DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name	Date of Application					
Company Texcon Gener	ral Contractors					
Address _ 1061 Innovation	on Drive					
City Bryan	State TX Zip 77808					
In compliance with Federal and positions without regard to race, disability, or any other protected	State equal employment opportunity laws, qualified applicants are considered for all color, religion, sex, national origin, age, marital status, veteran status, non-job related group status.					
I authorize you to make such investigation other related matters as may be necessary medical history will be made only if and a	BE READ AND SIGNED BY APPLICANT ons and inquiries of my personal, employment, financial or medical history and y in arriving at an employment decision. (Generally, inquiries regarding after a conditional offer of employment has been extended.) I hereby release and other persons from all liability in responding to inquiries and releasing cation.					
In the event of employment, I understand	that false or misleading information given in my application or interview(s) so, that I am required to abide by all rules and regulations of the Company.					
 (e). I understand I have the right to: Review information provided by previoted. Have errors in the information corrected corrected information to the prospective. Have a rebuttal statement attached to the agree on the accuracy of the information. 	ed by previous employers and for those previous employers to re-send the e employer; and ne alleged erroneous information, if the previous employer(s) and I cannot en.					
Signature	Date					
	FOR COMPANY USE					
	PROCESS RECORD					
APPLICANT HIRED	REJECTED					
DATE EMPLOYED	POINT EMPLOYED					
DEPARTMENT	EPARTMENT CLASSIFICATION IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)					
SIGNATURE OF INTERVIEWING OFFICER						
7	TERMINATION OF EMPLOYMENT					
DATE TERMINATED	DEPARTMENT RELEASED FROM UNITARILY QUIT OTHER					
DISMISSED VOL	LUNTARILY QUIT OTHER					
ERMINATION REPORT PLACED IN FILE	SUPERVISOR					
	Keller & Accordates Inc. is not engaged in rendering legal accounting or other professional acresses					

J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form or any decision made by an employer which may violate local, state or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Name				Social Security No.	
Last		First	Middle	·	
	sses of residency fo	or the past 3 years.			
Current Addres					
	Street			· City	
	State		Phone		How Long?
Previous	State	2	лр совс		yr./mo
Addresses	Street	,	City	State & Zip Code	How Long?yr,/mo.
					How Long?
	Street		City	State & Zip Code	yr./mo.
	Street		CI'I	G	How Long?
	offeet.		City	State & Zip Code	yr./mo.
Do you have the	legal right to worl	c in the United State	es?		
Date of Birth _			Can you provide pro-	of of age?	
	nmerical Drivers)				,
Have you worke	d for this company	before?	Where?		
Dates: From		To	Rate of Pay		ition
Reason for leavi	ng				
Are you now em	ployed?	If not, how long s	ince leaving last employm	ent?	
Who referred yo	u?			Rate of pay expe	oted
Have you ever be	een bonded?			Name of bonding	company
(Answer only if a jo					
-	een convicted of a	*			
If yes, please exp circumstances wi	olain fully on a sep	erate sheet of paper	. Conviction of a crime is	s not an automatic bar to e	mployment - all
CITCUILISTANCES WI	n de considered.				
	Control of the Contro	Annual Control of the			
Is there any reason	n you might be un	able to perform the	functions of the job for w	hich you have applied [a	s described in the
attached job desc	ription]?				
If yes, explain if	you wish.				
y					
		FM	PLOYMENT HISTO	DV.	
All driver a	nnlicants to drive		merce must provide the		
during the prece	edino 3 vears - I	ist complete mail	ing address, street numl	tonowing imormation	on an employers
Applicants 1	to drive a comme	rcial motor vehic	le* in intrastate or inter	etate commerce chall o	leo provide en
additional 7 year	rs' information o	n those employer	s for whom the applican	state commerce snam a it operated such vehicle	iso broaide an
(NOTE: List en	nplovers in rever	se order starting v	with the most recent. A	dd another sheet as nec	· eccaru)
(- ·			· · · · · · · · · · · · · · · · · · ·	ad distinct biloot as 1100	555da y .)
	· · · · · · · · · · · · · · · · · · ·	EMPLO	YER		DATE
NAME					FROM TO
NAME	<u></u>				MO. YR. MO. YR.
ADDRESS					POSITION HELD
CITY		STATE	ZIP		SALARY/WAGE
					REASON FOR LEAVING
CONTACT PERSO			PHONE NUMBE		
		SRs† WHILE EMPLO			
WAS YOUR JOB I AND ALCOHOL T	DESIGNATED AS A ESTING REQUIRE	SAFETY-SENSITT MENTS OF 49 CFR	VE FUNCTION IN ANY DO PART 40? YES	OT-REGULATED MODE S □ NO	UBJECT TO THE DRUG

Position(s) Applied for _

EMPLOYMENT HISTORY (continued)

