



# APPLICATION FOR EMPLOYMENT

**OFFICE USE ONLY**

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

<b><u>Record Process</u></b>		
Date of Hire: _____	Department: _____	Supervisor: _____
Yard Location: _____		
CDL Driver: YES / NO      NON-CDL Driver: YES / NO		
NON-Driver EXCLUSION Signed: YES / NO		

*(Please print clearly, additional sheets will be provided if needed)*

Position applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last                                  first                                  middle

**Previous Addresses**

*List your last addresses of residency for the past 3 years:*

Phone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Current address: \_\_\_\_\_

Street                                  City                                  State                                  Zip  
How long: \_\_\_\_\_ list years / months

-----  
Previous: \_\_\_\_\_

Street                                  City                                  State                                  Zip  
How long: \_\_\_\_\_ list years / months

-----  
Previous: \_\_\_\_\_

Street                                  City                                  State                                  Zip  
How long: \_\_\_\_\_ list years / months

-----  
Previous: \_\_\_\_\_

Street                                  City                                  State                                  Zip  
How long: \_\_\_\_\_ list years / months



Do you have the legal right to work in the United States: \_\_\_\_\_

Type of employment desired? Full time \_\_\_\_\_ Part time \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you been convicted of a crime? \_\_\_\_\_ If yes please explain:

**This is a drug and alcohol free work place. Drug and or Alcohol test will be conducted: pre-employment, random, post accident, reasonable suspicion, return to duty, follow up. Any employee refusing to test can be immediately dismissed; CDL driver license holders will be reported to DOT as required by state and federal law. Company policy is that if a person has ever been in violation of the rules in part 40 (DOT) or 382 (FMCSA) they will not be considered eligible for any job which includes operation of a CMV (greater than 10,000 GVWR) unless they have completed the RETURN TO DUTY PROCESS.**

Have you ever refused to be tested for drugs or alcohol? Yes / No

Have you ever tested positive for drugs or alcohol under pre-employment, suspicion, random, post-accident? Yes / No

You must provide a Return to Duty Process documentation for any positive drug or alcohol test.

**Drivers License Information**  
**(print clearly)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Do you have a current license? \_\_\_\_\_ (if no, please explain in section below)

License #: \_\_\_\_\_ State: \_\_\_\_\_ Type/Class: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Restrictions: \_\_\_\_\_ Endorsements: \_\_\_\_\_

States you operated in: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Have you ever had your license suspended or revoked? Yes / No

Have you ever been convicted of a crime involving the use of a commercial vehicle? Yes / N



Last Name: \_\_\_\_\_ First: \_\_\_\_\_

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

For the past three years please list any and all moving violations and or accidents:

Date: \_\_\_\_\_ Violation/Accident: \_\_\_\_\_

Date: \_\_\_\_\_ Violation/Accident: \_\_\_\_\_

Past three years have you had a vehicle accident involving a Fatality? Yes / No Injury? Yes / No  
Explain: give dates and locations – use back of sheet if more room is required

A weight lift of 100 pounds may be required; may there be problem with this task? Yes /No  
(if yes, please explain)

Is there any reason you might be unable to perform the functions of the job for which you have applied? \_\_\_\_\_

Do you have reliable transportation to work? Yes / No

Over time (over 40 hours) is not guaranteed, but regularly occurs. Can you work over 40 hours per week? Yes / No

Please list work experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of vehicles/equipment driven and years of experience:

Type: \_\_\_\_\_ Years: \_\_\_\_\_

Type: \_\_\_\_\_ Years: \_\_\_\_\_

Type: \_\_\_\_\_ Years: \_\_\_\_\_

Do you have any special certificates or endorsements? Yes / No Please list below: \_\_\_\_\_

**Your Driving Record will be verified, please note that by signing this application, you are agreeing. Also be advised that during your course of your pre-employment review and your ongoing employment with Primary Utility Services, LLC your motor vehicle record will be reviewed periodically. If at any time your driving history deems you unacceptable to our insurance carrier or our company policies, your employment may be terminated. Any and all moving violations, accident frequency (regardless of fault) and other violations will be considered. All applicants must provide information on all employers for the proceeding three years: Applicants to drive commercial vehicles intrastate or interstate commerce shall also provide an additional 5 (five) years of information.**



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

### Past Employment

Previous and past employment will be verified: Begin from present to past employment. If you will be driving a CMV, you must provide complete employment history for the past 10 years. Any gaps in employment longer than 1 month must be explained. An additional copy of this page can be made if needed.

