



LLC

1719 Leann LN, Irving TX 75061, MC: 1478633 DOT: 3963148 C: 214-223-3352 F: 214-223-3359

Driver's Application For Employment

Applicant Name _____ Date of Application _____

Company _____

Address _____

City _____ State _____ Zip Code _____

In compliance with Federal and State equal employment opportunities 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 other 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 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 personal 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 49 CFR 391.23(d) and (e). I understand that I have the right to:

- * Review information provided 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 REASONS SHOULD BE PLACED IN FILE)



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SIGNATURE OF INTERVIEWING AGENT

TERMINATION OF EMPLOYMENT

DISMISSED

DATE TERMINATED

DEPARTMENT RELEASED FROM

VOLUNTARILY QUIT

OTHER

TERMINATION REPORT PLACED IN FILE

SUPERVISOR

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for

Last Name

First Name

Middle

SSN

List your addresses for the past 3 years.

Current

Address

City

State

Addresses

Zip

Phone

How Long?

Previous Addresses



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Address City State Zip How Long?
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Do you have the legal right to work in the United States?
Date of Birth (Required for Commercial Drivers) Can you provide proof of age?
Have you worked for this company before? Where?
Dates: 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.

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 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.)

Table with columns EMPLOYER and DATE. Fields include Name, Address, City, State, Zip, Contact Person, Phone Number, Position Held, Salary/Wage, Reason For Leaving, and safety-sensitive function requirements.



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EMPLOYMENT HISTORY (continued)



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EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			



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*Includes vehicles having GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in the quantity requiring placarding.

^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 10,0001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD for past 3 years or more (attach sheet if more space is required). If non, write none.

Table with 5 columns: Nature of Accident, Hazardous Dates, Fatalities, Injuries, Material Spill. Rows for Last Accident, Next Previous, Next Previous.

TRAFFIC CONVICTIONS and forfeitures for the past 3 years (other than parking violations). If none, write none.

Table with 4 columns: Location, Date, Charge, Penalty. Three empty rows for data entry.

(Attach sheet if more space is required) EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

Table with 4 columns: State, Licence Number, Type, Expiration Date. Rows for DRIVER and LICENSES.

- A. Have you ever been denied a licens, permit or privilege to operate a motor vehicle?
B. Has any license, permit or privilege ever bee suspended or revoked?
IF THE ANSWER IS TO EITHER A OR B IS YES, GIVE DETAILS

Empty rectangular box for providing details for questions A and B.

DRIVING EXPERIENCE check yes or no

Table with 6 columns: Class of Equipment, Equipment Type, From, Dates, To, Appox. No. of Miles (Total). Rows for Straight Truck, Tractor and Semi-Trailer, Tractor - Two Trailers, Tractor - Three Trailers, Motorcoach - School Bus, Motorcoach - School Bus, Other.

List states operated in for last five years:

Which safe driving awards do you hold and from whom?



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EXPERIENCE AND QUALIFICATIONS - OTHER

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 the application

List special equipment or technical materials you can work with (other than already shown)

EDUCATION

Highest Grade Completed _____ Last School Attended & Location (city & state)

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.

Signature:

Date: