

MS SUPPLY HIGHWAY PRODUCTS LLC
805 Austin St.
Mason, TX 76856

APPLICANT INFORMATION

DATE _____ Position applying for: _____

NAME _____ PHONE _____

DATE OF BIRTH _____ SS# _____

PHYSICAL EXAM EXPIRATION DATE _____

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

_____ FROM _____ TO _____

_____ FROM _____ TO _____

_____ FROM _____ TO _____

EDUCATION HISTORY

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post Graduate: 1 2 3 4

EMPLOYMENT HISTORY

Give a COMPLETE RECORD of all employment for the past ten (10) years, including any unemployment or self employment periods and military service.

Present/Last Employer: _____ From: _____ To: _____

Position Held: _____ Address: _____

Reason for leaving: _____

Job Duties: _____

Telephone Number: _____ Immediate Supervisors Name: _____

Starting Rate: _____ Ending Rate: _____ Was your position subject to the FMCSR's? _____

Was your position subject to DOT alcohol & controlled substance testing? _____

Previous Employer: _____ **From:** _____ **To:** _____

Position Held: _____ **Address:** _____

Reason for leaving: _____

Job Duties: _____

Telephone Number: _____ **Immediate Supervisors Name:** _____

Starting Rate: _____ **Ending Rate:** _____ **Was your position subject to the FMCSR's?** _____

Was your position subject to DOT alcohol & controlled substance testing? _____

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(Attach additional sheets for 10-year history, if needed.)

DRIVING EXPERIENCE

Valid Driver's License number and issuing state: _____ **Class** _____ **Expires** _____

List states operated in, for the last three (3) years: _____

List special courses/training completed (PTD/DDC, HAZMAT, ETC) _____

List any Safe Driving Awards you hold and from whom: _____

Has your license ever been revoked/ suspended? _____

If yes, please explain _____

Restrictions _____ **Endorsements** _____

(If no driver's license, please check none) **None** _____

Class of Equipment	From	To	Approximate # of Miles
Straight Truck			
Tractor & Semi-Trailer			
Tractor & Two Trailers			
Motor Coach-School Bus			
Other			

List Accident Record for past three (3) years. Write "None" if none to report.

Date of Accident	Nature of Accidents (Head on, rear end,etc)	Location of Accident	# of Fatalities	# of People Injured

List Traffic Convictions for the last three (3) years. Write "None" if none to report.

Date	Location	Charge	Penalty

List All Alcohol/Drug Related Driving Offenses (DWI, DUI, Etc.) Write "None" if none to report.

State	License	Type	Endorsements	Expiration Date

CRIMINAL HISTORY: Have you ever been convicted, plead guilty, or accepted deferred adjudication as a result of any misdemeanor or felony criminal charge filed against you in a state, federal or military court?

_____ Yes _____ No

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ Yes _____ No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? _____ Yes _____ No

If the answers to any questions listed above are "yes", give details _____

I CERTIFY THIS APPLICATION WAS COMPLETE BY ME, AND ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT PRINT NAME: _____

APPLICANT SIGNATURE: _____ **DATE:** _____

To Be Read and Signed by Applicant:

I understand and agree that I must have a negative controlled substance and/or alcohol screening prior to and during my employment. I may also be required to complete and pass a job specific physical agility test and, if applicable, medical certification testing if my current Medical Certification Card has expired, as part of a conditional job offer and employment. Such testing will be performed by an outside testing sources. I further understand that if I refuse to take such test, I may be denied current or future employment.

I authorize and consent **MS SUPPLY HIGHWAY PRODUCTS, LLC** to obtain any and all documents and information regarding my previous employment from my present and past employers, or agents these employers may designate, regarding my employment, including but not limited to, positions held, dates employment, lat pay rate, work performance, disciplinary records, reliability, incidents of dishonesty, insubordination, violence, criminal history, and/or unsafe, harmful or threatening behavior, including information based upon any and all materials in and out of my personnel files and records. I also authorized and consent to **MS SUPPLY HIGHWAY PRODUCTS, LLC** to obtain Safety Performance History and DOT Drug and Alcohol Test Results information in accordance with Part 40.25 and Section 391.23 (a)(2) and (e) of the Federal Motor Carrier Safety Regulations.

I authorize and consent **MS SUPPLY HIGHWAY PRODUCTS, LLC** to obtain documentation or information from any public agency or private entity concerning any professional or vocational license or certification that I have held in the past or currently hold, including, but not limited to, documentation or information concerning whether such license or certification is in good standings, and any disciplinary or other proceedings concerning such license or certification.

Applicant Print Name: _____

Applicant Signature: _____

Date Signed: _____