

DRIVER'S APPLICATION FOR EMPLOYMENT

LIMECO, INC.
P.O. BOX 2435
PEARLAND, TEXAS 77588-2435

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICATIONS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR NON-JOB RELATED DISABILITY.

DATE OF APPLICATION _____

NAME: _____ PHONE: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ADDRESS FOR THE PAST THREE YEARS

STREET _____ CITY _____ STATE & ZIP _____

STREET _____ CITY _____ STATE & ZIP _____

DATE OF BIRTH: _____ SOCIAL SECURITY # _____ - _____ - _____

DRIVER'S LICENSE NUMBER: _____ EXP. DATE: _____ / _____ / _____

STATE: _____ TYPE: _____ ENDRS: _____

LIST ANY STATES IN WHICH YOU HAVE HELD A DRIVER'S LICENSE WITHIN THE PAST 5 YEARS

STATE: _____	LICENSE NUMBER: _____
STATE: _____	LICENSE NUMBER: _____
STATE: _____	LICENSE NUMBER: _____

DRIVING EXPERIENCE: (CHECK THE TYPES OF EQUIPMENT YOU HAVE DRIVEN IN THE LAST 5 YEARS)

TRACTOR-TRAILER _____ FLATBED _____ CONTAINER _____ TANK _____ DUMP _____

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?

____ NO ____ YES (EXPLAIN) _____

HAS ANY LICENSE, PERMIT OR PRIVILEGE TO DRIVE EVER BEEN SUSPENDED OR REVOKED?

____ NO ____ YES (EXPLAIN) _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all during the preceding 3 years.

Applicants to drive a commercial motor vehicle in intrastate or intrastate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as needed.)

EMPLOYER			DATE			
NAME			FROM		TO	
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD			
CITY STATE ZIP			SALARY/WAGE			
CONTACT PERSON			REASON FOR LEAVING			
PHONE NUMBER						

EMPLOYER			DATE			
NAME			FROM		TO	
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD			
CITY STATE ZIP			SALARY/WAGE			
CONTACT PERSON			REASON FOR LEAVING			
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EMPLOYER			DATE			
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CITY STATE ZIP			SALARY/WAGE			
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EMPLOYER			DATE			
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ADDRESS			POSITION HELD			
CITY STATE ZIP			SALARY/WAGE			
CONTACT PERSON			REASON FOR LEAVING			
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EMPLOYER			DATE			
NAME			FROM		TO	
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD			
CITY STATE ZIP			SALARY/WAGE			
CONTACT PERSON			REASON FOR LEAVING			
PHONE NUMBER						

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ARE YOU NOW EMPLOYED? _____ IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT? _____
 MAY WE CALL YOUR CURRENT EMPLOYER? _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4
 LAST SCHOOL ATTENDED: _____ (CITY, STATE)

HAVE YOU COMPLETED A COURSE IN TRUCK DRIVING FROM AN ACCREDITED SCHOOL OR THE MILITARY? YES _____ NO _____

SCHOOL/SERVICE BRANCH	CITY/STATE	MONTH/YEAR GRADUATED
_____	_____	_____

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 7 YEARS? NO _____ YES _____

WHO REFERRED YOU TO LIMECO. INC.? _____

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ACCIDENT RECORD FOR THE PAST FIVE YEARS

DATE	TYPE OF ACCIDENT (OVERTURE, HEAD-ON, ETC.)	TICKET	FATALITIES
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

IF NONE WRITE NONE HERE. _____

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MOVING VIOLATIONS FOR THE PAST FIVE YEARS

DATE	LOCATION	VIOLATION
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____

IF NONE WRITE "NONE" HERE. _____

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USE THE BACK OF THIS PAGE IF YOU NEED TO EXPLAIN FURTHER ANY STATEMENTS YOU HAVE GIVEN.

MY SIGNATURE ON THIS APPLICATION CERTIFIES THAT THIS APPLICATION HAS BEEN COMPLETED BY ME AND ALL INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE YOU TO MAKE INQUIRIES TO ASCERTAIN INFORMATION REGARDING BACKGROUND INFORMATION IN ORDER TO SECURE EMPLOYMENT WITH YOUR COMPANY. I RELEASE EMPLOYERS, SCHOOLS AND ALL OTHER PERSONS FROM ALL LIABILITY IN RESPONDING TO THOSE INQUIRES.

I FURTHER UNDERSTAND THAT IF I HAVE GIVE FALSE OR MISLEADING INFORMATION ON THE APPLICATION IT WILL BE GROUNDS FOR MY IMMEDIATE TERMINATION WITHOUT RECOURSE.

DATE

APPLICANT'S SIGNATURE