



APPLICATION FOR EMPLOYMENT

Date of Application: _____

Please complete all requested information. Resumes will not be accepted in place of completion of application.

Applicant Name: _____ Date of Birth: _____
(Print)

Address: _____

City: _____ State: _____ Zip: _____

Phone No: () _____ - _____ Cell No: () _____ - _____

Position Applied for: _____ Referred by: _____

In Compliance with Federal and State employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age marital status, veteran status, non-job related disability, or any other protected group status.

**STATEMENT & AUTHORIZATION TO RELEASE INFORMATION
PLEASE READ THIS STATEMENT CAREFULLY BEFORE YOU COMPLETE THIS APPLICATION**

The Company, in considering my application for employment or any subsequent changes such as promotion or transfer, may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, government agencies and medical personnel to supply any information concerning my background which may include, but is not limited to, criminal, credit and driver's license, provide state law permits and where such inquiries are job related. I further agree to submit to hair, alcohol and/or drug screening tests, if requested of me, at any time prior to, or during, my employment in accordance with the law. I further agree to undergo medical examination if required for the position sought. I understand that no one, other than the Company's President, in writing, has any authority to enter into an employment agreement with me which differs from the terms contained herein and that my employment can be terminated at will and is not contractual. In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge.

I understand that information I provide regarding current and/or previous employers may be used and those employer(s) will be contacted for the purpose of investigating my safety performance history required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

Review information provided by previous employers;

Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and

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.

Signature _____ Date _____

Applicant to Complete
(Answer all questions – Please Print)

List your addresses of residency for the past 3 year.

Previous Address: _____ Years _____ Mo. _____
Street City State & Zip

Previous Address: _____ Years _____ Mo. _____
Street City State & Zip

Previous Address: _____ Years _____ Mo. _____
Street City State & Zip

Previous Address: _____ Years _____ Mo. _____
Street City State & Zip

Have you reviewed the job description/specifications for the position for which you are applying?

Yes: _____ No: _____

Can you perform the physical requirements with or without reasonable accommodation? Yes: _____ No: _____

Do you have any relatives currently work for Stagecoach Cartage? Yes: _____ No: _____

If yes, Name: _____ Relationship: _____

Only those U.S. citizens or aliens who have a legal right to work in the United States are eligible for employment.

Can you, upon employment, submit documentation verifying your legal right to work in the United States and your identity? Yes: _____ No: _____

In case of an emergency, notify the following person:

Name: _____ Phone: (_____) _____

Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? (A record or conviction does not necessarily disqualify you from employment consideration.) Yes: _____ No: _____

If yes, list only conviction(s): _____

Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 **1** 12 College: 1 2 3 4

Last School Attended (Name): _____ City, State: _____

Truck Driving School Attended (Name): _____ City, State: _____

The prospective employee is required by Sec. 40.25 (j) to respond to the following questions:

1) Have you tested positive, or refused to test, on any pre-employment drug and alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes: _____ No: _____

2) If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements? Yes: _____ No: _____

Print Name

Signature

Please list **ALL** employment you have held for the past ten years, beginning with your present or last employer. Account for **ALL** time periods, including **UNEMPLOYMENT, SELF-EMPLOYMENT, SCHOOL** and **U.S. MILITARY SERVICE**. If space is insufficient, please ask for an additional past history form.

