

**APPLICATION FOR CONTRACT
COMMERCIAL DRIVERS**

HLB Transportation

P.O. BOX 180536

DALLAS, TX 75218

214-343-7070

214-342-5680

This transportation company is an equal opportunity contractor in compliance with all Federal and State equal employment opportunity laws. Consideration of qualified applicants for any position is made without regard to the applicant's sex, race, color, national origin, marital status, age, religion or non-job related disability.

(Please print or type - answer all questions)

Date: _____

Position(s) applied for: _____

Name: _____ Date of Birth:

Last

First

Middle

Address: _____ Phone:

Street

City

State

Zip

Social Security Number:

Previous Address: _____ How Long at this address? _____

(Go back 3 years)

Street

City

State & Zip

Street

City

State & Zip

How Long at this address? _____

Can you be legally employed in the United States? _____ Do you have proof of age? _____
(Required for commercial drivers)

Have you ever been contracted by this company before? _____ If so, When? _____

What was your rate of pay? _____ Position held? _____

What was your reason for leaving? _____

Are you working now? _____ If not, How long since you were last employed? _____

What rate of pay are you expecting? _____ How did you here about this company? _____

May we contact your present employer? _____

After reviewing the job description, for what reasons might you be unable to perform the duties of the position for which you are applying? You may explain.

WORK HISTORY- PAST 10 YEARS

In Accordance with the FMCSR Section 383.35: The following employment history information for the 10 years preceding the date the application is submitted shall be presented to the prospective employer by the applicant: (1) A list of the names and addresses of the applicant's previous employers for which the applicant was an operator of a commercial motor vehicle; (2) The dates the applicant was employed by these employers; and (3) The reason for leaving such employment. The applicant shall certify that all information furnished is true and complete. Notice: The information provided may be used and previous employers may be contacted for the purpose of investigating the applicant's work history.

EMPLOYER:	CONTACT:	PHONE:
Date: From ___ / ___ / ___	Address: _____	
To ___ / ___ / ___	City: _____ State: _____ Zip: _____	
Position: _____	Reason for leaving: _____	
Salary: _____		

EMPLOYER:	CONTACT:	PHONE:
Date: From ___ / ___ / ___	Address: _____	
To ___ / ___ / ___	City: _____ State: _____ Zip: _____	
Position: _____	Reason for leaving: _____	
Salary: _____		

EMPLOYER:	CONTACT:	PHONE:
Date: From ___ / ___ / ___	Address: _____	
To ___ / ___ / ___	City: _____ State: _____ Zip: _____	
Position: _____	Reason for leaving: _____	
Salary: _____		

EMPLOYER:	CONTACT:	PHONE:
Date: From ___ / ___ / ___	Address: _____	
To ___ / ___ / ___	City: _____ State: _____ Zip: _____	
Position: _____	Reason for leaving: _____	
Salary: _____		

Driving Qualifications and Experience

LICENSES HELD:

State:	License No.	Type:	Expiration Date:
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EQUIPMENT EXPERIENCE:

Equipment Class (please check)	Equipment Type (Van, Flat, Tank, Reefer)	For How Long?	Total Miles (appx.)
Tractor & Semi-Trailer			
Tractor w/ Two Trailers			
Straight Truck			
Other			

In what States have you operated - past 3 years? _____

Have you ever had your license revoked or suspended? _____ If so, when and where? _____

Why?(please explain) _____

ACCIDENTS &

VIOLATIONS

ACCIDENTS PAST 3 YEARS (list most recent first - attach additional sheet if necessary)

Date: _____ Injuries? _____ Fatalities? _____ Type of Vehicle? _____ Describe: _____

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TRAFFIC CONVICTIONS PAST 3 YEARS (not parking violations)

Date: _____ Where? _____ Violation? _____ Penalty: _____

Date: _____ Where? _____ Violation? _____ Penalty: _____

Date: _____ Where? _____ Violation? _____ Penalty: _____

EDUCATION AND TRAINING

What was the highest grade you completed? _____ Where? _____

What special training have you recieved that will benefit you in this job? _____

Use this space to list any experience or knowledge you have, not covered previously, or to make any comments you wish:

READ THE FOLLOWING CAREFULLY AND SIGN BELOW

By signing this statement I certify that this contract application has been completed by me, and all of the entries provided are true, complete and accurate to the best of my knowledge. By signing below I also authorize this company to make such inquiries into my employment, financial, personal, or medical history as might be needed to make a contract decision. I understand that inquiries into my medical history are generally made after a job offer is made. I hereby release my former employers, healthcare providers and schools from any and all liability in making response to these inquiries and from releasing the requested information.

Applicant's Signature _____
Date

(Do not write below this line - for office use only)

APPLICATION RESULTS

Hired or Rejected? _____ contract Date: _____ Position: _____

If rejected, Why? _____

Date to start: _____ Starting Pay: _____

Comments, Complaints, etc... _____

Termination Date: _____ Quit or Dismissed? _____ Why? _____