From: (dates) \_\_\_\_\_ To: \_\_\_\_\_  
 Name of Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone / Fax numbers: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Did you drive a vehicle in which a CDL was required: \_\_\_\_\_  
 Dates of unemployment or other type of work: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Activity: \_\_\_\_\_

From: (dates) \_\_\_\_\_ To: \_\_\_\_\_  
 Name of Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone / Fax numbers: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Did you drive a vehicle in which a CDL was required: \_\_\_\_\_  
 Dates of unemployment or other type of work: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Activity: \_\_\_\_\_

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 Name of Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone / Fax numbers: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Did you drive a vehicle in which a CDL was required: \_\_\_\_\_  
 Dates of unemployment or other type of work: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Activity: \_\_\_\_\_

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 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone / Fax numbers: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Did you drive a vehicle in which a CDL was required: \_\_\_\_\_  
 Dates of unemployment or other type of work: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Activity: \_\_\_\_\_



## Driver License Compliance

All applicants must read, fill out and sign:

Parts 383 and 391 of the FMCSA regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987.

You, as a holder of a Texas driver's license and or a CMV license holder must not possess more than one license.

You should notify any additional states that you will not be holding a license in their state and must hold only one state license. If lost, stolen or destroyed that state must be notified of the change and your record must be closed.

Due to insurance constraints, if you reside in the State of Texas and you hold an out of state license, you have 60 days to make the license change or may be placed on un-paid time off until this takes place and you have provided a Texas driver license.

Sections 392.42 and 383.33 of the FMCSR require that you notify your current employer the next business day of any revocation or suspension of your driver's license. You must also in accordance to section 383.31 FMCSR requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

Motor carrier requires in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce. The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous material that require placarding.

**DRIVER CERTIFICATION:** I certify that I have read and understand the above requirements. The following license is the only one I possess:

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

Expiration: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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



**Application and Employment Agreement:**

I understand that nothing in this application, or in any prior or subsequent written or oral statement, creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by Primary Utility Services, LLC, and my employment will be "At Will", for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of Primary Utility Services, LLC, or myself. I also understand that I have the right to end my employment at any time and that Primary Utility Services, LLC. retains the same right. I also understand that no one has the authority to enter into any contract, agreement or modification of the foregoing unless such contract agreement or modification is in writing and signed by the president of Primary Utility Services, LLC. I understand that if my employment is extended based on the information on this application and any of the information should prove inaccurate and or I do not abide by all company policies and procedures, employment may be terminated immediately. I also understand that any false or misleading information may result in discharge.

**Authorization for Release of Information:**

I hereby authorize any investigator or duly accredited representative of Primary Utility Services, LLC, bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, hospitals, clinics or individuals, relating to my activities. This information may include, but not limited to, academic, residential, achievements, performance, attendance, personal history, disciplinary, arrest and conviction records and hospitals, clinics for medical records. I hereby direct you to release such information upon request of the bearer. I also understand that the information released is for official use by Primary Utility Services, LLC, and may be released to any third parties in the fulfillment of official responsibilities. I understand information given I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose if investigating my safety performance history as required by 49 CRF 391.23(d) and (e). I understand I have the right to: (a) review information provided by the previous employer: (b) have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer: (c) Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information. I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or attempts to comply, with this authorization. **FAIR CREDIT**

**REPORTING ACT:** In accordance with the provisions of section 604(b)(2)(A) 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 the Public Law 104-208, you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and you're driving record may be obtained on you for employment purposes. Your employer may obtain this information from Equifax, TransUnion, Experian or other vendors of information services.

