APPLICATION FOR EMPLOYMENT



COMPANY				STR	EET ADDRES	SS			
CIT	Y, STAT	E AND Z	IP CODE						
NAM	1E	ivot)	(Mic	idle)	(Maidar	n, if any)	(Las	-+\	
	(F	irst)	(MIC	idie)	(Maidei	i, ii ariy <i>)</i>	(Lds	st <i>)</i>	
DAT	E OF B	IRTH _				SOCIAL SE	C. NO		
TEL	EPHON	E NUMBE	RS						
		EACH AD	DRESS FOR TI	HE LAST THRE	E YEARS (ATT	TACH SHEET I	F MORE SPA	ACE IS NEEDED)):
ADD	RESS						HOW LO	NG?	
		(Street)		(City)	(State)	(Zip Code)	-		
ADD	RESS						HOW LO	NG?	
		(Street)		(City)	(State)	(Zip Code)			
ADD	RESS						HOW LO	NG?	
		(Street)		(City)	(State)	(Zip Code)			
		EXPE	RIENCE AND	QUALIFICATIO	ONS (ATTACH	SHEET IF MO	ORE SPACE	IS NEEDED):	
	IVER	STATE	STATE LICENSE NUMBER		CLASS	END	OORSEMENTS	EXPI	RATION DATE
LIC	ENSES								
و		CLASS OF EQUIPMENT		TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)		DATES FROM		TO APPROXIMATE NUM OF MILES (TOTAL	
DRIVING		RAIGHT TRUCK ACTOR AND SEMI-TRAILER							
품	TRACTO	ACTOR AND SEMI-TRAILER ACTOR-MULTIPLE TRAILERS							
	OTHER								
NTS	DATES (LAST THREE YEARS) (LIST MOST RECENT FIRST)			NATURE OF ACCIDENT FATALITIES (HEAD-ON, REAR END, UPSET, ETC)		INJURIES			
ACCIDENTS									
ACC									

FIC TIONS ID TURES	LOCATION	DATE	CHARGE	PENALTY
TRAFFIC CONVICTIOI AND FORFEITURI				
Note: This fo	was in provided as a suggested format for			

Note: This form is provided as a suggested format for a commercial motor vehicle driver's application for employment. A motor carrier may use any format for an application for employment which complies with 391.21.

Application for Employment (Reverse side, or page 2)

ADVERSE LICENSING ACTIONS:

 A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Y/N B. Has any license, permit, or privilege to operate a motor vehicle been suspended or revoked? Y/N
Explain below(or attach separate sheet if more space is needed):

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED):

NOTE: USDOT Requires that you list your employment history for at least the last 3 years and your Commercial Driving Experience for the Past 10 years:

LAST EMPLOYER			
NAME:		FROM:	
ADDRESS:		то:	
POSITION HELD:	SALAF	XY\$	per
SUBJECT TO FMCSRs? SUBJECT TO FMCSRs?	ECT TO DOT ALCOHOL AND I	DRUG TEST	ING?
REASON FOR LEAVING:			
SECOND LAST EMPLOYER			
NAME:		_ FROM:	
ADDRESS:		TO:	
POSITION HELD:	SALAF	XY <u>\$</u>	per
SUBJECT TO FMCSRs? SUBJE	ECT TO DOT ALCOHOL AND I	DRUG TEST	ING?
REASON FOR LEAVING:			
THIRD LAST EMPLOYER			
NAME:		_ FROM:	
ADDRESS:		TO:	
POSITION HELD:	SALAF	XY\$	per
SUBJECT TO FMCSRs? SUBJECT TO FMCSRs?	ECT TO DOT ALCOHOL AND I	DRUG TEST	ING?
REASON FOR LEAVING:			
11 ====11 11001 0	OMPLETE OR REVIEW THE A		
This certifies that this application was completed true and complete to the best of my knowledge		es on it and	d information in it are
(Date)	(Applicant's signatur	e)	

