



# Total Equipment And Service

4801 Glen Rose Highway  
Granbury, Texas 76048

## Application for Employment

### Personal Information

Name:	Application Date:
Home Phone:	Cell Phone:
E-Mail Address:	

### License Information

Section 383.21 FMCSA 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 NUMBER	TYPE	EXPIRATION DATE

Current Street Address:

City:	State:	Zip:
How Long at Current Address:	List Addresses for Past Three Years Below	
Address:	How Long?	
Address:	How Long?	

Are you 18 Years or Older?  Yes  No      Are You Eligible to Work in the United States?  Yes  No

Please indicate your proficiency of English and/ or Spanish:

English:	<input type="checkbox"/> Speak/ Understand	<input type="checkbox"/> Read/ Write
Spanish:	<input type="checkbox"/> Speak/ Understand	<input type="checkbox"/> Read/ Write

In the past **seven (7)** years, have you been convicted of a felony or misdemeanor (not including traffic violations)?  
 Yes  No

If yes, please provide the date(s), nature of offense(s), sentences(s) imposed, and type(s) of rehabilitation. Answering "Yes" does not disqualify you; factors such as job relatedness, age of the offense, seriousness and nature of violation, and rehabilitation will be taken into account.

### Desired Employment

Location:  Granbury  Greenville

Desired Division:  Admin  Engineering  Purchasing  Fabrication  Assembly  Warehouse  Machine Shop

Position:	Date Available:	Salary Expected:
Are you currently employed?	Employer:	
May we contact your current employer?	<input type="checkbox"/> Yes, you may contact	<input type="checkbox"/> No, do not contact

Who Referred You to This Company? Please Check One. If a current employee referred you, please list their name.

<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Newspaper Advertisement	<input type="checkbox"/> Total Employee _____
<input type="checkbox"/> State Employment Office	<input type="checkbox"/> College Placement Office	<input type="checkbox"/> Walk-In <input type="checkbox"/> Other

### Education Records

Education Level	<input type="checkbox"/> High School	<input type="checkbox"/> Trade School	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate-Level	<input type="checkbox"/> Professional
Name/ Location of School:					
Number of Years Attended:	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Subject Studied, Majors, or Degree Types:					
Education Level	<input type="checkbox"/> High School	<input type="checkbox"/> Trade School	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate-Level	<input type="checkbox"/> Professional
Name/ Location of School:					
Number of Years Attended:	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Subject Studied, Majors, or Degree Types:					

## Employment Record

Applicants that desire to drive in intrastate/ interstate commerce must provide the following information on all employers during the previous three (3) years. You must provide the same information for all employers you have driven a commercial motor vehicle for the seven (7) years prior to the initial three years (total of ten (10) years of employment record.)

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

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDING 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

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDING DATES (MONTH/YEAR) AND REASON:

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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

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ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
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ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
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ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDING 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

**Driving Experience**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX NO. OF MILES (TOTAL)
		FROM	TO	

**Accident Record For Past 3 Years or More (Attach Sheet if More Space is Needed)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ECT)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILL
				YES NO
				YES NO
				YES NO

**Traffic Conviction and Forfeitures for the Past 3 Year (Other Than Parking Violations)**

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

**(ATTACH ADDITIONAL 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 \_\_\_\_\_

**Drug & Alcohol Information**

Have you ever tested positive, or refused to test, on a pre-employment, random, post-accident or reasonable suspicion drug or alcohol test administered by an employer to which you applied for or engaged in, safety sensitive (CDL) transportation work covered by DOT agency drug and alcohol testing rules? YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered yes to the above, you must provide copies of All Substance Abuse Professional referral, evaluation and treatment documentation. Please list date(s) of positive test results below.


**Notification and Agreement**

**Please Read the Following Statement and Subsequent Agreement Before Signing**

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applications for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era and individuals with a disability, any and other characteristics protected by Federal, State or Local law.

If hired, I agree to abide by all of the company rules and regulation(s), and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement of employment for any specified period of time or to make any change in the policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Executive Vice President, or to make any agreement contrary to the foregoing.

I understand that according to FMCSR section 391.15 (b)(2) and 383.33, I am required to notify the Company by the next business day of any license revocation or suspension.

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

**To Be Read and Signed By Applicant After Conditional Job Offer**

I authorize you to make such investigations and inquiries of my personal, employment 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 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.

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

I certify 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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**Application for Employment**

**Equal Employment Opportunity Form**

**Applicant Information**

Full Name:

\_\_\_\_\_  
Last First M.I.

Address:

\_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State Zip Code

Home Phone:

( ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Position Applied

for:

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

**Voluntary Information**

*This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.*

**Racial or Ethnic Group**

- American Indian/Alaskan       Asian/Pacific Islander       Black/African American  
 Hispanic/Latino       White/Caucasian       Other

**Gender**

- Female       Male

**Military Service**

- Pre-Vietnam Era       Vietnam Era  
 Post-Vietnam Era       Disabled Veteran

**How did you hear about this position?**

- Newspaper       Total Employee      Name of employee: \_\_\_\_\_  
 Job Fair       Placement Office       Web Site  
 Other \_\_\_\_\_       Professional Publication