

**Thigpen Trucking, Inc.**  
**PO Box 518**  
**Chilton, TX 76632**  
**Driver's Application for Employment**

Applicant Name: \_\_\_\_\_

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

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a condition offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires and releasing information in connection with my application. In the event of employment, I understand that the 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 regulations 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 previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend 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: \_\_\_\_\_

List your addresses of residency for the past 3 years.

Current Address: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Thigpen Trucking, Inc.**

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

List each unexpired commercial operator’s license or permit issued to you.

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**DRIVING EXPERIENCE**

Type of Equipment (truck, truck tractor, semi, etc) (type of trailer & length)	Years of Experience	Miles Driven
1. _____		
2. _____		
3. _____		

**ACCIDENT RECORD**

Three previous years

Accident Dates	Types of Accident	Fatalities	Injuries
1. _____			
2. _____			
3. _____			

**TRAFFIC CONVICTIONS**

(excluding parking violations)

Three previous years

Location	Date	Charge
1. _____		
2. _____		
3. _____		

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, GIVE DETAILS:

**Thigpen Trucking, Inc.**

Have you ever been convicted of a misdemeanor or felony? \_\_\_\_\_

If yes, please explain fully. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered. \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

All driver applicants to drive in interstate or intrastate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

Last Employer:

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs+ 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 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer:

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs+ 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 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

**Thigpen Trucking, Inc.**

Employer:

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs+ 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 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Includes vehicles having a GVWR of 26,001 lbs/or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

+The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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.

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Signature of Applicant

Date

**SAFETY PERFORMANCE HISTORY**

**TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name): \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**Hereby authorize:**

Previous Employer: \_\_\_\_\_ email: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_ FAX: \_\_\_\_\_

To release and forward the information requested by concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_ (application date)

To Prospective Employer: Thigpen Trucking, Inc.  
Attn: Roy Smith Phone: 254-546-2200  
PO Box 518 FAX: 254-546-2719  
Chilton, TX 76632

In compliance with §40.25 (g) and §391.23 (h), release of this information must be made in written form that ensures confidentiality such as fax, email or letter.

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

This information is being requested in compliance with §40.25(g) and §391.23(h)

**ACCIDENT HISTORY**

The applicant named above was employed by you: YES \_\_\_\_\_ NO \_\_\_\_\_

Employed as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

1. Did he/she drive a motor vehicle for you? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what type? Straight truck \_\_\_ Tractor-Semi trailer \_\_\_ Bus \_\_\_

Cargo Tank \_\_\_ Doubles/Triples \_\_\_ Other \_\_\_ (Specify) \_\_\_\_\_

\*\*Type of Trailer Pulled \_\_\_\_\_

2. Reason for leaving your employment: Discharged \_\_\_ Resignation \_\_\_ Lay Off \_\_\_ Military \_\_\_

If there is no safety performance history to report, check here \_\_\_, sign below and return.

**ACCIDENTS:** Please list the following for any accidents included on your accident register (§390.15(b)) that involved the applicant within the last 3 years prior to the application date shown above, or check here \_\_\_ if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill1
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or retained under internal company policies: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## DRUG AND ALCOHOL HISTORY

If driver was NOT subject to Department of Transportation testing requirement while employed by this employer, please check here , fill in the dates of employment – from \_\_\_\_\_ to \_\_\_\_\_.

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 substances?
3. Has this person refused to submit to 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 a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? 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 employment, has driver subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?

In answering these questions, include any required DOT drug or alcohol testing information obtained from previous employers in the previous 3 years prior to the application date shown on page 1.

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

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

Street, City, State, ZIP: \_\_\_\_\_

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

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

### TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained

Information obtained from: \_\_\_\_\_

Record: \_\_\_\_\_ Method: Fax  Mail  Email  Phone

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