

**Rip Griffin Truck Service Center, Inc.**  
**P.O. Box 10128 Lubbock, TX 79408**  
**Application For Employment**  
**Telephone # to contact: \_\_\_\_\_**

Name \_\_\_\_\_  
 (First) (Middle) (Maiden Name, if any) Last

Three-year history is required on residence. Attach sheet if more space is needed.

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
 (Street) (City) (State & Zip Code)

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
 (Street) (City) (State & Zip Code)

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
 (Street) (City) (State & Zip Code)

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

**Experience And Qualifications – Driver**

**Licenses**

State	License No.	Type	Expiration Date

**Driving Experience**

Class Of Equipment	Type of Equipment Van, Tank, Flat, Etc.	Date From	Date To	Approx. No. Of Miles (Total)
Straight Truck _____				
Tractor Trailer _____				
Tractor Two Trailers _____				
Other _____				

**Driving Experience**

Accident Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries
Last Accident:			
Next Previous:			
Next Previous:			

**Traffic Convictions And Forfeitures For The Past Three Years (Other Than Parking Violations)**

Location	Date	Charge	Penalty

In the past three years, have you ever tested positive for a controlled substance, had an alcohol test with concentration of .04 or greater, or refused a drug or alcohol test? Yes \_\_\_ No \_\_\_  
 If yes, explain: \_\_\_\_\_  
 Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes \_\_\_ No \_\_\_  
 Has any license, permit, or privilege ever been suspended or revoked? Yes \_\_\_ No \_\_\_  
 Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_  
 Have you worked for this company before? Yes \_\_\_ No \_\_\_

**Fair Credit Reporting Act Disclosure Statement**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, you are being informed that reports verifying your previous employment, previous drug & alcohol tests, and your driving record may be obtained on you for employment Purposes. These reports are required by Sections 382, 413, 391, 23 and 391.25 of the Federal Motor Carrier Safety Regulations. Under the driver's Privacy Protection Act of 1994(Public Law103-322, Title XXX, Section 300002(a), we will adhere to the Definition of permissible uses and purposes. I understand and agree to this disclosure. Yes \_\_\_ No \_\_\_

I agree to abide by the safety rules of this company. I understand adherence is a Condition of employment and continued employment. Yes \_\_\_ No \_\_\_  
 I authorize my employer to use best judgment for treatment unless I instruct otherwise. Yes \_\_\_ No \_\_\_  
 I understand pre-employment, post-accident, and random drug testing is required. Yes \_\_\_ No \_\_\_

In case of emergency, notify: \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Please read the following prior to signing this application:**

I declare that I understand all questions and statements on this application and that I have answered all questions accurately and to the best of my knowledge. I understand that the omission or misrepresentation of any fact in this application for employment will be sufficient reason to be denied employment. I also understand and agree that should I become employed and it is later discovered I have omitted or misrepresented any fact in this application, or any supplement thereto, or any other record, employment will immediately be terminated upon such discovery. I understand that information I supply regarding current and/or previous employers will be used and those employer(s) will be contacted to investigate my safety performance history. I understand I have the right to:  
 Review information provided by previous employer(s).  
 Have errors corrected by previous employers and have this information resubmitted.  
 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 have read the above and understand it. Yes \_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Employment History Portion Of The Application

From the date of this application, please list the names of all previous employers for the preceding 10-year period.

Please check all previous employers where you worked as a CDL driver or other safety sensitive position subject to DOT drug & alcohol testing.

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

CDL driver or safety sensitive position:  Yes  No Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

CDL driver or safety sensitive position:  Yes  No Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

CDL driver or safety sensitive position:  Yes  No Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

CDL driver or safety sensitive position:  Yes  No Reason for leaving: \_\_\_\_\_

## Employment History Portion Of The Application – Continuation Sheet

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
CDL driver or safety sensitive position: \_\_\_ Yes \_\_\_ No Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
CDL driver or safety sensitive position: \_\_\_ Yes \_\_\_ No Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
CDL driver or safety sensitive position: \_\_\_ Yes \_\_\_ No Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
CDL driver or safety sensitive position: \_\_\_ Yes \_\_\_ No Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
CDL driver or safety sensitive position: \_\_\_ Yes \_\_\_ No Reason for leaving: \_\_\_\_\_