



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
(210) 226-3167
(830) 775-3565
(830) 773-9543
(956) 725-9243

San Antonio
Del Rio
Eagle Pass
Laredo

Fax
(210) 227-2285
(830) 775-9420
(830) 773-9442
(956) 725-9582

General Office: 3410 Belgium Lane San Antonio, TX 78219
P.O. Box 10128 San Antonio, TX 78210
www.bassetrucklinesanantonio.com



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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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