



1900 E. 28<sup>th</sup> Street, Weslaco, Texas 78596  
(956) 968-1371 fax (956) 968-1841

**APPLICATION FOR EMPLOYMENT**

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion or national origin.

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

**PERSONAL INFORMATION**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers' License \_\_\_\_\_ Class \_\_\_\_\_

Current Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Phone \_\_\_\_\_ Referred By \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Date you can start \_\_\_\_\_

Salary Desired \_\_\_\_\_ Are you currently employed? ( ) yes ( ) no

May we contact your current employer? ( ) yes ( ) no

Have you ever applied with this company before? ( ) yes ( ) no

If yes, when? \_\_\_\_\_

**EDUCATION**

Name and Location of School                      Last year completed                      Did you graduate?

Grammar School \_\_\_\_\_ ( ) yes ( ) no

High School \_\_\_\_\_ ( ) yes ( ) no

College \_\_\_\_\_ ( ) yes ( ) no

Trade School \_\_\_\_\_ ( ) yes ( ) no

Special Skills or Qualifications \_\_\_\_\_ ( ) yes ( ) no

**FORMER EMPLOYERS**

List below your last four (4) employers, beginning with your last or current employer.

- 1.) Date (month & year): From \_\_\_\_\_ To \_\_\_\_\_  
Name of Previous or Current Employer: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Salary \_\_\_\_\_  
Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_
  
- 2.) Date (month & year): From \_\_\_\_\_ To \_\_\_\_\_  
Name of Previous Employer: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Salary \_\_\_\_\_  
Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_
  
- 3.) Date (month & year): From \_\_\_\_\_ To \_\_\_\_\_  
Name of Previous Employer: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Salary \_\_\_\_\_  
Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_
  
- 4.) Date (month & year): From \_\_\_\_\_ To \_\_\_\_\_  
Name of Previous Employer: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Salary \_\_\_\_\_  
Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**REFERENCES**

List three (3) people below whom you are not related to, that you have known for at least one (1) year.

- | <u>NAME</u> | <u>ADDRESS</u> | <u>PHONE</u> | <u>YEARS KNOWN</u> |
|-------------|----------------|--------------|--------------------|
| 1.) _____   | _____          | _____        | _____              |
| 2.) _____   | _____          | _____        | _____              |
| 3.) _____   | _____          | _____        | _____              |
- In case of and emergency  
notify \_\_\_\_\_
- | NAME | ADDRESS | PHONE | RELATIONSHIP |
|------|---------|-------|--------------|
|------|---------|-------|--------------|

**DRIVING RECORD**

During the last five (5) years have you had any of the following types of accidents, if so fill in the appropriate space if more space is needed attach an additional sheet of paper.

**AT FAULT ACCIDENTS**

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

**NON AT FAULT ACCIDENTS**

| DATE                | NATURE OF ACCIDENT<br>(HEAD-ON, REAR-END, UPSET, Etc.) | FATALITIES | INJURIES |
|---------------------|--|------------|----------|
| LAST ACCIDENT _____ | _____  | _____      | _____    |
| NEXT PREVIOUS _____ | _____  | _____      | _____    |

During the last three (3) years have you ever been convicted of any traffic violations or had any license or permit forfeitures (other than parking violations)? If yes, use the space below to list the incidents. Attach another sheet if more space is needed.

| LOCATION            | DATE  | CHARGE<br>(SPEEDING, ILLEGAL TURN, ETC.) | PENELTY<br>(FINE, SUSPENSION, Etc.) |
|---------------------|-------|--|-------------------------------------|
| LAST PREVIOUS _____ | _____ | _____                                    | _____                               |
| LAST PREVIOUS _____ | _____ | _____                                    | _____                               |
| LAST PREVIOUS _____ | _____ | _____                                    | _____                               |

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

**MOTOR VEHICLE  
DRIVER'S CERTIFICATION  
OF VIOLATIONS**

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past twelve (12) months.

| DATE  | OFFENSE | LOCATION | TYPE OF VEHICLE OPERATED |
|-------|---------|----------|--------------------------|
| _____ | _____   | _____    | _____                    |
| _____ | _____   | _____    | _____                    |
| _____ | _____   | _____    | _____                    |
| _____ | _____   | _____    | _____                    |
| _____ | _____   | _____    | _____                    |
| _____ | _____   | _____    | _____                    |
| _____ | _____   | _____    | _____                    |
| _____ | _____   | _____    | _____                    |
| _____ | _____   | _____    | _____                    |
| _____ | _____   | _____    | _____                    |

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the last twelve (12) months.

