

Education

School Level	Name /Location Of School	# of Years Attend	Did You Graduate	Subject Studied
High School				
College				
Trade Business or Correspondence School				

General

Special Training
Special Skills

Former Employers

*** List your employers beginning with most current. ** For Non-DOT Applicants please cover the last three years of employment.
 ** For DOT applicants, FMCSA requires 10 years job history. If more sections are needed use page four of this application.

Name of Present or Last Employer			
Address		City	State
			Zip
Start date	Leaving Date		
Weekly Starting salary	Weekly Final Salary		
Name of Supervisor		Title	Phone
Description of work			
Reason for leaving			

Name of First Previous employer			
Address		City	State
			Zip
Start date	Leaving Date		
Weekly Starting salary	Weekly Final Salary		
Name of Supervisor		Title	Phone
Description of work			
Reason for leaving			

Name of Next previous employer			
Address		City	State
Zip	Leaving Date		Job Title
Start Date	Weekly Final Salary		May we contact Your Supervisor? Yes [] No []
Weekly Starting salary	Title		Phone
Name of Supervisor			
Description of work			
Reason for leaving			

Driving Information

(Applies to any applicant applying for a position that may require driving vehicles for company business.)

Drivers License	State	License No.	Endorsements	Restrictions	Exp. Date
C.D.L. Yes [] No []					

List all Accidents in the Past Five Years

Date	Description of Accident

List all Traffic Convictions and Forfeitures in the Past Three Years

Date	Violation	Date	Violation

List states operated in for the last five years _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

If so for what reason? _____

By signing, I certify that I am the person described in this application and that all entries are true and correct. I also understand that any material misstatements in this application may be grounds for immediate dismissal.

Applicants Signature

Date

Name of Next previous employer				
Address		City	State	Zip
Start date	Leaving Date		Job Title	
Weekly Starting salary	Weekly Final Salary		May we contact Your Supervisor? Yes [] No []	
Name of Supervisor		Title	Phone	
Description of work				
Reason for leaving				

Name of Next previous employer				
Address		City	State	Zip
Start date	Leaving Date		Job Title	
Weekly Starting salary	Weekly Final Salary		May we contact Your Supervisor? Yes [] No []	
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Reason for leaving				



J4 Fluid Services
4602 US HWY 59 N
Victoria, Texas 77905

Motor Vehicle Report Authorization Release

Instructions: Then following release is to be signed by the applicant so that a Motor Vehicle Report (MVR) request may be submitted. A MVR will be requested from the state that issued the individuals driver's license prior to and once hired requested annually thereafter. This is required for DOT drivers by 49 CFR 391.251 and required for all other employees by company policy.

The request for a MVR, which is a consumer report, will be made in accordance the section 604 and 607 of the Fair Credit Reporting Act, Public Law 91.508 as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 102.208).

In accordance with my application for employment, promotion, reassignment, retention, retention or contract for services it is understood that a Motor Vehicle Report (MVR) will be requested concerning my driving record.

I authorize without reservation any party or agency to furnish a MVR for purposes of investigation as required by Federal Motor Carriers Safety Administration in 49 CFR 391.23 and 3914.25. If hired (or contracted) this authorization shall remain on file and serve as on-going authorization to procure a MVR at any time during my employment (or contract) period.

I have the right to request from the party or agency obtaining the MVR the nature and substance of all information on me in its files, including the source of information and the recipients of any reports issued within the two year period preceding my request.

PRINT NAME (FIRST, M.I., & LAST)

SIGNATURE

DATE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER

ISSUING
STATE