**Pre-Employment Screening Program (PSP):**

In connection with your application for employment, it may be necessary to obtain one or more of the reports regarding your driving, and safety inspection history from the FMCSA. If the company uses any information it obtains from the FMCSA in a decision to not hire you or make any other adverse employment decision regarding you, the company will provide you with a copy of the report upon which its decision was based and written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the prospective employer will notify you that the action has been taken and that action was based in part or in whole on this report. The prospective employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the prospective employer may obtain such a background reports, please read the following and sign below: I authorize Primary Utility Services, LLC to access FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the prospective employer to make a determination regarding my suitability as an employee. I further understand that neither the prospective employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>: If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to by my prospective employer and I understand that if I sign this consent form, the prospective employer obtain the required reports and I hereby authorize the prospective employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Name (print clearly): \_\_\_\_\_

SS# \_\_\_\_\_

Signature: \_\_\_\_\_

DOB: \_\_\_\_\_

(This will not affect hiring decisions)

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





**For CDL Driver's Only**

Previous Employer: \_\_\_\_\_ Fax#: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Please Mail or Fax to:

**Primary Utility Services, LLC  
4231 CR 230  
Snyder, Texas 79549**

**Phone: 325-574-1776  
Fax: 325-573-1283**

The individual named above has made application to this company for a position and states that he/she was employed by you; we appreciate your time in completing, the information requested.

**Previous Employer please complete: (APPLICANTS LEAVE THIS AREA BLANK)**

1. Employed from \_\_\_\_\_ to \_\_\_\_\_ as a \_\_\_\_\_  
at a wage or salary of \_\_\_\_\_.
2. Did he/she drive a motor vehicle for you? \_\_\_\_ Was he/she a safe/efficient driver? \_\_\_\_  
Straight Truck \_\_\_\_ Bus \_\_\_\_ Tractor-Semitrailer \_\_\_\_ Other \_\_\_\_
3. Reason for leaving your employ? \_\_\_\_\_ Discharged \_\_\_\_\_ Lay Off \_\_\_\_\_  
\_\_\_\_\_ Resignation \_\_\_\_\_ Military Duty \_\_\_\_\_
4. Was he/she general conduct satisfactory? \_\_\_\_\_
5. Please advise history of past driving record if available for past three years: Please  
include any citation(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Is this person eligible for rehire? \_\_\_\_\_ (if no please explain)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Person completing this form (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature





Applicant Name/SSN \_\_\_\_\_

**For CDL Driver's Only**

***Pursuant to Federal Regulation 49 CFR part 40.25, please furnish the requested information:***

***Previous employer must supply the following information regarding the above named individual during the past THREE years while employed to perform DOT covered safety sensitive function:***

ALL APPLICANTS LEAVE THIS AREA BLANK (Office Use Only)

- |   |              |    |
|---|--------------|----|
|   | (Circle one) |    |
| 1. Alcohol test with a result of 0.04 or higher alcohol concentration?                                      | Yes          | No |
| 2. Verified POSITIVE drug test?   | Yes          | No |
| 3. Refusal to be tested (including verified adulterated or substituted drug test results?)                  | Yes          | No |
| 4. Other violations of DOT agency drug and alcohol testing regulation?                                      | Yes          | No |
| 5. Did a previous employer report a drug and alcohol rule violation to you?                                 | Yes          | No |
| 6. If you answered "yes" to any of the above items, did the employee complete the "RETURN-TO-DUTY" process? | Yes          | No |

\_\_\_\_\_  
Name (print person completing this form)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

**NOTE: if you answered "yes" to item 5, you must provide the employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation, (i.e. SAP report(s), follow up testing record(s)).**

Please identify the Substance Abuse Professional you referred the employee to:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_