

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

**Employment Application**  
**87 Mund Lane, Como, TX 75431-9703**  
**903-488-9097 ext. 4      903-488-0003 fax**

Name \_\_\_\_\_  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden Name if any \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PREVIOUS THREE YEARS RESIDENCY**

Street _____	City _____	State _____	Zip _____	# Years _____
Street _____	City _____	State _____	Zip _____	# Years _____
Street _____	City _____	State _____	Zip _____	# Years _____

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

**LICENSE INFORMATION**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license. The information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES TOTAL
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

A. Have you ever been denied a license permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes explain \_\_\_\_\_

B. Has any license permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes explain \_\_\_\_\_