



APPLICATION FOR EMPLOYMENT

PHONE NUMBER _____ **HOME** _____ **CELL** _____

NAME _____
 (First) (Middle) (Maiden Name if any) (Last)

ADDRESS _____ **HOW LONG?** _____
 (Street) (City) (State & Zip Code)

DATE OF BIRTH _____ **SOCIAL SECURITY NO.** _____

POSITION SOUGHT: _____ Available Start Date: _____

Desired Pay Range: _____ Are you currently employed? _____

ADDRESS FOR PAST THREE YEARS

_____ **HOW LONG?** _____
 (Street) (City) (State & Zip Code)

_____ **HOW LONG?** _____
 (Street) (City) (State & Zip Code)

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX # MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

ACCIDENT HISTORY

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (EXCEPT PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

YES _____ NO _____

Has any license, permit or privilege ever been suspended or revoked?

YES _____ NO _____

NOTE: IF THE ANSWER TO EITHER QUESTION IS YES, ATTACH STATEMENT GIVING DETAILS

EMPLOYMENT RECORD

NOTE: DOT Requires that Employment for at least 3 years and/or Commercial Driving Experience for the Past 10 years be shown

PREVIOUS EXPERIENCE

Please list beginning from most recent

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

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.

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 requesting on behalf of business, organization, or other entity, please include the following:

Name of business, organization, entity, etc.: Bill Price Construction, Inc.

Your Title or affiliation with above: Secretary

Type of business, organization, etc.: Dirt Work
(i.e. insurance provider, private investigation firm, et.)

INFORMATION REQUESTED ON:

Texas Driver License# _____ Date of Birth(Month/Day/Year)_____

Last Name _____ First Name _____ Middle/Maiden _____

INDIVIDUAL'S WRITTEN CONSENT FOR ONE TIME RELEASE TO ABOVE REQUESTOR

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, _____, hereby certify that I grant access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc), to BILL PRICE CONSTRUCTION, INC.

Signature of License/ID Card Holder or Parent/Legal Guardian

Date

State and federal law requires requestors to agree to the following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Sect 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representation to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information pursuant to Texas Transportation Code 5730L013. Violation of that section may result in a criminal charge with the possibility of a \$5,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor

Date

DOT DRIVER APPLICATION

**ALONG WITH THIS APPRICATION WE
NEED THE FOLLOWING:**

A photocopy of your current CDL

Your Social Security Card

A completed I-9 Form

A copy of your Medical Exam Certificate

**(IF YOU DO NOT HAVE ONE YOU NEED TO LET US KNOW AND UPON EMPLOYMENT
WE WILL MAKE AN APPOINTMENT FOR YOUR TO GET ONE)**