		Telephone:	
Company Name (or period of unemployment)		From:	To:
		Mo Yr	Mo Yr
Address		Position Held:	
City	State	Zip	
Contact Person:		Gross Salary/ Wage: Weekly: Monthly:	
Reason For Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No			
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of the 49CFR Part 40? Yes No			
		Telephone:	
Company name (or period of unemployment)		From:	To:
		Mo Yr	Mo Yr
Address		Position Held:	
City	State	Zip	
Contact Person:		Gross Salary/ Wage: Weekly: Monthly:	
Reason For Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No			
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of the 49CFR Part 40? Yes No			
		Telephone:	
Company name (or period of unemployment)		From:	To:
		Mo Yr	Mo Yr
Address		Position Held:	
City	State	Zip	
Contact Person:		Gross Salary/ Wage: Weekly: Monthly:	
Reason For Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No			
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of the 49CFR Part 40? Yes No			
		Telephone:	
Company name (or period of unemployment)		From:	To:
		Mo Yr	Mo Yr
Address		Position Held:	
City	State	Zip	
Contact Person:		Gross Salary/ Wage: Weekly: Monthly:	
Reason For Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No			
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of the 49CFR Part 40? Yes No			

	Telephone:	
Company Name (or period of unemployment)	From:	To:
	Mo Yr	Mo Yr
Address	Position Held:	
City State Zip	Gross Salary/ Wage: Weekly: Monthly:	
Contact Person:		
Reason For Leaving:		
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No		
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of the 49CFR Part 40? Yes No		
	Telephone:	
Company name (or period of unemployment)	From:	To:
	Mo Yr	Mo Yr
Address	Position Held:	
City State Zip	Gross Salary/ Wage: Weekly: Monthly:	
Contact Person:		
Reason For Leaving:		
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No		
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of the 49CFR Part 40? Yes No		
	Telephone:	
Company name (or period of unemployment)	From:	To:
	Mo Yr	Mo Yr
Address	Position Held:	
City State Zip	Gross Salary/ Wage: Weekly: Monthly:	
Contact Person:		
Reason For Leaving:		
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No		
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of the 49CFR Part 40? Yes No		
	Telephone:	
Company name (or period of unemployment)	From:	To:
	Mo Yr	Mo Yr
Address	Position Held:	
City State Zip	Gross Salary/ Wage: Weekly: Monthly:	
Contact Person:		
Reason For Leaving:		
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No		
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of the 49CFR Part 40? Yes No		

**This Section Is To Be Completed If Position
Involves Use of Commercial Motor Vehicle (49 C.F.R. § 391.21)**

DRIVING EXPERIENCE (Check Yes or No)

Class of Equipment	Circle Type of Equipment	Year of Experience	Approximate No. of Miles
Straight Truck- Yes ___ No ___	(Van, Tank, Flat, Dump, Reefer)		
Tractor & Semi Trailers- Yes ___ No ___	(Van, Tank, Flat, Reefer)		
Other			

ACCIDENT RECORD List all motor vehicle accidents in which you were involved in for the past 3 years. (If None, Write None)

Date	Nature of Accident (Head-On, Rear-End, Etc.)	Fatalities	Injuries	Hazardous Material Spill

CITATIONS FOR TRAFFIC VIOLATIONS

List ALL violations of motor vehicle laws or ordinances (other than parking) for which you have received a citation or ticket during the preceding three (3) years. (If None, Write None)

Location	Date	Charge	Have you been convicted or have you forfeited bond? Please circle Yes or No	Penalty
			Y/N	
			Y/N	
			Y/N	

DRIVER LICENSES List all driver licenses or permits held in the past 3 years.

State	License Number	Type/ Class	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 _____

If you answered "Yes" please give detail below:

CONSENT AND RELEASE FOR ALCOHOL AND DRUG TESTING

I, _____, being an applicant of Stagecoach Cartage (hereafter the "Company" or "Stagecoach"), hereby acknowledge that the Company reserves the right to require that I submit a sample of my hair and urine for chemical or other analysis and understand that Stagecoach will require drug testing as a part of its selection and hiring process. I also understand that such drug testing will consist of the taking of hair and urine, or any other medically recognized test designed to detect traceable amounts of drugs in the body. I further understand that if such testing indicates the presence of non-prescribed or illegal drugs in my body in any detectable amount, I will be disqualified from employment consideration. I hereby give my consent to Stagecoach to administer all of the above drug testing procedures, and to use the results thereof in further determining my employability with this Company.

