

APPLICANT INSTRUCTIONS

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Thank you for your interest in employment with our company. We appreciate your application, and look forward to the possibility of having you join our team. This sheet is for your information. Please read it carefully.

If you need any assistance or accommodation to facilitate the filling out of this form or during any of the application process, please notify the person who gave you this form and every effort will be made to provide you with the help you request.

Please complete the application portion of this form. Please print all information so it can be easily read. Be certain that all forms are COMPLETELY filled out and that you sign them. Applications with Incomplete information will not be considered. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. If you need additional space, you may use the back of the form.

This application form is intended for use in evaluating your qualifications for employment. This is not a contract for employment. False or misleading information given in this form or during the interviewing process are grounds for terminating the application process or, if discovered after employment, for terminating employment.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, and work experience. Credentials and experience will be verified through schools, former employers, and any other applicable sources. As an Equal Opportunity Employer, we make decisions to hire and promote without regard to race, color, religion, national origin, sex, marital status, political beliefs, physical or mental disability (unrelated to ability to do the job), or age (as defined by law).

We appreciate your interest.

I have read and understood the above information.

Signed _____ Date _____

APPLICATION FOR JOB ASSIGNMENT

Today's Date _____

What job are you applying for? _____
PERSONAL INFORMATION

Name (Last) (First) (Middle) SS# _____

Current Address _____

Permanent Address (if different) _____

Prior Address _____

Telephone number(s) where you can be reached: _____

Day _____ Evenings/Weekends _____

Are you age 18 or older? ___ Yes ___ No Are you eligible to work in the U.S.? Yes No

Have you ever been convicted of a felony? Yes No* City/State _____

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

Please explain _____

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 and address of last school attended: _____

Vocational or Business schools attended _____

BILINGUAL? Yes No LANGUAGE _____ Speak ___ Read ___ Write ___

DRUG TEST After a conditional job offer has been made or at any time during employment, you may be asked to take a drug test.

MEDICAL EXAM Employment at this business requires all employees to be fit to perform any physical and/or mental activities related to the essential functions of their jobs, as well as to appear regularly and on time for work as assigned.

After an offer of employment is made to you and before you report to work, you are required to submit to a medical review. Depending on the Company policy and the requirements of the job, you may be required to be examined by a medical professional chosen by the Company.

DRIVING RECORD - If hired, your information may be verified with a Motor Vehicle Report.

How many traffic violations have you had during the last two years? _____

Drivers License Number: _____, State _____

EMPLOYMENT RECORDS

In order for your application to be considered, every question must be answered. Correct phone numbers are very important.

Are you currently employed? Yes No

We routinely contact an applicant's current employer for reference checks.

Would this pose any particular difficulty for you? Yes No

If yes, please explain _____

*****Applicants with a Commercial Drivers License please skip boxed section and continue with next page.**

CURRENT OR MOST RECENT EMPLOYER

Name _____ Phone _____

Address _____

Positions/duties _____

From ____/____/____ to ____/____/____ Supervisor _____

Reason for leaving _____

NEXT PREVIOUS EMPLOYER:

Name _____ Phone _____

Address _____

Positions/duties _____

From ____/____/____ to ____/____/____ Supervisor _____

Reason for leaving _____

NEXT PREVIOUS EMPLOYER:

Name _____ Phone _____

Address _____

Positions/duties _____

From ____/____/____ to ____/____/____ Supervisor _____

Reason for leaving _____

***** **If you do not have a Commercial Drivers License please skip the next 2 pages and continue with the last page.*******

PREVIOUS THREE YEARS RESIDENCY

_____	_____	_____	# YEARS _____
(STREET)	(CITY)	(STATE & ZIP CODE)	
_____	_____	_____	# YEARS _____
(STREET)	(CITY)	(STATE & ZIP CODE)	
_____	_____	_____	# YEARS _____
(STREET)	(CITY)	(STATE & ZIP CODE)	

(Attach Sheet if More Space is Needed)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES NO
If yes, explain _____

For Commercial License Holders Only

Touchstone Services Inc.

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record)

Must list the complete mailing address: street number and name, city state and zip code.

LAST EMPLOYER: Name _____ Phone _____

Address _____

Position Held _____ Salary _____

From ____/____/____ to ____/____/____ Supervisor _____

Reason for leaving _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: Name _____ Phone _____

Address _____

Position Held _____ Salary _____

From ____/____/____ to ____/____/____ Supervisor _____

Reason for leaving _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: Name _____ Phone _____

Address _____

Position Held _____ Salary _____

From ____/____/____ to ____/____/____ Supervisor _____

Reason for leaving _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application

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, also that I am required to abide by all rules and regulation of the Company.

"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 as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/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."

DATE

APPLICANTS SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE

APPLICANTS SIGNATURE

Note: A motor carrier may require an applicant to provide information addition to the information required by the Federal Motor Carrier Safety Regulations.

REFERENCES:

Name only those persons who are familiar with your work capabilities. Do not list relatives.

Name	Phone/address	Position	Years known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use this space to give us other information about your personal skills or qualities, work style, interpersonal ability or communication skills which would further qualify you for this job.

APPLICANT'S CERTIFICATION AND AGREEMENT:

I certify that all information given on this application is true, correct, and complete. I also certify that I have accounted correctly for my work experience, education and training.

I understand that misrepresentation or omission of facts will be cause for cancellation of my consideration for employment, or dismissal, if employed. I authorize the Company and/or its agents, including consumer reporting bureaus, to verify any information contained in this application including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I further understand and agree that employment by this Company will be "at will." That is, either I or the Company may end the employment relationship at any time for any reason or for no reason. Also, I understand that no representative of the Company has the authority to enter into any agreement with me for employment for any specific period of time or make any agreement with me contrary to the foregoing.

I further certify that I have no objections to the following conditions concerning my employment:

1. Submitting to a medical review and an examination by a medical professional chosen by the Company after a conditional job offer has been made and before reporting for work, as determined by the essential functions of the job and Company policy. This review may include a Texas Workers' Compensation previous history review.
2. Taking a physical agility test if required by the essential functions of a specific position.
3. Submitting to a drug examination when requested by the Company as stated in the Company Drug Testing Policy.
4. Demonstrating the skill and ability to perform the essential functions of the assigned job.
5. Available for overtime.
6. Returning all Company issued items at the time of termination.
7. Abiding by the rules and regulations of the Company.
8. Available to work at the prevailing rate at that time; if assigned to another shift, department, or job.
9. Submitting to a security search when requested by the Company.

Signature of Applicant

Printed name of applicant

Date signed

Social Security Number