



# Application for Employment

801 N. Main, Suite C, Andrews TX 79714  
 (432)355-6760 - Phone (432)523-6735 - Fax  
[www.midwesttruckcenter.com](http://www.midwesttruckcenter.com)

MWT 1.1/ T1.1

Last 4 \_\_\_\_\_

Mid-West Truck Center, Mid West Truck, and Mid West Transport

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(First) (Middle) (Maiden, name, if any) (Last)

Current Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State and Zip Code)

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State and Zip Code)

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State and Zip Code)  
 (Attach a sheet if more space is needed to cover the last three years)

Social Sec. No. \_\_\_\_\_ Phone Numbers: Home \_\_\_\_\_

Cell Number: \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

E-mail \_\_\_\_\_

### EXPERIENCE AND QUALIFICATIONS - DRIVERS

List all driver licenses and states for the past 5 years.	State	License No.	Type	Expiration Date

### DRIVING EXPERIENCE - ATTACH SHEET IF MORE SPACE IS NEEDED

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 THE LAST 3 YEARS OR MORE - ATTACH SHEET IF MORE SPACE IS NEEDED

DATES	NATURE OF ACCIDENT	FATALITIES?	INJURIES
Most recent:			
Next previous:			
Next previous:			

### TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (other than parking violations) -

ATTACH SHEET IF MORE SPACE IS NEEDED

LOCATION	DATE	CHARGE	PENALTY

- 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 been suspended or revoked? yes \_\_\_\_\_ no \_\_\_\_\_

----- IF THE ANSWER TO EITHER A OR B IS "YES," ATTACH A STATEMENT GIVING DETAILS -----

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

MWT 1.2/ T1.2

Note: DOT regulations require that employment for the last 3 years and/or Commercial Driving Experience for the Past 10 years be shown.

LAST EMPLOYER NAME: \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ phone \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

SECOND EMPLOYER NAME: \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ phone \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

THIRD LAST EMPLOYER NAME: \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ phone \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

LAST EMPLOYER NAME: \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ phone \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

Do you have any known allergies? \_\_\_\_\_

Were you involved in any non-traffic work-related accidents while you were employed in the last 10 years? Yes \_\_\_ No \_\_\_

If yes, give details, including injuries sustained, fatalities, property damage, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our truck drivers handle loads as part of normal procedures. Almost all yard jobs have physical requirements. Please disclose anything else that would affect your ability to perform the duties required for the job for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

=====

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge:

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

# Mid-West Truck Center, Inc.

I hereby authorize this company to release all information as to my character, work habits, performance, traffic offenses, accidents, credit experience, and reasons for termination. In addition, I authorize the release of any results of controlled substance tests: alcohol test with results of .04 or greater, evidence of refusal to be tested; any information on any required substance abuse professional (SAP) evaluation, determined of need for assistance, and compliance with SAP recommendations for the proceeding 2 years or since December 31, 1994 (December 31, 1995 for employers less than 50 drivers) whichever is less. I hereby consent to your obtaining the below described information and release this company and Mid-West Truck Center, Inc. from any liability for any damages on account of this company furnishing the below described information.

X \_\_\_\_\_  
Applicant's Signature

To: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Former Employer

The person named below has applied to Mid-West Truck Center, Inc. for a driving position. Will you please reply to this inquiry on this applicant? As you will note from the waiver signed above, the applicant has released all liability.

FROM: B4 Screening Inc. on behalf of Mid-West Truck Center, Inc.  
9600 Great Hills Trail, Suite 150W, Austin, TX 78759

X \_\_\_\_\_  
Signature of B4 Screening Personnel

**FAX: 512.244.0171 or [mknigh@b4screening.com](mailto:mknigh@b4screening.com)**

Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Position Applied For \_\_\_\_\_

Did applicant work for you from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_? YES \_\_\_\_\_ NO \_\_\_\_\_ Position Held \_\_\_\_\_

Type of equipment used: Tractor \_\_\_\_\_ Trailer \_\_\_\_\_ Other \_\_\_\_\_

Commodities transported: \_\_\_\_\_ General Area of Operation \_\_\_\_\_

Accidents:	Date	Previous / Non Previous	Brief Description
	____/____/____	_____	_____
	____/____/____	_____	_____

Citations: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

Have any problems incurred with alcohol, garnishments, family, customer relations, supervision, and license suspension or equipment abuse?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Has this person ever tested positive for controlled substances in the past 3 years during their time of employment with your company? YES NO

Has this person ever had a breath alcohol test with a result of .04 or greater in the past 3 years during their employment with your company? YES NO

Has this person ever refused a required test for drugs or alcohol in the past 3 years during their employment with your company? YES NO

Has this person ever violated any of the DOT agency drug and alcohol testing regulations in the last three years? YES NO

If the answer to any of these questions is "YES", please release any documentation relating to the SAP evaluation, determination, and compliance, and give the SAP's name, address and phone number for further reference.

SAP Name \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

SAP Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ ZIP \_\_\_\_\_

Reason for termination \_\_\_\_\_

Would you rehire this person? YES NO UPON REVIEW

Additional Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Company: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

[www.b4screening.com](http://www.b4screening.com)  
Phone: 866-279-7574



PLEASE FAX BACK TO:  
**512-244-0171**

**MANDATORY USE FOR ALL ACCOUNT HOLDERS**

**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with Mid-West Truck Center, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

**2. I authorize Mid-West Truck Center, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.**

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**