



**ANDERSON TRUCKING, LLC**  
**5001 BRENTWOOD STAIR RD., SUITE #210**  
**FT. WORTH, TX 76112**

**OFFICE: 817.451.0801 AFTER HOURS: 817.726.5697 FAX: 817.764.6249**  
**MC#698392**

**Application for Employment**

(APPLICATION WILL REMAIN ACTIVE FOR 90 DAYS)

ANDERSON TRUCKING, LLC is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

THIS IS NOT AN APPLICATION FOR EMPLOYMENT EXCEPT TO THE EXTENT SO DEFINED BY 49 C.F.R. §390.5. THIS DOCUMENT WILL BE USED TO CERTIFY THE APPLICANT TO MEET THE REQUIREMENTS PRESCRIBED BY THE UNITED STATES DEPARTMENT OF TRANSPORTATION. PLEASE PRINT – ALL QUESTIONS MUST BE ANSWERED

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
           First          Middle          Last

Phone: (\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ (not discriminated against due to age)

Please list each address at which you have resided during the three (3) years preceding the date on which this application was submitted. (Use separate sheet if necessary.)

Present Address: \_\_\_\_\_  
                                   Street                                  City                                  State                                  Zip Code

Past Address: \_\_\_\_\_  
                                   Street                                  City                                  State                                  Zip Code

Past Address: \_\_\_\_\_  
                                   Street                                  City                                  State                                  Zip Code

**PLEASE ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE CORRECT BOX AND COMPLETING BLANKS IF REQUESTED.**

|   | YES | NO |   | YES | NO |
|---|-----|----|---|-----|----|
| If hired, can you provide proof that you are eligible to work in the United States?   |     |    | Have you ever been convicted of a felony?   |     |    |
| Is there any reason you might be unable to perform the functions necessary to operate a commercial motor vehicle?   |     |    | Have you ever been convicted for driving while intoxicated?                         |     |    |
| Are you familiar with Motor Carrier Safety regulations?   |     |    | Have you ever been convicted in the last 5yrs for wreck less driving?               |     |    |
| Can you speak and read English sufficiently to converse with the general public, read traffic signs, to respond to Officials, and to make entries on reports? |     |    | Has your driver license ever been suspended?  |     |    |
| Have you ever worked under any other name? If yes please explain _____  |     |    | Do you take any schedule 1 drugs as listed IN DOT section 1308.11 under Appendix 1? |     |    |
|   |     |    | Do you drink alcohol?   |     |    |

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**EMPLOYMENT HISTORY  
PAST 10 YEARS**

**1ST EMPLOYER**

From \_\_\_\_\_ Mo. / \_\_\_\_\_ Yr. to \_\_\_\_\_ Mo. / \_\_\_\_\_ Yr. Company Name: \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Position: \_\_\_\_\_

Type of Equipment You Operated Vans Flats Doubles Reefer

Reason for leaving \_\_\_\_\_

**2<sup>ND</sup> EMPLOYER**

From \_\_\_\_\_ Mo. / \_\_\_\_\_ Yr. to \_\_\_\_\_ Mo. / \_\_\_\_\_ Yr. Company Name: \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Position: \_\_\_\_\_

Type of Equipment You Operated Vans Flats Doubles Reefer

Reason for leaving \_\_\_\_\_

**3<sup>RD</sup> EMPLOYER**

From \_\_\_\_\_ Mo. / \_\_\_\_\_ Yr. to \_\_\_\_\_ Mo. / \_\_\_\_\_ Yr. Company Name: \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Position: \_\_\_\_\_

Type of Equipment You Operated Vans Flats Doubles Reefer

Reason for leaving \_\_\_\_\_

**4<sup>TH</sup> EMPLOYER**

From \_\_\_\_\_ Mo. / \_\_\_\_\_ Yr. to \_\_\_\_\_ Mo. / \_\_\_\_\_ Yr. Company Name: \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Position: \_\_\_\_\_

Type of Equipment You Operated Vans Flats Doubles Reefer

Reason for leaving \_\_\_\_\_

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**5th EMPLOYER**

From \_\_\_\_\_ Mo. / \_\_\_\_\_ Yr. to \_\_\_\_\_ Mo. / \_\_\_\_\_ Yr. Company Name: \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position: \_\_\_\_\_

Type of Equipment You Operated Vans Flats Doubles Reefer

Reason for leaving \_\_\_\_\_

**6th EMPLOYER**

From \_\_\_\_\_ Mo. / \_\_\_\_\_ Yr. to \_\_\_\_\_ Mo. / \_\_\_\_\_ Yr. Company Name: \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position: \_\_\_\_\_

Type of Equipment You Operated Vans Flats Doubles Reefer

Reason for leaving \_\_\_\_\_

**7th EMPLOYER**

From \_\_\_\_\_ Mo. / \_\_\_\_\_ Yr. to \_\_\_\_\_ Mo. / \_\_\_\_\_ Yr. Company Name: \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position: \_\_\_\_\_