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	то в	E COMPLETE	D BY PROSPE	CTIVE EMPLOY	EE	
I (Print Name)						
	First	M.I.	Last		Social Security Number	
Hereby authorize:					Date of Birth	
					ail:	
					ne:	
					0.:	
To release and fo Substances Testin	rward the information re	quested by sectevious 3 years fi	tion 3 of this docur rom (employr	ment concerning n	ny Alcohol and Controlled ate)	
	Prospective Employer:				·	
	Attention:		ration and Utility			
	Street:	Ph: (903) 87	ast, Winona, TX	75792		
	City, State, Zip:	FII. (903) 87	7-3328			
	n §40.25(g) and 391.23(ch as fax, email, or lette		nis information mus	st be made in a wr	ritten form that ensures	
Prospective emplo	oyer's fax number:	Fax (903) 877-3	092			
Prospective emplo	oyer's email address:	Jobs@welchexo	cavation.net			
	Applicant's	Signature			Date	
This information is	s being requested in con	npliance with §4	0.25(g) and 391.2	3.		
PART 2:	ТО	BE COMPLE	TED BY PREVIO	US EMPLOYEI	R	
	'	ACCIE	ENT HISTORY			
The applicant nan	ned above was employe	d by us. Yes [□ No □			
Employed as		from (m/y))	to (m/y	·)	
1. Did he/she dri Bus □ Cargo Ta	ve motor vehicle for you nk □ Doubles/Triples	? Yes □ No □ Other (Spe	☐ If yes, what typcify)	oe? Straight Trucl	k □ Tractor-Semitrailer □	
2. Reason for lea	aving your employ: Disc ty performance history to	charged □ Re o report, check l	signation □ Lay here □, sign below	Off □ Military Du	ty 🗆	
ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check □ here if there is no accident register data for this driver.						
Date	Locati		# Injuries	# Fatalities	s Hazmat Spill	
1						
2						
3						
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:						
Any other remarks	S:					
		Signature:				
		Title:		Da	te:	

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Safety Performance History Records Request – Page 2

PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER								
DRUG AND ALCOHOL HISTORY								
If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here \square , fill in the dates of employment from to, complete bottom of Part 3, sign, and return.								
Driver was subject	Driver was subject to Department of Transportation testing requirements from to							
 Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES □ NO □ Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES □ NO □ Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES □ NO □ Has this person committed other violations of Subpart B of Part 382, or Part 40? YES □ NO □ If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES □ NO □ For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES □ NO □ 								
In answering these employers in the p	questions, include any required DOT drug or alcohol testing information obtained from prior previous revious 3 years prior to the application date shown on page 1.							
Name:								
Company:								
Street:								
City, State, Zip: Telephone:								
Part 3 Completed by (Signature): Date:								
PART 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER								
This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other								
By: Date:								
PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER							
Complete below when information is obtained.								
Information received from:								
Recorded by: Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone								
Date: □ Other								

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

PAGE 2 PART 4a: Prospective Employer

- Complete the information
- Send to Previous Employer

PAGE 1 PART 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

A Texas Motor Carrier's Gui e to Hi hway Safety

PAGE 2 PART 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

PAGE 2 PART 4b: Prospective Employer

- Record receipt of the information
- Retain the form

RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(i)(2)

thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.								
PART 1:	PART 1: COMPLETED BY THE DRIVER/APPLICANT							
то:	Prospective Employer: Street/P.O. Box: City, State, Zip:	Welch Excavation and Utili 17190 I-20 East, Winona, Ph: (903) 877-3528	TX 75792					
FROM:	Driver/Applicant:		Social Security/I.D. #					
	Street:							
	City, State, Zip:		Telephone #					
I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.								
This information		me at the above address. ange to pick up.						
Driver/Applicant	Signature:		Date:/ M D	/				
PART 2:	СОМ	PLETED BY THE PROSE	PECTIVE EMPLOYER					
The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information form the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information. Information supplied to:								
Name:								
Street:								
City, State, Zip:								
Comments:								
Ву:			Release Date:/	_/				
Signa	ture/person providing info	ormation Teleph	none # M D	Υ				

COPY 1 PROSPECTIVE EMPLOYER