _____ No

From: _____ To: _____ Present or Last Employer Name: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Company Phone: _____

Were you subject to the FMCSRs while employed there? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? _____ Yes _____ No

From: _____ To: _____ Present or Last Employer Name: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Company Phone: _____

Were you subject to the FMCSRs while employed there? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? _____ Yes _____ No

From: _____ To: _____ Present or Last Employer Name: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Company Phone: _____

Were you subject to the FMCSRs while employed there? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? _____ Yes _____ No

From: _____ To: _____ Present or Last Employer Name: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Company Phone: _____

Were you subject to the FMCSRs while employed there? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? _____ Yes _____ No

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Driving Experience:

Straight Truck From: _____ To: _____ Approx. # of Miles: _____

Tractor & Semi Trailer From: _____ To: _____ Approx. # of Miles: _____

Tractor & 2 Trailers From: _____ To: _____ Approx. # of Miles: _____

Other From: _____ To: _____ Approx. # of Miles: _____

List States operated in for the last 5 years: _____

List special courses/ training completed (PTD/DDC, HAZMAT, ETC) _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for the past 3 years: (Attach sheet if more space is needed)

Date of Accident _____ Nature of Accident _____ Location _____
of Fatalities _____ # of People Injured _____

Date of Accident _____ Nature of Accident _____ Location _____
of Fatalities _____ # of People Injured _____

Date of Accident _____ Nature of Accident _____ Location _____
of Fatalities _____ # of People Injured _____

Traffic Convictions and Forfeitures for the last 3 years (other than parking violations)

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

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

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

Driver's License (list each driver's license held in the past 3 years:

State: _____ License: _____ Type: _____ Endorsements: _____ Exp. Date _____

State: _____ License: _____ Type: _____ Endorsements: _____ Exp. Date _____

State: _____ License: _____ Type: _____ Endorsements: _____ Exp. 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

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? ___ Yes ___ No

Have you ever been convicted of a felony? ___ Yes ___ No

If you answered "Yes" to any questions listed above please explain _____

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JOB REFERENCES

List 3 persons for references, other than family members, who have knowledge of your safety habits

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

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 investigating 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 application file.

It is agreed and understood that this application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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: _____

Remarks: (Office use only)

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Please submit a **clear copy** of your Driver's License with application. This will be used to pull your Motor Vehicle Record (MVR). Please make sure your Driver's License is the most current as we need the audit number at the bottom of your license for MVR. The audit number changes every time you get a new license so please make sure it is the most current as **any old audit numbers will not work.**

You may submit the copy of your Driver's License as an image or PDF.

Please submit application, copy of Driver's License and any additional questions to:

fastshot.hiring@gmail.com