Type of Equipment You Operated Vans Flats Doubles Reefer

Reason for leaving \_\_\_\_\_

**8th EMPLOYER**

From \_\_\_\_\_ Mo. / \_\_\_\_\_ Yr. to \_\_\_\_\_ Mo. / \_\_\_\_\_ Yr. Company Name: \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position: \_\_\_\_\_

Type of Equipment You Operated Vans Flats Doubles Reefer

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

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**DRIVER'S LICENSE AND DRIVING RECORD**

**CURRENT LICENSE:**

State: \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_ License No. \_\_\_\_\_

Do you currently hold any other driver license in addition to that listed above? \_\_\_\_\_ if yes, what state? \_\_\_\_\_

Is your license A CDL? YES \_\_\_ NO \_\_\_ what endorsements do you have? HAZ MAT \_\_\_\_\_ Doubles/Triples \_\_\_\_\_

**DRIVER'S LICENSE: LIST ALL DRIVER LICENSES HELD IN THE PAST 5 YEARS:**

NOTE: Commercial Driver's must not have an Air Brake restriction and must have Haz Mat and Doubles endorsements.

| STATE | CLASS | EXPIRATION |
|-------|-------|------------|
|       |       |            |
|       |       |            |
|       |       |            |

**LIST ALL ACCIDENTS AND INCIDENTS PREVENTABLE AND NON-PREVENTABLE FOR PAST 3 YEARS:**

(Use separate sheet if necessary) If you have had no accidents in the past 3 years write none.

| DATE | LOCATION | CHARGE |
|------|----------|--------|
|      |          |        |
|      |          |        |
|      |          |        |

**LIST ALL TRAFFIC CONVICTIONS (TICKETS) AND FORFEITURES FOR THE PAST 3 YEARS:**

(Other than parking tickets) (Use separate sheet if necessary) If you have had no tickets in the past 3 years write none

| DATE | LOCATION | CHARGE |
|------|----------|--------|
|      |          |        |
|      |          |        |
|      |          |        |

**DESCRIBE THE NATURE AND EXTENT OF YOUR EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES:**

(Examples: Buses, trucks, truck tractors, semi-trailers, full trailers, etc. (Use separate sheet if necessary)

| TYPE OF EQUIPMENT | YEARS OF EXPERIENCE | TYPE OF EXPERIENCE |
|-------------------|---------------------|--------------------|
|                   |                     |                    |
|                   |                     |                    |
|                   |                     |                    |

List any special courses or training you have taken that will help you as a driver.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List any safe driving awards you have received and from whom. \_\_\_\_\_

What date are you available for work? \_\_\_\_\_

Are you capable of driving in winter conditions and chaining up? YES \_\_\_ NO \_\_\_

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RELEASE AUTHORIZATION \* FOR DRUG AND ALCOHOL  
RESULTS AUTHORIZATION FOR PREVIOUS EMPLOYMENT VERIFICATION  
(Top half of this form to be completed by applicant)

DRIVER \_\_\_\_\_ SSN # \_\_\_\_\_  
(Please Print)

I authorize my previous employers to release all positive drug and alcohol test results, to Anderson Trucking, for the Past two years, including any known refusal of such tests, conducted under 49 CFR Parts 391 and 382, of the FHWA Motor Carrier Safety Regulations.

I further authorize my previous employers to release the dates of my previous employment, to Anderson Trucking, as Required by 49 CFR Parts 391.23 of the FHWA Motor Carrier Safety Regulations.

I agree to release and hold harmless your company, its Agents and employees from any liability for providing the Information I am requesting you provide to CAL – CLEVE, LTD.

Applicant \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Applicant Signature \_\_\_\_\_

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

TO: \_\_\_\_\_ DATE \_\_\_\_\_ FAX NO. \_\_\_\_\_

(Previous Employer) PHONE NO. \_\_\_\_\_

The applicant named above has indicated he worked for your company during the previous three (3) years. Regulations Of the Federal Highway Administration 49 CFR 382.413 require us to obtain from your company, and requires your Company to provide us, information concerning the above named driver's past drug and alcohol tests results and any Refusals to be tested. Please provide the following information:

PERIOD OF EMPLOYMENT from \_\_\_\_\_ to: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Position Held \_\_\_\_\_ Eligible for Rehire \_\_\_\_\_ No. of States Driven: \_\_\_\_\_ No. of Tickets \_\_\_\_\_

No. of Accidents \_\_\_\_\_ Reportable \_\_\_\_\_ Non-reportable \_\_\_\_\_ Preventable \_\_\_\_\_ Non-preventable \_\_\_\_\_

Equipment Operated: Vans 53' 48' Flat Refer Doubles Log Problems? YES \_\_\_\_\_ NO \_\_\_\_\_

CONTROLLED SUBSTANCE TESTING – WITHIN 2 YEARS PRECEDING DATE OF THIS APPLICATION

Any positive controlled substance tests results? YES \_\_\_\_\_ NO \_\_\_\_\_

Any alcohol tests results indicating an alcohol concentration of 0.04 or greater? YES \_\_\_\_\_ NO \_\_\_\_\_

Any refusal to take any drug or alcohol test required less than 49 CFR Part 391 and 382? YES \_\_\_\_\_ NO \_\_\_\_\_

