



Application for Employment

Mid-West Truck Center Inc. and Mid West Truck
801 N. Main, Suite Q, Andrews TX 79714-6311
(432)355-6760 – Phone (432)523-6735 – Fax

Mid-West Truck Center, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the company.

Please print and fill out all sections

Name: _____ Date of birth: _____
(First) (Middle) (Maiden name if any) (Last)

List your addresses of residency for the past 3 years

Current address: _____ # Years? _____
(Street) (City) (State and Zip code)

Previous address: _____ # Years? _____
(Street) (City) (State and Zip code)

Previous address: _____ # Years? _____
(Street) (City) (State and Zip code)

(Attach a sheet if more space is needed to cover the last three years)

Social Security No. _____ Phone numbers: Home: _____

Cell number: _____ Alternate Phone: _____

Emergency Contact name: _____ Phone: _____ Relationship _____

Email address: _____

Employment Positions

Position applying for: _____

Temporary Work: Yes No Regular Part-time work? Yes No Regular Full time? Yes No

Date you can start? ____/____/____

Can you work weekends? Yes No Can you work evenings? Yes No

Are you available to work overtime? Yes No

Salary desired \$ _____

Personal Information

Have you ever applied to/worked for Mid-West Truck Center, Inc. before? Yes No

If yes, explain (including date): _____

Do you have any friends, relatives, or acquaintances working for Mid-West Truck Center Inc.?

Yes No

If yes, state name and relationship _____

If hired, would you have transportation to and from work? Yes No

Are you over the age of 18? Yes No (If no, subject to verification of minimum legal age)

If hired, able to present evidence that you legally can work in the United States? Yes No

If hired, are you willing to submit to and pass a controlled substance test? Yes No

Are you able to perform the essential functions of the job you are applying either with or without reasonable accommodation?

Yes No

If no, describe the functions that cannot be performed: _____

Note: Mid-West Truck Center, Inc. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please describe the crime-statue nature of the crime(s), when and where convicted and disposition of the case:

Education, Training and Experience

High School

School name: _____

School address: _____

City: _____ State: _____ Zip code _____

Did you graduate? Yes No If no, years completed: _____

Degree/diploma earned? Yes No

College University:

School name: _____

School address: _____

City: _____ State: _____ Zip code _____

Did you graduate? Yes No If no, years completed: _____

Degree/diploma earned? Yes No

Military:

Branch: _____ Rank: _____ Total years of Service: _____

Skills/duties: _____

Related details: _____

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 From	To	Approx. No. of Miles (Total)
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?

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 _____

Employment Record

(Attach sheet if more space is needed)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial vehicle for the last seven years prior to the initial three years. **(total of ten years employment record)**

Must list the complete mailing address: Street number and name, city, state and zip code

Last employer Name: _____

Address: _____ Phone: _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON

Ex: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to the alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____

Second last employer: Name: _____

Address: _____ Phone: _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON

Ex: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to the alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____

Third last employer Name: _____

Address: _____ Phone: _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON

Ex: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to the alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulation 49CFR40.25(j) requires all persons applying for a driving position requiring a commercial drivers 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 covered by DOT agency drug and alcohol testing? 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 performed safety-sensitive transportation work covered by DOT agency drug and alcohol testing? 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

TO BE READ AND SIGNED BY THE APPLICANT

I authorize Mid-West Truck Center Inc. to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and /or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

Date

Applicant Signature

I certify that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____ (“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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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

I authorize _____ (“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 authorizing 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.

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 challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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: _____

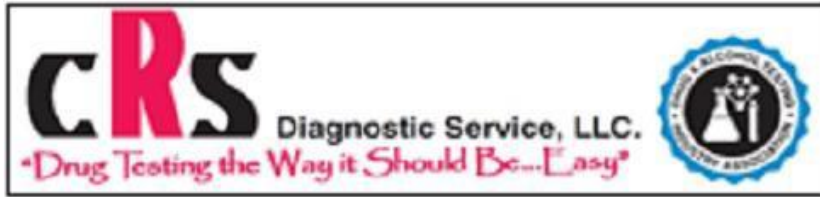
Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC 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 contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016



DATE REQUESTED:

MOTOR VEHICLE & BACKGROUND CHECK REQUEST FORM

COMPANY INFORMATION

COMPANY NAME:	Mid-West Truck Center, Inc.
REQUESTED BY:	
COMPANY PHONE #:	
COMPANY EMAIL:	

APPLICANT INFORMATION

PLEASE PROVIDE YOUR FULL LEGAL NAME AS IT APPEARS ON YOUR DRIVER'S LICENSE

FIRST NAME:			
MIDDLE NAME:		[] CHECK IF N/A	
LAST NAME:			
SOCIAL SECURITY #:		DATE OF BIRTH:	
PHONE NUMBER:		EMAIL:	
CURRENT STREET ADDRESS:			
CITY, STATE, & ZIP CODE			
DRIVERS LICENSE #:		STATE ISSUED IN:	CDL: []YES []NO

REPORT REQUESTED

BACKGROUND _____ MVR _____ BOTH _____

I AGREE TO ALLOW CRS DIAGNOSTIC SERVICE TO ACCESS MY BACKGROUND & MOTOR VEHICLE RECORDS THROUGH MY SOCIAL SECURITY & DRIVER'S LICENSE NUMBERS. CRS DIAGNOSTIC IS NOT RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION PROVIDED OR THE RESULT OF SAID INFORMATION FROM THE EMPLOYER.

X _____

X _____

*APPLICANT SIGNATURE REQUIRED

*COMPANY REP SIGNATURE REQUIRED

EMAIL COMPLETED REQUEST FORMS TO CRSDIAGNOSTICBACKGROUNDS@GMAIL.COM

DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVER: The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the Clearinghouse has any information about you. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

I, _____, hereby authorize
(Driver's printed name)

Mid-West Truck Center, Inc.

(Name of motor carrier)

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: _____

ID Number: _____ Date: _____

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="radio"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p>	
<ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="radio"/> NO <input type="radio"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="radio"/> NO <input type="radio"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="radio"/> NO <input type="radio"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="radio"/> NO <input type="radio"/> 5. 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 <input type="radio"/> NO <input type="radio"/> 6. 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 <input type="radio"/> NO <input type="radio"/> 	
<p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p>	
<p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="radio"/> Faxed to previous employer <input type="radio"/> Mailed <input type="radio"/> Emailed <input type="radio"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="radio"/> Fax <input type="radio"/> Mail <input type="radio"/> Email <input type="radio"/> Telephone</p> <p>Date: _____ <input type="radio"/> Other _____</p>	

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

- 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