



Skinner Transportation, Inc.

CLIFTON
PO Box 568
Clifton, TX 76634
Office: 254-675-4474
Fax: 254-675-8397

AUSTIN
PO Box 26660
Austin, TX 78755
Office: 512-389-0082
Fax: 512-389-0084

CIBOLO
11958 Schaffer Road
Cibolo, TX 78108
Office:
Fax:

APPLICATION FOR EMPLOYMENT - DRIVER

NAME: _____
(LAST) (FIRST) (MIDDLE)

PHONE (HOME): _____ PHONE (CELL): _____

BIRTHDATE: _____ SOCIAL SECURITY#: _____

ADDRESS: _____
(STREET) (CITY) (STATE & ZIP) (HOW LONG?)

Previous addresses for the past 3 years:

ADDRESS: _____
(STREET) (CITY) (STATE & ZIP) (HOW LONG?)

ADDRESS: _____
(STREET) (CITY) (STATE & ZIP) (HOW LONG?)

EXPERIENCE AND QUALIFICATIONS
(Attach additional sheets if more space is needed)

	STATE	LICENSE #	ENDORSEMENTS	EXPIRATION DATE
Drivers				
Licenses				

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT VAN, TANK, FLAT, ETC.	DATE FROM	DATE TO	APPROX. NUMBER OF TOTAL MILES
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST THREE (3) YEARS OR MORE:

ACCIDENTS	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				
NEXT PREVIOUS				

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

LOCATION	DATE	CHARGE	PENALTY

- 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 THE ANSWER TO EITHER "A" OR "B" IS YES, ATTACH A DETAILED STATEMENT.

EMPLOYMENT RECORD
Attach sheet if more space is needed

NOTE: DOT requires that employment for at least three (3) years and/or commercial driving experience for the past ten (10) years be shown.

List all past employers with the most recent first.

1. COMPANY NAME: _____
ADDRESS: _____
TELEPHONE #: _____ FAX #: _____
POSITION HELD: _____ FROM: _____ TO: _____
REASON FOR LEAVING: _____
_____. SALARY: _____

2. COMPANY NAME: _____
ADDRESS: _____
TELEPHONE #: _____ FAX #: _____
POSITION HELD: _____ FROM: _____ TO: _____
REASON FOR LEAVING: _____
_____. SALARY: _____

3. COMPANY NAME: _____
ADDRESS: _____
TELEPHONE #: _____ FAX #: _____
POSITION HELD: _____ FROM: _____ TO: _____
REASON FOR LEAVING: _____
_____. SALARY: _____

4. COMPANY NAME: _____
ADDRESS: _____
TELEPHONE #: _____ FAX #: _____
POSITION HELD: _____ FROM: _____ TO: _____
REASON FOR LEAVING: _____
_____. SALARY: _____

TO BE READ AND SIGNED BY APPLICANT

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. I understand that Skinner Transportation, Inc. will comply with all FMCSR and federally mandated criminal background checks to be conducted as part of the Homeland Security Act. My signature below acknowledges my authorization for Skinner Transportation, Inc. to run all and any background information necessary to process my application for employment.

Date

Applicant Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the FMCSR.

COMMERCIAL DRIVERS LICENSE QUESTIONNAIRE

NAME: _____

TYPE: _____ YEAR EXPIRES: _____

NUMBER: _____

Please check the following endorsements / restrictions that apply.

Endorsements:

- _____ T – Double / Triple Trailer
- _____ P – Passenger
- _____ N – Tank Vehicle
- _____ H – Hazardous Material
- _____ X – Combination of N and H

Restrictions:

- _____ M – Interstate only (Commercial Motor Vehicle)
- _____ L – No air brakes
- _____ X – Licensed CDL operator in front seat. All classes CMV's
- _____ Y – Licensed CDL operator in front seat CMV's above class B
- _____ Z – Licensed CDL operator in front seat CMV's above class C

Other restrictions:

Code	Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

REQUEST FOR INFORMATION / PREVIOUS EMPLOYER

You are hereby authorized to give Skinner Transportation, Inc. all information regarding my services, character and conduct while in your employ, and you are released from any liability which may result from furnishing such information to the above named company.

