



Application for Employment

The following information is requested in order to help make the best possible placement within the company and we appreciate the time you spend filling out this application. Applicants are considered without regard to age, race, religion, sex, national origin, marital status and the pressure of a non-job related medical condition, handicap or arrest record.

Date of Application _____ Date you are available to start work? _____

Position(s) Applied For _____ Starting Salary Expected _____

Available to work: Full-Time _____ Part-Time _____ Temporary/Contract Labor _____

Name:

(First) (Middle) (Last)

Address:

(Number & Street) (City) (State) (Zip Code)

Home Ph # (_____) _____ Cell Ph # (_____) _____

Are you 18 years of age or older? Yes/No

(If hired, proof of age will be required (State ID, Birth Certificate, Etc)

Have you ever been employed here before? Yes/No If Yes, date _____

Are you currently employed anywhere? Yes/No

Are you on a lay-off and subject to recall? Yes/No

Will you accept any shift assignment? Yes/No

Can you travel if a job requires it? Yes/No If Yes, how often _____%

Have you ever been convicted of a crime? Yes/No

(Conviction will not necessarily disqualify applicant from employment)

If yes, please explain conviction: _____

If you are licensed to practice any trade or profession, or have a TWIC, CDL, etc please list:

State names of relatives and/or friends working for Texas Stress, Inc. (If applicable)

EDUCATION High School College/University Graduate/Professional
 School Name: _____
 City & State: _____
 Years Completed 9 10 11 12 9 10 11 12 9 10 11 12
 Other (GED, Etc.): _____
 Diploma/Degree: _____
 Course of Studies: _____
 Foreign language skills: Language _____, ability to: Speak ____ Read ____ Write ____

PREVIOUS THREE YEARS RESIDENCY

 (STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

 (STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

 (STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM	TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES NO
				YES NO
				YES NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES ____ NO ____

If yes, explain _____

EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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.

"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 current/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."

DATE

APPLICANT'S SIGNATURE

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

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

If you are to be hired by the Company, you will be required to attest to your identity and employment eligibility and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclose. In addition, I release the Company and former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigations or disclosure.

I understand and agree that nothing contained in this application or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment to the extent permitted by law is contingent upon satisfactory medical examinations and drug test and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate that there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Applicant Signature _____

Printed Name _____

Date _____

****TO BE FILLED IN BY TEXAS STRESS HIRING MANAGER****

Employment Type: Full-Time Part-Time Temporary/Contract Labor

Starting Rate of Pay _____

Comments regarding employment: _____

Manager's Signature _____

To be signed by Emp. after filled in by Mgr. _____

****TO BE FILLED IN BY EMPLOYEE ONLY IF HIRED****

SS# _____ - _____ - _____ Date of Birth _____

Drivers License # _____ State _____ Expiration Date _____

Email: _____

If you are unavailable or out of town working we will email you company info./documents when possible. (For ex. Insurance forms, 401K/Roth info., updates, etc)

In case of an Emergency please list a contact below:

Name _____ Relationship _____

Phone # (_____) _____ Alt. Phone # (_____) _____

Address _____