



Excellent Service Since 1929

## APPLICATION

*Instructions to Applicant: Please answer all questions. If the answer to any question is "no" or "none", do not leave item blank.*

Date \_\_\_\_\_

Name \_\_\_\_\_

(First)

(Middle)

(Last)

Phone Number (\_\_\_\_) \_\_\_\_\_ Emergency Number(\_\_\_\_) \_\_\_\_\_ Name: \_\_\_\_\_

DOB \_\_\_\_\_

Social Security Number \_\_\_\_\_

Current address: \_\_\_\_\_

Have you worked for this company before?  Yes  No

If yes, give date; From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### Education History

Please circle highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12 GED

Collage: 1 2 3 4 Post Graduate: 1 2 3 4

A. Is there any reason you might be unable to perform the functions of the job for which you have applied? YES  NO

B. Have you ever been convicted of a felony? YES  NO

If the answer is yes to A,B,C,or D please give details: \_\_\_\_\_

\_\_\_\_\_

Phone		Fax
(210) 226-3167	San Antonio	(210) 227-2285
(830) 775-3565	Del Rio	(830) 775-9420
(830) 773-9543	Eagle Pass	(830) 773-9442
(956) 725-9243	Laredo	(956) 725-9582

General Office: 3410 Belgium Lane San Antonio, TX 78219  
P.O. Box 10128 San Antonio, TX 78210  
[www.bassetrucklinesanantonio.com](http://www.bassetrucklinesanantonio.com)



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## **Personal References**

List three persons for references, other than family members who have knowledge of your safety habits.

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

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

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

## Employment History

Give a complete record of all employment for the past three years, including any unemployment, and all commercial driving experience for the past 3 years.



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**To be Read and Signed by Applicant**

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicants background to ascertain any and all information of concern to applicants record whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, and mode of living.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualifies and hired, I may be on probationary period during which the applicant may be disqualified without recourse.

This certifies that this application was completed by me, and that all entries on it and information is true and complete to the best of my knowledge.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Remarks (For office use only) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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## Employee Personal Information and Emergency contact

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

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

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

**Relationship:** \_\_\_\_\_



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