Name: _____ S.S.#: _____
 has applied to Skinner Transportation, Inc. for a position as a _____ and states that he/she was employed by you as a _____ from _____ to _____
 _____. Please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in now way involve you in any responsibility. Thank you for your time.

* _____
 Prospective Employee Signature Date

Name of Employer: _____

1. Is the employment record with your company correct as stated above Yes No
 If answered no, please give correct dates: _____
2. Did the applicant drive a motor vehicle for you? Yes No
 Type driven: _____
3. Was the applicant a safe and efficient driver? Yes No
4. Reason for leaving: Discharge Lay off Resigned Other
5. Is this person eligible for rehire? Yes No
6. In your opinion is the applicant competent for the position sought? Yes No

PLEASE RATE THE FOLLOWING:	EXCELLENT	GOOD	FAIR	POOR
Quality of work				
Cooperation with others				
Safety habits				
Personal habits				
Driving skills				
Attitude				
Conduct with customer's				
Maintaining equipment				

Remarks: _____

Please return this form to :
 SKINNER TRANSPORTATION
 850 ED BLUESTEIN BLVD.
 AUSTIN, TEXAS 78721
 Telephone No.: (512) 389-3311
 Fax No.: (512) 389-0084

 Provided by: Name & Title Date

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
(First) (M.I.) (Last)

herby authorize that : Previous Employer: _____

Address: _____

Telephone No.: (____) _____ Fax No.: (____) _____

may release and forward information requested by Section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

SKINNER TRANSPORTATION
850 ED BLUESTEIN BLVD.
AUSTIN, TEXAS 78721
Telephone No.: (512) 389-3311
Fax No.: (512) 389-0084

in compliance with §40.25(g), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

* _____
Applicant's Signature Date

This information is being requested in compliance with §40.25 and §382.405(l)(h).

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , sign below and return.

Under Department of Transportation testing requirements:	Yes	No
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person had a verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form if applicable.)	<input type="checkbox"/>	<input type="checkbox"/>

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone No.: (____) _____

Section 2 completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail E-Mail

Date: _____



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.
2. Deliver, mail or FAX the completed form to:

**Texas Department of Public Safety
Motor Carrier Bureau, MSC# 0522
6200 Guadalupe, Building P
Austin, Texas 78752-4019
Facsimile: 512-424-5310**

I, _____ ,
Print Name of CDL Holder

of _____ ,
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to _____ ,
Print Name

of _____ ,
Print Address

Driver License Number: _____ State: _____ Date of Birth: _____

Signature of Driver: _____

Date: _____

* **X**

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.txdps.state.tx.us/forms/index.htm>.

CONSENT TO PRE-EMPLOYMENT DRUG TEST

I understand it is the policy of this Company to conduct urine tests of job applicants for the purpose of detecting drug abuse, as well as breath tests for detection of alcohol use. I further understand one of the requirements for consideration of employment with the Company is the satisfactory passing of the Company's drug and alcohol tests.

I agree to take these tests as part of the regular pre-employment screening conducted by the Company and understand a favorable test result does not necessarily guarantee that I will be employed by the Company.

If I am accepted for employment, I agree to take these tests whenever requested by the requested by the Company, and I understand the taking of said tests is a condition of my continued employment.

I understand in the contract relationships between the Company and the owner/contractors who engage the Company's services there is frequently a requirement for the Company to provide drug and alcohol-free contract employees, and that drug and alcohol testing is conducted to demonstrate compliance.

Because I wish the Company to consider me for employment in situations requiring drug and alcohol testing, I hereby consent to the Company, or the Company's designated agents, to release to owners/contractors the results of any drug or alcohol tests taken by me so I may qualify for such employment.

At this time I hereby consent to a drug and alcohol test.

Signed: _____

Print Name: _____

Date: _____

Supervisor: _____

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE
ALCOHOL AND DRUG TEST STATEMENT**

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test on any pre-employment drug and alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec 40.25(b)(5) and (e)).

Skinner Transportation
850 Ed Bluestein Blvd.
Austin, TX 78721

Prospective Employee Name: _____ ID Number: _____
(Print)

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 or 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?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

Prospective Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____