



P.O. Box 3079
 Corsicana, Texas 75151
 Office: 903-874-6911 903-875-2341 Fax

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or non-job related disability.

APPLICANT INFORMATION				
Last Name	First	M.I.	D.O.B.	Date
Street Address 1537 James St.			Apartment/Unit #	
City	State		ZIP	
Phone	E-mail Address			
Date Available	Social Security No.		Desired Salary	
Position Applied for				
Who referred you?				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EXPERIENCE AND QUALIFICATIONS - DRIVER				
Driver Licenses	State	License Number	Type	Expiration Date

ACCIDENT RECORD			
Please record any accidents for the past three years. If none, write NONE.			
Dates	Nature of Accident	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS

Traffic convictions and forfeitures for the past 3 years (other than parking violations). If none, write NONE.

Locations	Date	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____
_____Has any license, permit or privilege ever been suspended or revoked? _____
_____**DRIVING EXPERIENCE**

Class of Equipment	Type Of Equipment	Dates from- Dates to	Approx. number of Miles
Straight Truck			
Tractor and Semi-trailer			
Tractor and Two Trailers			
Motor Coach – School Bus			
Other			

List States operated in for the last 5 years. _____
_____List any special equipment or technical materials you can work with (other than those already listed). _____

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving –	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in dismissal, regardless of the time lapse before discovery.

I authorize you to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be legally permitted in arriving at an employment decision. I hereby release employer, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

Signature	Date
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