

TexasT.N.T.



Texas Top Notch Trucking

14601 Bellaire Blvd #301
Houston Texas, 77083

Commercial Driver Owner Operator Application for Employment

Date: _____

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I. (month/date/year)

Current Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Cell: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Emergency Contact (name/phone/relation): _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain:

If yes, please explain. Conviction of a crime is not an automatic bar to employment- all circumstances will be considered.

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Employment Record

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 NO

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 NO

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 NO

Physical History

The Federal Motor Carrier Safety Regulations (49CFR391 Subpart S) require that all driver applicants pass certain physical test before they are hired to drive a motor vehicle.

Date of last Department of Transportation prescribed examination _____ Can you provide a copy _____

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? Yes No

Driver's License Information

Date that CDL was first issued: _____(mm/year)

Audit #: _____ (Audit Number can be found on your Texas DL, on the side of your picture or near the bottom of the driver license.)

	State	License Number	Type	Expiration date
Current Drivers License (past 3 Years)				

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

Yes No

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

Yes No

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?

Yes No

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Flatbed Gooseneck				
Other				
Other				

Type of Power Unit Owned

Quantity	Year	Make/Model	Vin Number	Yrs. Owned

Type of Trailer Owned

Quantity	Year	Make/Model	Vin Number	Yrs. Owned

Driver Experience and Qualifications (continued)
ACCIDENT HISTORY

Accident Review for the past 3 years (attach a separate sheet of paper if more space is needed).

Date	Nature of Accident (Head-On, Rear-End, Upset, etc.)	# Fatalities	# Injuries	# Vehicles Towed	Citation Issued?

MOTOR VEHICLE DRIVING RECORD (MVR)
Traffic Convictions and Forfeitures for the past 3 years other than parking violations.

Date	Location	Charge	Penalty

Alcohol and Controlled Substance Statement

The Federal Motor Carrier Safety Regulations (*49CFR391 Subpart E*) requires all persons with applying for a driving position requiring a commercial driver's license to answer the following questions:

1. Within the last two years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work?

Yes No
2. Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you preformed safety-sensitive transportation work?

Yes No
3. If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements?

Yes No

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 my release.

Signature: _____ Date: _____

