

# APPLICATION FOR EMPLOYMENT - DRIVER

(PRE-EMPLOYMENT QUESTIONNAIRE)  
(AN EQUAL OPPORTUNITY EMPLOYER)

## PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Phone No \_\_\_\_\_ Are you 18 years or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No Explain \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status? \_\_\_\_\_ Yes \_\_\_\_\_ No

## LICENSES

DRIVER LICENSES	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 & 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.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

(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

B. Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

**EMPLOYMENT RECORD**

*NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown*

LAST EMPLOYER

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

SECOND LAST EMPLOYER:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

THIRD LAST EMPLOYER:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

**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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's 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.

## Job Placement Medical Questionnaire

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

A. Do you Ever Have (Yes or No)

Reactions to Medicines ☐ Yes ☐ No

Reactions to Oils ☐ Yes ☐ No

Reactions to Chemicals ☐ Yes ☐ No

Skin Rashes or Eczema ☐ Yes ☐ No

B. Have you Ever Had

Asthma ☐ Yes ☐ No

Hay Fever ☐ Yes ☐ No

Bronchitis ☐ Yes ☐ No

Shortness of Breath/Walking ☐ Yes ☐ No

Tightness of Chest ☐ Yes ☐ No

Tuberculosis ☐ Yes ☐ No

Emphysema ☐ Yes ☐ No

Do You Smoke Cigarettes ☐ Yes ☐ No

Packs per Day \_\_\_\_\_

How many Years \_\_\_\_\_

Have you ever Worked in a

Dusty Trade ☐ Yes ☐ No

C. Have you Ever Had

High Blood Pressure ☐ Yes ☐ No

Heart Trouble ☐ Yes ☐ No

Heart Attack ☐ Yes ☐ No

Heart Surgery ☐ Yes ☐ No

Swelling of Ankles ☐ Yes ☐ No

Fainting Spells ☐ Yes ☐ No

Varicose Veins ☐ Yes ☐ No

D. Do you Have

Stomach Ulcer ☐ Yes ☐ No

Frequent Nausea ☐ Yes ☐ No

Frequent Bowel Trouble ☐ Yes ☐ No

Frequent Diarrhea ☐ Yes ☐ No

Hernia ☐ Yes ☐ No

E. Have you Ever Had

Convulsions ☐ Yes ☐ No

Epilepsy ☐ Yes ☐ No

Paralysis ☐ Yes ☐ No

Numbness of Hands/Feet ☐ Yes ☐ No

Double Vision ☐ Yes ☐ No

Severe Headaches ☐ Yes ☐ No

Migraine Headaches ☐ Yes ☐ No

Dizzy Spells ☐ Yes ☐ No

Nervous Breakdown ☐ Yes ☐ No

F. Have you Ever Had

Back Trouble ☐ Yes ☐ No

Back Injury ☐ Yes ☐ No

Back Surgery ☐ Yes ☐ No

Back Pain on Lifting ☐ Yes ☐ No

Knee Surgery ☐ Yes ☐ No

Swollen Joints ☐ Yes ☐ No

Dislocated Shoulder ☐ Yes ☐ No

Arthritis ☐ Yes ☐ No

## 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.

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Date

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Applicants 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.

NOTICE:

TEXAS HEAT TREATING, INC. IS A DRUG-FREE WORKPLACE. IF YOU USE DRUGS, DO NOT APPLY!