

CAL TEX TRANSPORTATION, INC.
15118 Boudreaux Rd, Tomball, TX 77377
Phone: 713-856-6259- Fax: 713-856-7599

DQ1



Applicant Name _____

Date of Application _____

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, veteran status, non-job related disability or any protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as 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.

I understand that information I provide regarding current and/or previous employers may be used and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 40 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provide by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____

Date _____

FOR COMPANY USE

PROCESS RECORD

Applicant Hired _____

Rejected _____

Date Employed _____

Point Employed _____

Department _____

Classification _____

(If rejected Summary Report of Reason Should Placed In Filed)

Signature of Interviewing Officer _____

TERMINATION OF EMPLOYMENT

Date Terminated _____

Department Released From _____

Dismissed _____

Voluntarily Quit _____

Other _____

Termination Report Placed in File _____

Supervisor _____

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Position(s) Applied to _____

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Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

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

Email Address _____

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

Do you have the legal right to work in the United States? _____ Date of Birth _____ Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Date : From: _____ To: _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Are you now employed? _____ If not how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

 If yes, explain if you wish

EMPLOYMENT HISTORY

All drive 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	TO
			MO _____	MO _____
ADDRESS			YR _____	YR _____
CITY	STATE	ZIP	Position Held	
CONTACT PERSON			Salary Wage	
PHONE NUMBER			Reason for Leaving	
Were you subject to the FMCSRs* while employed? Yes _____ 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? Yes _____ No _____				

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EMPLOYMENT HISTORY

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EMPLOYER	DATE
NAME:	MO _____ MO _____ YR _____ YR _____
ADDRESS	Position Held
CITY STATE ZIP	Salary Wage
CONTACT PERSON PHONE NUMBER	Reason for Leaving
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*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quality requiring placarding.

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ACCIDENT RECORD FOR PAST 3 YEARS OR MORE ATTACH SHEET IF MORE SPACE IS NEEDED (If None write **NONE**)

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DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES	HAZARDOUS
	(HEAD REAR END UPSET, ETC)			MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OTHER PARKING VIOLATIONS (If none write **NONE**)

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS- DRIVE

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

DRIVER LICENSES	STATE	LICENSE NO	TYPE	EXPIRATION DATE

A Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B Has any license permit or privilege ever suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATE		APPROX. NO OF MILES TOTAL
		FROM (M/Y)	TO (M/Y)	
Straight Truck YES _____ NO _____	(Van, Tank, Flat, Dump, Reef)			
Tractor and Semi- Trailer YES _____ NO _____	(Van, Tank, Flat, Dump, Reef)			
Tractor Two Trailers YES _____ NO _____	(Van, Tank, Flat, Dump, Reef)			
Tractor Three Trailers YES _____ NO _____	(Van, Tank, Flat, Dump, Reef)			

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

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

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS-OTHER

SHOW ANY TRUCKING TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED: (NAME) (CITY STATE)

TO BE REAL 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.

Signature: _____ Date: _____