



Application for Employment

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

Company* 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: _____
(First) (Middle) (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)

Home Phone Number: _____ Cell number: _____ Alternate Phone: _____

Email address: _____

Emergency Contact name: _____ Phone: _____ Relationship _____

Social Security No. _____ Date of birth: _____

Driver's License No: _____ State Issued: _____ Type: _____ Expiration Date: _____

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 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

Name: _____

Address: _____

City: _____ State: _____ Zip code _____

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

Degree/diploma earned? Yes No

College University:

Name: _____

Address: _____

City: _____ State: _____ Zip code _____

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

Degree/diploma earned? Yes No

Vocational School/Specialized Training:

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Military:

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

Skills/duties: _____

Related details: _____

List work experience that will aide in the position you are applying for:

Employment Record – 5 years

(Attach sheet if more space is needed)

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

Current or 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

Reason: _____

Previous 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

Reason: _____

Previous 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

Reason: _____

AT-WILL EMPLOYMENT

The relationship between you and the Company* is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or by the Company*. No representative of the Company* has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief operations Officer or the Company's* President.

*Mid-West Truck Center, Inc., Mid West Truck, Inc., and Mid-West Transport

APPLICANT SIGNATURE _____ DATED: _____

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. 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."

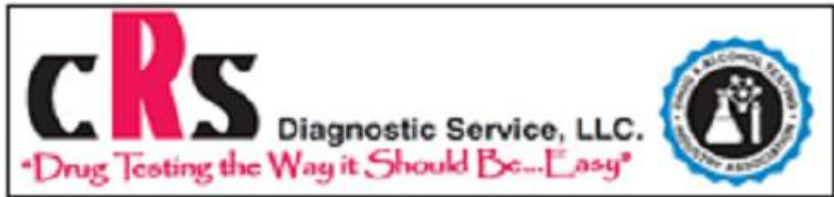
Date

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



DATE REQUESTED:

MOTOR VEHICLE & BACKGROUND CHECK REQUEST FORM

COMPANY INFORMATION

COMPANY NAME:	Mid-West Truck Center, Inc.
REQUESTED BY:	Debra Watts
COMPANY PHONE #:	432-355-6760
COMPANY EMAIL:	debra@midwesttruckcenter.com

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 X

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