Any alcohol tests results indicating an alcohol concentration of 0.04 or greater? YES \_\_\_\_\_ NO \_\_\_\_\_

Any refusal to take any drug or alcohol test required less than 49 CFR Part 391 and 382? YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS \_\_\_\_\_

Person Providing Information \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

ANDERSON TRUCKING, LLC representative requesting information: \_\_\_\_\_

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**DRIVER PROFILE**  
**PLEASE PRINT ALL INFORMATION**

\_\_\_\_\_  
**DRIVER NAME**

\_\_\_\_\_  
**SOCIAL SECURITY NO.**

\_\_\_\_\_  
**DATE OF BIRTH**

\_\_\_\_\_  
**HOME ADDRESS**

\_\_\_\_\_  
**CITY**

\_\_\_\_\_  
**STATE**

\_\_\_\_\_  
**ZIP**

(\_\_\_\_) \_\_\_\_\_  
**HOME PHONE**

(\_\_\_\_) \_\_\_\_\_  
**CELL PHONE**

**IN THE EVENT OF AN EMERGENCY PLEASE NOTIFY:**

1. \_\_\_\_\_  
**NAME** **RELATIONSHIP**

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
**HOME PHONE NO.** **WORK PHONE NO.**

2. \_\_\_\_\_  
**NAME** **RELATIONSHIP**

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
**HOME PHONE NO.** **WORK PHONE NO.**

3. \_\_\_\_\_  
**NAME** **RELATIONSHIP**

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
**HOME PHONE NO.** **WORK PHONE NO.**

4. \_\_\_\_\_  
**NAME** **RELATIONSHIP**

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
**HOME PHONE NO.** **WORK PHONE NO.**

**DRIVER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_/\_\_\_/\_\_\_

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**APPLICANT AGREEMENT**

Please read this application and sign below, if you understand and agree to its terms. If you have any questions or need explanation, please ask now.

I understand and agree that the Department of Transportation (DOT) Physical Examination shall include Substance screening.

I understand and agree that Anderson Trucking thereafter referred to as the "Company", reserve the right to use substance abuse Tests, 1) at random, 2) for reasonable cause, 3) after any accident and 4) during re-certification of physicals – according to DOT Regulations or Company policy.

I UNDERSTAND THAT THE INFORMATION IN THIS APPLICATION WILL BE USED AND THAT PAST OR PRESENT EMPLOYERS WILL BE CONTACTED FOR PURPOSES OF INVESTIGATION AS REQUIRED BY 391.23 OF THE MOTOR CARRIER SAFETY REGULATIONS.

I also understand and agree that the Company or its Agents may investigate my background to ascertain any and all information of Concern to my record, whether that information is of record or not, and I release all former employers and persons named in the EMPLOYMENT HISTORY section of this document from all liability for any damage because they furnish such information. Further understand that as a result of making this application for certification, my criminal record may be examined by the Company or its Agents. I hereby authorize the Company or its designated Agents to make any lawful examination of my criminal record

I understand that at any time in the future, whether my employment with the Company is in effect or has been terminated, upon Request of any party or any surety, the Company may furnish reports and information relative to my record and services with, the Company. I agree that this information may be furnished without any liability or damages on behalf of the Company. As part of the certification process, a medical examination, including drug testing, will be required after a conditional offer is reached.

I further agree to provide access to previous medical records if required. Withholding, omitting, or falsifying any circumstances of information about my past or present health, or any positive drug test result, May result in denial of certification or termination of my employment.

I UNDERSTAND THAT, DURING THE TERM OF MY CONTRACT, I WILL COMPLY WITH THE GUIDELINES AND DIRECTIVES SET FORTH BY THE COMPANY, WHICH SHALL BE AMENDED FROM TIME TO TIME? I ALSO AGREE THAT MY EMPLOYMENT CAN BE TERMINATED AS PROVIDED IN THE DRIVERS HANDBOOK OR AS PRESCRIBED BY THE SAFETY DEPARTMENT.

The information I have provided on this Application for Certification is true and complete to the best of my knowledge. Any written or Verbal misrepresentations or omission of any fact in my application for certification, resume or any other materials submitted to the Company or in subsequent interviews may result in denial of certification or termination of my employment.

I agree to furnish any additional information and complete any examinations that may be required to complete my certification.

I consent to the procurement and use of any consumer reports, including reports from DAC Services, Inc., deemed necessary by ANDERSON TRUCKING, LLC, its Agents, or subsidiaries in their consideration of my application.

I understand that this application in and of itself does not constitute an employment offer between the Company and me.

I understand and agree that this Application for Certification in no way obligates the Company to certify me as an employee and that This is not an application for employment, until an offer of employment is reached.

I have read and I understand all of this Agreement.

This certifies 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 \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant's Signature \_\_\_\_\_

\*\*\*\*\*DO NOT WRITE BELOW\*\*\*\*\*

Date Interviewed \_\_\_\_/\_\_\_\_/\_\_\_\_ Interview Comments \_\_\_\_\_

Hired \_\_yes \_\_no Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_