



Application for Employment

801 N. Main, Suite Q, Andrews TX 79714
 (432)355-6760 -- Phone (432)523-6735 -- Fax
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 mknight@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
Phone: 866-279-7574



PLEASE FAX BACK TO:
512-244-0171