	DATE		
NAME			FROM TO MO, YR. MO, YR.
ADDRESS			POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	D III II	PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE I	FMCSRs† WHILE EMPLOY		
	AS A SAFETY-SENSITIVI	E FUNCTION IN ANY DOT-REGULA	ATED MODE SUBJECT TO THE DRUG
- constitution	EMPLOYER	3.	DATE
NAME			FROM TO MO. YR. MO. YR.
ADDRESS			POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE F	MCSRst WHILE EMPLOY		
· · · · · · · · · · · · · · · · · · ·	AS A SAFETY-SENSITIVE	FUNCTION IN ANY DOT-REGULA	TED MODE SUBJECT TO THE DRUG
	EMPLOYER	ξ	DATE
NAME			FROM TO MO. YR. MO. YR.
ADDRESS			POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FI	MCSRs† WHILE EMPLOY		
WAS YOUR JOB DESIGNATED A AND ALCOHOL TESTING REQU			TED MODE SUBJECT TO THE DRUG
	EMPLOYER	A PARAMETER CONTRACTOR	DATE
NAME			FROM TO MO. YR. MO. YR.
ADDRESS			POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FA			
	S A SAFETY-SENSITIVE	FUNCTION IN ANY DOT-REGULAT	ED MODE SUBJECT TO THE DRUG
	EMPLOYER		DATE
JAME			FROM TO MO. YR. MO. YR.
ADDRESS			POSITION HELD
TITY	STATE	ZIP	SALARY/WAGE
ONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING
0111110110110011			

^{*} Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

[†] The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

	DATES		E OF ACCIDENT AR-END, UPSET, ETC.)	FAT	ralities	INJURIE	HAZARDOUS MATERIAL SPIL
LAST ACCIDENT							
NEXT PREVIOUS							
NEXT PREVIOUS							
	ICTIONS AT	ND FORFEITURES F	OR THE PAST 3 YEARS (O	THER 1	THAN PARKI	NG VIOLAT	IONS) IF NONE, WRITE
NONE	LOCATION		DATE	CHA	ARGE		PENALTY
•		•	CH SHEET IF MORE SPAC ENCE AND QUALIFICAT		•		
List all driver licenses	-	f in the past 3 years	-	10110 -			
DRIVER	STATE	3	LICENSE NO.		T	YPE	EXPIRATION DATE
DRIVER			•				
LICENSES _							
		ise, permit, or privilege to ge ever been suspended o	operate a motor vehicle?		YI YI		NO
		OR B IS YES, GIVE DE			11		NO
DRIVING EXPER	JENCE CHE	CK YES OR NO	1			TPG 1	I DON NO OFFICIAL
CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIP	MENT	DAT FROM(M/Y)		APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK	STRAIGHT TRUCK			EFER)			,
TRACTOR AND SEMI-TRAILER YES NO			(VAN,TANK,FLAT,DUMP,REFER)				
TRACTOR - TWO TRAILERS YES NO		(VAN,TANK,FLAT,DUMP,R			· ·		
TRACTOR - THRE	FRACTOR - THREE TRAILERS YES NO		(VAN,TANK,FLAT,DUMP,R			•	
MOTORCOACH - S	CHOOL BUS	☐ YES ☐ NO More than 16 passengers	<u></u>				
MOTORCOACH - S	CHOOL BUS (☐ YES ☐ NO More than 8 passengers	<u> </u>				
OTHER							
LIST STATES OPER	ATED IN FOR	THE LAST FIVE YEAR	S:	•			
		DO YOU HOLD AND F			·		·
WHICH SAFE DICE	acomawa dan		, , , , , , , , , , , , , , , , , , ,	ONG	O DEVENOUS		
WOULDE ANY WOLLS	TNG TP ANG		NCE AND QUALIFICATI EXPERIENCE THAT MAY HI			∆റെ ഉവന ദേ∆	DANV
MOW AIT TROCK			EM DRUBNOS HIMI WAT II	NY 114 1	OOK WORKEN	OK 11110 COM	u 11(1)
TOT COT ID COO AND	TO A BAIRAGE O	THED THAN CHOWN E	LSEWHERE IN THIS APPLICATION	ATIONI			
JIST COOKSES AND	7 IRMININO O	THE TIPM SHOWN		111014			
TOT ODDOM TOT	DMENT OD TE	CHATCAL MATERIAL	S YOU CAN WORK WITH (O	CLICO TE	፲ ፈሪካ ተጠረሪድ ላ፤	DEADY CHOI	· · · · · · · · · · · · · · · · · · ·
MU DE ECIAL EQUI	CHECKLOK IE	WHILIOUR MAY BUILD	TOO CAN WORK WITH (U.	AL Mana	TH TIMOR AL	ALADI SIO	******
			EDUCATION				
	73 117 117	ETED: 1 2 3 4 5 6				OLLEGE: 1 2	2 3 4
AST SCHOOL ATT	RUDED (MY	· · ·		TY, STAT			
This certifies the	it this annli		EAD AND SIGNED BY ted by me, and that all en			rmation in	it are true and
complete to the	^ ^		oo oy mo, and mat all o	LILLION C	on ir ama mil	amanon m	. п аго в но ана
•	•	ū					
_					Date:		
AGE 4 15F (Rev. 2/05)	691						