

**Mustang Trucking LLC**  
**400 W Anaya RD Pharr Tx**  
**Phone: 956 782 1074 / Fax: 956 782 1117**

## Application for Truck Drivers

You **Must answer every question** If any question does not apply to you , answer with not applicable (N/A)

In compliance with local, state, and federal equal employment opportunity laws, qualified applicants are considered for all positions without regard to age, race, color, sex, sexual orientation, marital status, veteran status, or non-job related disability. Please advise in advance if you need any type of special accommodation to complete this application form or need to take any pre-employment test.

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

Name: \_\_\_\_\_ Social Sec # \_\_\_\_\_

Last                  First                  Middle Initial

List another names used: \_\_\_\_\_

Address: \_\_\_\_\_ How long: \_\_\_\_\_

Street City State/Zip Code

Phone: ( )  
Area Code Number

Alternative Phone ( )  
Area Code Number

If you were at above address less than three years, list your previous address:

Address: \_\_\_\_\_ How long: \_\_\_\_\_

Street City State/Zip Code

Are you prevented from being lawfully employed in the U.S. because of your visa or immigration status? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you work on this company before? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, how long since leaving last employment?

Are you employed now? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been fired or asked to leave by an employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to the above question please provide details

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

As well please provide the following documents to make a copy.

- ▶ Passport or permanent resident card
- ▶ Social security number
- ▶ FAST (If applies)
- ▶ Birth certificate
- ▶ Medical card
- ▶ TWIC
- ▶ CDL



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## Employment History

§ 391.21 (b)(10)(i) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with dates he/she was employed by. And his/her reason for leaving the employ of, each employer;(b) (11) For those drivers applying to operate a commercial motor vehicle as defined by part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7-year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. (Attach another sheet if more space is needed)

**A total of 10 years work history is required. All gaps in time must be shown**

### Current or most recent employer

Business Name	Employment Dates
	Start Date: End Date:
Address	Position Salary
City / State / Zip	Were you ever employed in a safety function subject to DOT Drug & Alcohol testing? Yes ___ No ___
Phone No. May We Contact? Yes ___ No ___	Were you subject to Federal Motor Carrier Safety Regulations? Yes ___ No ___
Name of Supervisor	Reason for leaving

### Next Previous Employer

Business Name	Employment Dates
	Start Date: End Date:
Address	Position Salary
City / State / Zip	Were you ever employed in a safety function subject to DOT Drug & Alcohol testing? Yes ___ No ___
Phone No. May We Contact? Yes ___ No ___	Were you subject to Federal Motor Carrier Safety Regulations? Yes ___ No ___
Name of Supervisor	Reason for leaving

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## Employment History (Cont.)

### Next Previous Employer

Business Name	Employment Dates
	Start Date: End Date:
Address	Position Salary
City / State / Zip	Were you ever employed in a safety function subject to DOT Drug & Alcohol testing? Yes ___ No ___
Phone No. May We Contact? Yes ___ No ___	Were you subject to Federal Motor Carrier Safety Regulations? Yes ___ No ___
Name of Supervisor	Reason for leaving

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	Start Date: End Date:
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## Previous Employee Safety Record / Drug & Alcohol Testing Statement

### Safety Record

List all accidents for the last three (3) years (If none, write NONE)

Date	Vehicle Type	Nature of accident (Rear end, Rollover, Head on, Etc.)	Injuries	Fatalities

List all traffic convictions and forfeitures for the last three (3) years (If none, write NONE)

Date	Location	Charge	Penalty

List all Driver's Licenses held for the last three years

State	License Number	Type ( Class / Endorsment(s) )	Expiration Date

Have you been denied a license, permit or privilege to operate a Motor Vehicle?

Yes \_\_\_\_ No \_\_\_\_

Has any license, permit or privilege suspended or revoked?

Yes \_\_\_\_ No \_\_\_\_

If the answer to either of the above questions is yes, please provide details in the space below:

\_\_\_\_\_

### Driving Experience: (Class of Equipment)

Straight Truck:

Type of Equipment (Van, Tanker, Flatbed, Reefer etc)	Dates-From	To	#Of miles (Total)

Tractor Trailer:

Type of Equipment (Van, Tanker, Flatbed, Reefer etc)	Dates-From	To	#Of miles (Total)

Other:

Type of Equipment (Van, Tanker, Flatbed, Reefer etc)	Dates-From	To	#Of miles (Total)

List states operated in for the last five years:

\_\_\_\_\_

Special course of training that will help you as a driver:

\_\_\_\_\_



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## Previous Employee Safety Record / Drug & Alcohol Testing Statement

### Drug & Alcohol Testing

Have you ever failed a D.O.T. Drug and/or Alcohol Test? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever refuse to take a D.O.T. Drug and/or Alcohol Test? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever violated any other D.O.T. Drug and/or Alcohol Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes to the above questions, provide details (attach second sheet if necessary): \_\_\_\_\_

In the past two years have you tested positive, on any pre-employment drug or alcohol test, but did not get hired for a safety sensitive position as a result of the refusal or failure? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to any of the above questions, please provide proof that you have successfully completed the SAP Evaluation, recommended treatment, return to duty testing and follow up testing. (Attach another sheet if necessary).

### Applicant's Statement

In conection with my application to Mustang Trucking LLC (the "Company"), I understand that the Fair Credit Report Act, Public Law 91-508 & 104-208 requires that I be advised that routine inquiry may be made during the company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I understand that investigative background inquiries as required by Federal Motor Carrier Safety Regulations 391.23 may be made on me including previous employers, along with criminal convictions, motor vehicles records, and other reports.

These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the Company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and relase all parties involved from liability and responsibility for doing so. This authorization and consent shall be vaild in original, fax, email, other electronic form, or copy form.

I release and agree to hold harmless any individual , company, business institution or government agency from all liability with regard to furnishing information to this Company. I agree to release and hold harmless this company from all liability with respect to the receipt of such information.

I certify that this application was only completed by me, and that all entries on it and the information I have furnished on this application form is true and complete. I authorize you to make such investigations and inquiries of my personal, employment or medical history. (Generally, inquiries regarding medical history will be made only and if a conditional offer of employment has been extended.) I hereby release employers, schols, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand false or misleading information given in my application or in interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company if a confitional offer of employment is made.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contaced, for the purpose of investigating my safety performance history as required by 49CFR 391.23. I understand that pursuant to 49CFR 391.23 I have a right to: Review information provided by current previous employers; have errors in the information corrected by previous employers and 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.

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

\_\_\_\_\_  
Date