I further understand the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited, controlled substances in my hair or urine. I hereby freely and voluntarily consent to this request for a hair and urine specimen and agree to participate in the testing program. I hereby and herewith release the Company, its employees, agents and contractors from any and all liability whatsoever arising from this request to furnish this hair and urine sample. The testing of the hair and urine sample and decisions made concerning my application for employment is based upon the results of the analysis. I agree to cooperate in all aspects of the testing program. I further acknowledge that the Company has provided me with an opportunity to ask questions related to its drug testing program and all my inquiries have been answered.

I certify that the information contained in this application was completed by me and is true, and correct to the best of my knowledge. I understand that falsifications or intentional omissions in this application are grounds for disqualification from further employment consideration or for my dismissal from the company. I agree to conform to all company rules, policies and FMCSA/OSHA regulations at all times. I understand that this is not a contract and, if hired, I will be an "**at will**" employee and my employment and compensation can be terminated with or without cause or notice, at the option of either the company or myself. I further understand that no personnel recruiter, manager or interviewer or any other representative of the company, other than in writing by the president of the Stagecoach Cartage, has any authority to enter into any agreement with me for employment which differs from the foregoing.

I understand that this application will remain active for thirty (30) days from today's date. If I still desire a position with the Company after this application expires, it will be my responsibility to fill out a new application and file it with the Company after that time period ends.

Print Name: _____ Date: _____

Signature: _____



STAGECOACH
CARTAGE & DISTRIBUTION, LP
Driver Safety Performance History

I, (Print Name) _____
 hereby authorize the following company to release and forward any of the following information to Stagecoach Cartage &
 Dist., LP as required by sections §40.25(g) and 391.23(h) of the Federal Motor Carrier Safety regulation.
 I understand the information must be made in a form that ensures confidentiality, such as, fax, e-mail, or letter.

 Applicant's Signature

 Date

*******To Be Completed by Employee*******

Previous Employer: _____
 Street: _____
 City, State, Zip: _____

The person named above has, while seeking employment with STAGECOACH CARTAGE, stated that he/she held a
 position with your company from _____ to _____, from _____ to _____.

TO BE COMPLETED BY PREVIOUS EMPLOYER & FAXED BACK TO (915)781-7442

The applicant named above was employed by us as _____
 From (M/Y) _____ to (M/Y) _____ from (M/Y) _____ to _____
 Did he/she drive motor vehicle for you? Yes _____ No _____. If yes, what type Straight Truck _____
 Tractor-Trailer _____ Bus _____ Cargo Tank _____ Doubles/Triples _____ Other _____
 Reason for Leaving? Discharged _____ Resignation _____ Laid-Off _____
 Eligible for Rehire? Yes _____ No _____ With Review _____ If No, why _____

Accidents: Complete the following for any accidents included on your accident register (§390.15 (b)) that involved the
 applicant in the 3 years prior to the application date shown above or check here _____ if there is no accident register for this
 driver.

Date	Location	Preventable	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies
 or insurers or retained under internal company policies :(Part391.23) (d) (2)(ii) _____

Drug & Alcohol History

If driver was **not** subject to Department of Transportation testing requirements while employed by this employer,
 please check here _____.

- | | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | _____ | _____ |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substance? | _____ | _____ |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol
or controlled substance test? | _____ | _____ |
| 4. Has this person committed other violations of Subpart B of part 382, or Part 40? | _____ | _____ |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete s SAP-prescribed rehabilitation
program in your employ, including return-to-duty and follow-up test? If yes, please send documentation back with this form. | _____ | _____ |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver
subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested? | _____ | _____ |

In providing this information, any drug or alcohol testing information obtained from previous employers under Part 40.25 or
 other applicable DOT regulations is included.

Any other remarks: _____

Completed by: _____
 Print Name

 Signature

Title: _____

Date: _____

Verified By: Fax _____ Phone _____