

# APPLICATION FOR EMPLOYMENT

Company   Dig Tech Inc.   Street Address   798 Globe Hill Rd.  

City, State and Zip Code   Giddings, TX 78942  

*Please complete in full (Do NOT leave any blanks incomplete)*

NAME \_\_\_\_\_  
(First) (Middle) (Maiden, if any) (Last)

ADDRESS \_\_\_\_\_  
(City) (State) (Zip)

HOME PHONE NO. \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

List Each Address for the last three years (as required by FMCSA)

ADDRESS \_\_\_\_\_ How long? \_\_\_\_\_  
(Street) (City) (State) (Zip)

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(Street) (City) (State) (Zip)

ADDRESS \_\_\_\_\_ How long? \_\_\_\_\_  
(Street) (City) (State) (Zip)

DRIVER LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ TYPE \_\_\_\_\_ EXPIRES \_\_\_\_\_

SALARY EXPECTED: \_\_\_\_\_ WHEN CAN YOU START WORK: \_\_\_\_\_

## ***Experience and Qualifications***

DRIVING:	CLASS of EQUIPMENT	TYPE of EQUIPMENT (Van, Tank, Flat, Etc.)	DATES: FROM TO	APPROXIMATE # of MILES (TOTAL)
	Straight Truck			
	Tractor and Semi-Trailer			
	Tractor-Multiple Trailers			
	Other			

ACCIDENTS:	DATES (Last 3 Yrs) (List Most Recent First)	NATURE OF ACCIDENT (Head-on, Rear End, Upset, Etc.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES:	LOCATION	DATE	CHARGE	PENALTY
For the past 3 years				

(Please Circle Y or N)

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Y / N
- B. Has any license, permit, or privilege to operate a motor vehicle been suspended or revoked? Y / N  
If yes, give detail: \_\_\_\_\_
- C. Have you ever been convicted of a DWI or DUI? Y / N  
If yes, give detail: \_\_\_\_\_
- D. Are you willing to submit to a pre-employment drug screening test? Y / N
- E. Are you willing to take a temporary position if we are not currently hiring for a permanent? Y / N
- F. Will anyone, other than yourself, be authorized to pick up your payroll check? Y / N  
If yes, who will that be? \_\_\_\_\_

## ***Employment Record***

***Please complete in full (Must have the last 3 yrs of history-FMCSA regulation)***

### **Last Employer**

Name: \_\_\_\_\_ FROM: \_\_\_\_\_  
Address: \_\_\_\_\_ TO: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Subject to DOT Alcohol & Drug Testing? \_\_\_\_\_ Y / N

### **Second Last Employer**

Name: \_\_\_\_\_ FROM: \_\_\_\_\_  
Address: \_\_\_\_\_ TO: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Subject to DOT Alcohol & Drug Testing? \_\_\_\_\_ Y / N

### **Third Last Employer**

Name: \_\_\_\_\_ FROM: \_\_\_\_\_  
Address: \_\_\_\_\_ TO: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Subject to DOT Alcohol & Drug Testing? \_\_\_\_\_ Y / N

I understand that if hired, I will be considered a temporary employee for a minimum of 90 days, and that no company benefits will be offered until permanent employment has been established.

I certify 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)