

# Application for Employment

Date: \_\_\_\_\_

In compliance with Federal and State EEOC laws, qualified applicants are considered for all positions regardless to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.



**Willda Beast LLC**  
15823 FM 244 Iola, TX 77861



Name \_\_\_\_\_  
(First) (Middle) (Maiden Name, if any) (Last)

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

Telephone # \_\_\_\_\_ Social Security Number \_\_\_\_\_  
How Long? \_\_\_\_\_

Addresses \_\_\_\_\_  
(Street) (City) (State & Zip Code)  
For Past \_\_\_\_\_  
Three Years \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & Zip Code)  
(Attach Sheet If More Space Needed)

Position applying for \_\_\_\_\_ Temporary \_\_\_\_\_ Part-Time \_\_\_\_\_ Fulltime \_\_\_\_\_

Who referred you \_\_\_\_\_ Rate of pay Expected \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ If yes what dates To: \_\_\_\_\_ From \_\_\_\_\_

Where: \_\_\_\_\_ Rate of pay \_\_\_\_\_ Position \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If no, how long since leaving last employer? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Please explain \_\_\_\_\_

Were you ever in the United States Armed Forces? \_\_\_\_\_ Dates \_\_\_\_\_

If yes, which Branch of Service \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## TO BE READ AND SIGNED BY ALL APPLICANTS

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. I hereby release employers, schools, health care providers, and their employees from all liability in responding to inquiries and releasing information in connection with my application.

I understand that false or misleading information given in my application or during an interview may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO BE READ AND SIGNED BY DRIVER APPLICANT ONLY

I understand that the information I provide regarding current and/or previous employers may be used, and that all employer(s) within the past 3 years will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(a)(2). I understand that I have the right to :

- A) Review information provided by previous employers;
- B) Have errors in the information corrected by previous employers and for that previous employers to re-send corrected information to prospective employer; and
- C) 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 \_\_\_\_\_

The U.S. Department of Transportation requires that all driver applicants give their date of birth (FMCSR 391.21 (b)(2))

Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

## Driver Experience and Qualifications

(complete for Driver Positions Only)

<b>License</b>	License Type	State	Expiration Date	Number
List all Driver's license(s) held within the last 3 years				
	If you have CDL, list CDL endorsements:			
	Has your license(s) ever been denied renewal, revoked or suspended?    [ ] Yes [ ] No			
	If yes, Please explain:			
	License Type	Action Taken	Date	Reason
<b>Experience</b>	If no driving experience within last 3 years - check here <input type="checkbox"/>			
Indicate number of years' experience and types of vehicle (trucks, tractors, semi-trailers, buses etc.)	Years	Type of Vehicle		
<b>Accidents</b>	If No accidents within the last 3 years - check here <input type="checkbox"/>			
Please indicate all accidents (company and personal during the past 3 years)	Date	Nature of Accident (head-on, Rear-end, Sideswipe, etc.)	Injury/Fatalities	Hazardous materials spill
				<input type="checkbox"/> Yes <input type="checkbox"/> NO
				<input type="checkbox"/> Yes <input type="checkbox"/> NO
				<input type="checkbox"/> Yes <input type="checkbox"/> NO
<b>Violations</b>	If no traffic convictions and/or forfeitures in the last 3 years - check here <input type="checkbox"/>			
List all moving violations (company and personal) during the last 3 years (other than parking)	Date	Offense	Location	Fine/Determination
<b>Training</b>	Date	Location	Course Type / Conducted By	
Please indicate driver safety training programs completed:				
<b>Awards</b>	Date	Location	Type of Award	Organization
Please indicate all safe driving awards you've received:				

### Employment Record

DOT requires that all applicants wishing to drive a commercial motor vehicle must provide the following information on all previous employers during the proceeding 3 years. You must give the same information for whom you have driven a commercial motor vehicle for an additional 7 years.

**You are required to list the complete address: Street number and name, city state and zip code.**

**Any gaps in employment and/or unemployment must be explained.**

Current or Last Employer: Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State and Zip Code)

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)?     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

Account for time between jobs (month/year) and reason \_\_\_\_\_

**Employment continued**

Second Last Employer: Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State and Zip Code)

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)?  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

Account for time between jobs (month/year) and reason \_\_\_\_\_

Third Last Employer: Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State and Zip Code)

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)?  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

Account for time between jobs (month/year) and reason \_\_\_\_\_

Fourth Last Employer: Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State and Zip Code)

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)?  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

Account for time between jobs (month/year) and reason \_\_\_\_\_

Fifth Last Employer: Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State and Zip Code)

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)?  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

For additional employers please use additional sheet following same format

**Hepatitis Program-please indicate your decision by selecting one of the below**

Yes, I want to receive Hepatitis B Vaccines and participate in the program

No, I do not want to receive the Hepatitis B Vaccine and do so at my own risk

**APPLICANT MUST READ AND SIGN**

This certifies that this application was completed by me, and that all entries on it and the information in it are true and complete to the best of my knowledge.

Applicant signature

Date

