



## EMPLOYMENT APPLICATION

TODAY'S DATE \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

SOCIAL SECURITY NUMBER \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_  
Street  
City State Zip

If the job requires, do you have the appropriate valid driver's license? — Yes — No

Name on license \_\_\_\_\_ DL# \_\_\_\_\_

Type \_\_\_\_\_ State of Issue \_\_\_\_\_

Do you have a CDL? — Yes — No

Have you had any moving violations in the last years? — Yes — No

If yes, please describe \_\_\_\_\_

Have you been convicted of a felony? — Yes — No  
(If yes, please explain on a separate sheet of paper)

### APPLICANT NOTICE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of tv company.

### AVAILABILITY

For which position are you applying? \_\_\_\_\_

What date can you start? \_\_\_\_\_

What category would you prefer? \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary

For which schedules are you available? \* \_\_\_\_\_ Weekdays \_\_\_\_\_ Weekends \_\_\_\_\_ Evenings \_\_\_\_\_ Nights

\_\_\_\_\_ Overtime \_\_\_\_\_ Shift \_\_\_\_\_ Other

\*Reasonable efforts will be made to accommodate religious beliefs and practices.

Are you willing to travel overnight? — Yes — No

NOTE: All Technicians are on-call 24/7, and should expect to work some weekends, holidays, and/or nights, as well as, travel out of town.

**DRIVING EXPERIENCE AND QUALIFICATIONS (if applicable)** (Attach separate sheet if more space is needed)

DRIVING EXPERIENCE: If no driving experience within the last 3 years - check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES		APPROXIMATE NUM- BER OF MILES
		FROM	TO	
Straight Truck	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor-Two Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor-Three Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Motorcoach-School Bus (Greater than 8 passengers)	N/A	_____	_____	_____
Motorcoach-School Bus (Greater than 15 passengers)	N/A	_____	_____	_____
Other: _____		_____	_____	_____

ACCIDENT HISTORY (3 YEARS): If no accidents within the last 3 years - check here

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

TRAFFIC CONVICTIONS AND FORFEITURES (3 YEARS):

If no traffic convictions and/or forfeitures in the last 3 years - check here

DATE CONVICTED (month/year)	VIOLATION (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

**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 Number Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  
If yes, give details \_\_\_\_\_

B. Has any license, permit, or privilege ever been suspended or revoked?  
If yes, give details \_\_\_\_\_

**PREVIOUS EMPLOYERS**

Please Note: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

**APPLICATIONS WITHOUT TELEPHONE NUMBERS WILL NOT BE CONSIDERED!**

**MOST RECENT EMPLOYER**

Are you currently working for this employer? — Yes — No

If yes, may we contact them? — Yes — No

Phone \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**SECOND MOST RECENT EMPLOYER**

Phone \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**THIRD MOST RECENT EMPLOYER**

Phone \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**REFERENCES**

Include only individuals familiar with your work ability. Do not include relatives.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Know/Relationship \_\_\_\_\_

1.) \_\_\_\_\_

2.) \_\_\_\_\_

**EDUCATION**

Starting with High School give complete information on all schools attended including any special courses or training schools.

NAME AND LOCATION	DATES	GRADUATED (Yes or No)	DEGREE EARNED (Please specify)
High School			
College			
Graduate School			
Trade, Business, Correspondance, or Technical School			

List industry related classes taken or skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that false information, omissions, or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

\_\_\_\_\_  
Print Name Signature Date

**AUTHORIZATION TO RELEASE INFORMATION - Titan Consolidated Industries, Inc.**

I, \_\_\_\_\_, in connection with a contingent offer of employment or assignment to a position with Titan Consolidated Industries, Inc., understand that a thorough check of my background may be conducted. I understand that the background check may include investigation regarding my criminal conviction record, employment history, education, driving record, character, work habits, credit report, and civil court proceedings. I understand that my potential employer and its agent(s), Background Investigations, will be requesting information from a variety of public, private, and commercial sources. I further understand that, if employed, Titan Consolidated Industries, Inc. may from time to time request that a background check in the manner described above be conducted when it believes that circumstances warrant investigation.

If I am employed or applying for employment in a state that requires this type of disclosure, I understand that by checking this space—that I will receive from the agent identified above an identical copy of the background check that is provided to Titan Consolidated Industries, Inc.. The report will be sent by the agency to me at my current address.

I HEREBY AUTHORIZE ANY PERSONS, BUSINESS, CORPORATION, ORGANIZATION, AGENCY, OR INSTITUTION CONTACTED IN THE COURSE OF AN EMPLOYMENT BACKGROUND CHECK TO RELEASE ANY AND ALL PERTINENT INFORMATION CONCERNING ME.

SUBJECT TO THE PROVISIONS OF THE FEDERAL FAIR CREDIT REPORTING ACT AND ANY APPLICABLE STATE LAW, I DO HEREBY RELEASE ANY SUCH PERSON, BUSINESS, CORPORATION, ORGANIZATION, AGENCY, OR INSTITUTION FROM ALL LIABILITY REGARDING THE RELEASE OF ANY AND ALL APPROPRIATE AND CORRECT INFORMATION CONCERNING ME. I ALSO RELEASE Titan Consolidated Industries, Inc., ITS OFFICERS, EMPLOYEES, AGENTS, AND CONTRACTORS FROM ANY LIABILITY IN CONNECTION WITH THE GATHERING OF THIS INFORMATION. I UNDERSTAND THAT ALL INFORMATION COLLECTED WILL BE HANDLED AS CONFIDENTIAL AND WILL BE USED FOR THE SOLE PURPOSE OF DETERMINING ELIGIBILITY FOR EMPLOYMENT OR PLACEMENT.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Maiden Name of Other Name Used \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License \_\_\_\_\_ Issuing Date \_\_\_\_\_

This release becomes an official company document upon signing. Falsification or providing misleading information may result in employment not being offered or removal (if already employed).

Current Address _____	Street _____	City _____	State _____	Zip Code _____
Previous Address _____	Street _____	City _____	State _____	Zip Code _____
Previous Address _____	Street _____	City _____	State _____	Zip Code _____
Previous Address _____	Street _____	City _____	State _____	Zip Code _____

**AUTHORIZATION TO RELEASE INFORMATION**

I give permission to any person, business, organization, agency, or institution contacted in the course of such a records review to release information on or about me.

I do hereby release any such person, business, organization, agency, or institution from all liability in providing correct information. I also release Titan Consolidated Industries, Inc., its officers, employees, agents, and contractors from any liability in connection with the gathering of this information. I understand that all information collected will be handled as confidential and will be used for the sole purpose of determining eligibility for employment or placement.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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**EMPLOYER REFERENCE**

Company Name \_\_\_\_\_ HUMAN RESOURCES DEPARTMENT

FAX # \_\_\_\_\_

Employer: \_\_\_\_\_

The following applicant has applied for a position with Titan Consolidated Industries, Inc., Inc. Please provide the information requested to Background Investigations.

Hire Date \_\_\_\_\_ End Date \_\_\_\_\_

Position \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Eligible for Rehire? \_\_\_\_\_ Yes \_\_\_\_\_ No

Work Performance \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ Unavailable

Reason For Leaving \_\_\_\_\_

Completed By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please call 888 530 3330 or FAX information to 909 357 9851