

DOT APPLICATION FOR EMPLOYMENT

(Please Print)

Position Desired: _____ Date: _____

How did you learn about us?

Advertisement Friend Walk-In Relative Other: _____

Name (Last): _____ (First): _____ (Middle): _____

Date of Birth: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

If your above address is less than three (3) years, continue them below to cover the previous three (3) year period.

1. Address: _____

Dates: From: _____ To: _____ City: _____

State: _____ Zip Code: _____

2. Address: _____

Dates: From: _____ To: _____ City: _____

State: _____ Zip Code: _____

3. Address: _____

Dates: From: _____ To: _____ City: _____

State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Are you over eighteen (18) years of age? Yes No

Are you twenty-one (21) years of age (for interstate or hazardous materials)? Yes No

** Company will not publicly display SSN on any access card, require any SSN for a personal identification, or print SSN on any mailing except as required by law.*

Have you ever filed an application with us before? Yes No

Have you ever worked for **Blue Diamond Carriers LLC**? Yes No

If so, when? _____

Are you able to perform the duties of the job for which you are applying? Yes No

If no, please describe. _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you legally authorized to work in the United States? Yes No

Proof of identity and work authorization will be required upon employment.

On what date would you be available for work? _____

Availability: Full-Time Part-Time Shift Work Temporary

Percentage of time willing to travel OTR: _____

Have you ever been convicted or pled guilty or no contest to a felony offense? Yes No

If yes, please explain. _____

For purposes of employment with **Blue Diamond Carriers LLC**, "convictions" include, but are not limited to, sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication), and court-ordered restitution.

City/State: _____ Charge: _____

*Please explain. _____

**Conviction of a felony will not necessarily bar you from employment.*

FELONY CONVICTION

I, _____, agree to immediately notify **Blue Diamond Carriers LLC** if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony or any crime involving dishonesty or a breach of trust while my application is pending or during my period of employment, if hired.

Signature of Applicant

Date

EDUCATION

Circle the highest grade completed in school.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Name, address, city, and state of last school attended: _____

Vocational or Business Schools Attended: _____

List names of friends or relatives now employed by **Blue Diamond Carriers LLC**.

PERSON TO CONTACT IN CASE OF AN EMERGENCY

This information is to facilitate contact in the event of an emergency and is not used in the selection process.

Full Name

Phone

Address

Their Place of Employment

Phone

Address

Their Relationship to You

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY FOR LAST TEN (10) YEARS

Start with your present or last job. You may also include any activities which you believe demonstrate your qualifications for the position applied. If applicant is too young to have an employment history going back ten (10) years, include schools attended or whatever applicant was doing. **(Attach additional sheets if necessary)**

CURRENT OR MOST RECENT EMPLOYER:

Name: _____ Phone: _____

Address: _____

Supervisor: _____ Dates of Employment: _____ to _____

Positions/Duties: _____

Reason for Leaving: _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Were you subject Federal Motor Carriers Safety Regulations (FMCSR)? Yes No

NEXT PREVIOUS EMPLOYER:

Name: _____ Phone: _____

Address: _____

Supervisor: _____ Dates of Employment: _____ to _____

Positions/Duties: _____

Reason for Leaving: _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Were you subject Federal Motor Carriers Safety Regulations (FMCSR)? Yes No

NEXT PREVIOUS EMPLOYER:

Name: _____ Phone: _____

Address: _____

Supervisor: _____ Dates of Employment: _____ to _____

Positions/Duties: _____

Reason for Leaving: _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Were you subject Federal Motor Carriers Safety Regulations (FMCSR)? Yes No

ACCIDENT RECORD AND TRAFFIC CONVICTIONS

Include vehicles having a GVWR of 26,001 lbs. or more (or 10,000 lbs. for interstate), vehicles designed to transport fifteen (15) or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Accident Record for past three (3) years or more (attach sheet if more space is needed). If none, write "none".

Dates	Type of Vehicle	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

List all violations of motor vehicle laws or ordinances (other than parking violations) of which you were convicted, forfeited bond, or collateral during the past three (3) years.

Location	Date	Charge	Penalty

(Attach sheet if more space is needed.)

Experience and Qualifications - Driver

Driver's Licenses	State	License No.	Type	Expiration Date

- 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

Include a detailed explanation of the facts and circumstances for each denial, revocation, or suspension.

Driving Experience (If None, Write "None")

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor - Two (2) Trailers				
Motor coach - School Bus				
Other				

List states operated in for last five (5) years. _____

Show special courses or training that will help you as a driver. _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation, or other experience that may help in your work for this Company.

List courses and training other than those shown elsewhere in this application.

List special equipment or technical materials you can work with (other than those already shown).

DRUG TESTING 49 CFR 40.25(j)

Have you ever tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you have applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two (2) years?

Yes No

If YES --- Have you successfully completed the return to duty process? Yes No

If YES --- Documentation MUST BE PROVIDED before any safety-sensitive transportation function is performed. Yes No

If yes, please give details. _____

Our business is a subscriber to Workers' Compensation of Texas.

Signature

Date

RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION

The information you provided on this application may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec. 391.23 (i)(1), you have the following rights with regard to the safety performance history information provided by your previous employers.

THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS

You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment is made. You will be provided with the records within five (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five (5) day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

THE RIGHT TO HAVE ERRONEOUS INFORMATION CORRECTED

If you believe there is an error in the records, you have the right to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of your safety performances history record and provide it to subsequent prospective employers when requests for this information are received.

THE RIGHT TO REBUT DISPUTED INFORMATION

If the previous employer does not agree that information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must; forward a copy of the rebuttal to the prospective employer; append the rebuttal to your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of the three (3) year data retention requirement period. You may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION

You may report failures of a previous employer to correct information or include your rebuttal as part of the safety performance, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 386.12.

CERTIFICATION

"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".

Date

Signature of Employer's Representative

Signature of Employee

Print Name