

CARBALLO TRUCKING, LLC.



8214 NORTHLINE DR
HOUSTON, TX 77037
OFFICE: 281-606-2484 FAX: 281-447-1398

Name: _____

Address: _____

How long? _____ Date of Birth: _____

Social Sec No# _____

Phone: Hm: _____ Cell: _____

Address for the past three years:

Experience and Qualifications - Driver

| Driver Licenses | State | License# | Type | Expiration Date: |
|-----------------|-------|----------|------|------------------|
| | | | | |
| | | | | |

Driving Experience

| Class of Equipment | Type of Equipment | From | Dates | To | Approx. No of Miles |
|----------------------|-------------------|------|-------|----|---------------------|
| Straight Truck | | | | | |
| Tractor and Semi-Tra | | | | | |
| Tractor-Two trailers | | | | | |
| Other | | | | | |

Accident Record For Past 3 Years or More *(attach sheet if more space is needed)*

| Dates | Nature of Accident | Fatalities | Injuries |
|---------------|--------------------|------------|----------|
| Last Accident | | | |
| Next Previous | | | |
| Next Previous | | | |

Traffic convictions and forfeitures for the past 3 years *(other than parking violation s)*

| Date | Location | Charge | Penalty |
|------|----------|--------|---------|
| | | | |
| | | | |
| | | | |

(Attach sheet if more space is needed)

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 revoke? **YES NO**

C. Have you been convicted of a felony or mismeameanor within the last 10 years? **YES NO**

If the answer to either A,B or C is yes, Attach Statement giving details, give dates and location

Employment Record *(Attach sheet if more space is needed)*

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 years be shown

LAST EMPLOYER:

| | |
|---------------------|-------|
| Name: | _____ |
| Address: | _____ |
| Phone: | _____ |
| Contact Name: | _____ |
| Reason for leaving: | _____ |
| Salary: | _____ |
| Position Held: | _____ |
| From: | _____ |
| To: | _____ |

SECOND LAST EMPLOYER

| | |
|---------------------|-------|
| Name: | _____ |
| Address: | _____ |
| Phone: | _____ |
| Contact Name: | _____ |
| Reason for leaving: | _____ |
| Salary: | _____ |
| Position Held: | _____ |
| From: | _____ |
| To: | _____ |

THIRD LAST EMPLOYER

| | |
|---------------------|-------|
| Name: | _____ |
| Address: | _____ |
| Phone: | _____ |
| Contact Name: | _____ |
| Reason for leaving: | _____ |
| Salary: | _____ |
| Position Held: | _____ |
| From: | _____ |
| To: | _____ |

FORTH LAST EMPLOYER

| | |
|---------------------|-------|
| Name: | _____ |
| Address: | _____ |
| Phone: | _____ |
| Contact Name: | _____ |
| Reason for leaving: | _____ |
| Salary: | _____ |
| Position Held: | _____ |
| From: | _____ |
| To: | _____ |

FIFTH LAST EMPLOYER

| | |
|---------------------|-------|
| Name: | _____ |
| Address: | _____ |
| Phone: | _____ |
| Contact Name: | _____ |
| Reason for leaving: | _____ |
| Salary: | _____ |
| Position Held: | _____ |
| From: | _____ |
| To: | _____ |

SIXTH LAST EMPLOYER

| | |
|---------------------|-------|
| Name: | _____ |
| Address: | _____ |
| Phone: | _____ |
| Contact Name: | _____ |
| Reason for leaving: | _____ |
| Salary: | _____ |
| Position Held: | _____ |
| From: | _____ |
| To: | _____ |

TO BE READ AND SIGNED BY APPLICANT

AUTHORIZATION:

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATE, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT EITHER MY OR THE COMPANY OPTION I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHARGE, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY".

Date

Applicant's Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

**PLEASE DON'T FILL IN
THE NEXT PAGE JUST
SIGN IT AT THE
BOTTOM OF THE PAGE.**

**POR FAVOR DE NO
LLENAR LA SIGUIENTE
PAGINA SOLO FIRME
AL FINAL DE LA
PAGINA.**



CARBALLO TRUCKING, LLC.

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HOUSTON, Tx 77037

Office: 281-606-2484 Fax:281-447-1398

PAST EMPLOYMENT & SUBSTANCE ABUSE/ALCOHOL INFORMATION

| EMPLOYER INFORMATION | APPLICANTS INFORMATION |
|--|---|
| Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone No.: _____ Fax Number: _____ D.O.T. Regulated: Yes _____ No _____ Wages: \$ _____ per _____ | Applicant Name: _____ Social Security #: _____ Date of Birth: _____ Former Position: _____ Dates Employed: From: _____ To: _____ |
| Alcohol/Substance Abuse Information Was Applicant Drug Tested? Yes _____ No _____ Any Positives? Yes _____ No _____ When? _____ Any Alcohol Test over .02% Yes _____ No _____ When? _____ Any Refusal to Testing? Yes _____ No _____ When? _____ Remarks: _____ | Reason for Leaving <input type="checkbox"/> Resigned with Notice <input type="checkbox"/> Resigned without Notice <input type="checkbox"/> No Show <input type="checkbox"/> Terminated/Disqualified <input type="checkbox"/> Quit Under load/Dispatch <input type="checkbox"/> Abandoned Equipment <input type="checkbox"/> Laid Off <input type="checkbox"/> Other Eligible for rehire? Yes _____ No _____ Remarks: _____ |
| Type of Work <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Driver for O/O <input type="checkbox"/> Company Driver <input type="checkbox"/> Other | Performance <input type="checkbox"/> Bad Attitude <input type="checkbox"/> Personal Problems <input type="checkbox"/> Chronic Complainer <input type="checkbox"/> Equip.Damage <input type="checkbox"/> Over Advanced <input type="checkbox"/> Late Deliveries <input type="checkbox"/> No Check Calls <input type="checkbox"/> Customer Complaints <input type="checkbox"/> Arrest/Convictions <input type="checkbox"/> Unauthorized Passenger |
| States operated in _____ _____ | |
| Equipment Operated | |
| <input type="checkbox"/> Reefer <input type="checkbox"/> Flatbed <input type="checkbox"/> Tanker <input type="checkbox"/> Dry Van <input type="checkbox"/> Other | |
| Accidents | |
| Date of Accident: _____ Damage: \$ _____ Description: _____ _____ _____ | Date of Accident: _____ Damage: \$ _____ Description: _____ _____ _____ |
| Remarks _____ _____ _____ | |

In accordance with Section 382.405(f)(h), 382.413 and 391.23 of the Federal Motor Carrier Safety Regulations, I hereby authorize any and all persons and/or institutions to provide any relevant information that may be required to complete my qualifications.

Printed Name

Date

Signature