\_\_\_\_\_  
(DATE OF CERTIFICATION)

\_\_\_\_\_  
(DRIVER'S SIGNATURE)

\_\_\_\_\_  
(MOTOR CARRIER'S NAME)

\_\_\_\_\_  
(MOTOR CARRIER'S ADDRESS)

\_\_\_\_\_  
(REVIEWED BY: SIGNATURE)

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



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**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

*YOUR QUICK RESPONSE  
WILL BE APPRECIATED!*

**PLEASE RETURN COMPLETED FORM TO:**

TO: \_\_\_\_\_  
ATTN: \_\_\_\_\_  
FAX: \_\_\_\_\_

ATTN: A.C. Cuellar, III  
FAX: (956) 968-1841  
PHONE: (956) 968-1371

\_\_\_\_\_ S.S. # \_\_\_\_\_ has applied for a driving position with our company, J-III Trucking Company Inc., and listed you as a previous employer. Please return this completed request as soon as possible via fax. Your cooperation is greatly appreciated.

Thank you,

1. Dates of employment: \_\_\_\_\_ through \_\_\_\_\_.
  2. What kind of work did they perform? \_\_\_\_\_
  3. If employed as a driver, specify equipment driven: \_\_\_\_\_
  4. Was his/her work attendance satisfactory? ( ) Yes ( ) No
  5. Was general conduct satisfactory? ( ) Yes ( ) No
  6. Reason for leaving your employment? ( ) Discharged ( ) Laid off ( ) Resigned
  7. Would you re-employ? ( ) Yes ( ) No
  8. Number of vehicle accidents, chargeable and non-chargeable: \_\_\_\_\_
  9. If chargeable, please explain and please include dates: \_\_\_\_\_
- \_\_\_\_\_
10. Was the applicant's driver's license ever revoked or suspended? ( ) Yes ( ) No
  11. Number of traffic violations: \_\_\_\_\_

**AS REQUIRED BY FEDERAL MOTOR CARRIER SAFETY REGULATIONS PART 382.413**

12. In the previous two years has this person ever tested and confirmed positive for alcohol?  
( ) Yes ( ) No
13. In the previous two years has this person ever tested and been confirmed positive for any controlled substance? ( ) Yes ( ) No
14. Did this person ever refuse a drug or alcohol test in the past two years?  
( ) Yes ( ) No

DATE: \_\_\_\_\_ COMPANY: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

**APPLICANT'S AUTORIZATION TO REQUEST INFORMATION FROM PREVIOUS EMPLOYER**

I authorize the release of any information regarding my alcohol and controlled substance testing records by my former employer and hold them harmless of any liability due to the release of said information.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTIFICATION AND RELEASE**

In connection with my application for employment with J-III Trucking Co., Inc., I understand that a consumer report which may contain public record information is being requested by J-III Trucking Co., Inc. This report may include the following types of information: names and dates of previous employers, reason for termination of employment work experience, drug and alcohol test results (382.413), accidents, spills, mixtures, etc. I further understand that such report may contain public record information concerning my driving record, workers' compensation claims, criminal records, etc., from federal, state, and other local agencies which maintain such records.

I authorize without reservation, any party or agency contacted by J-III Trucking Co., Inc., to furnish the above mentioned information.

You are free from any and all liability which may result from furnishing such information.

I have also been fully informed by my potential employer that if employed I must first take a pre-employment drug and / or alcohol screening. I understand what I am being screened for, the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this screening will be forwarded to my employer and become part of my record.

If the screening result is positive J-III Trucking has the right to refuse employment.

**I also certify that this six (6) page application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge.**

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(SOCIAL SECURITY NUMBER)

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

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

