



SINCE 1920

SOUTHWESTERN

INDUSTRIAL CONTRACTORS AND RIGGERS, INC.

7155 Industrial Avenue
(915) 779-3931

P.O. Box 27166
Fax (915) 779-3920

El Paso, Texas 79926-7166
Watts (800) 580-3931

www.southwesternindustrial.com • Email: Swicri@southwesternindustrial.com

APPLICATION FOR EMPLOYMENT

Name _____ Phone Number _____
 (First) (Middle) (Maiden if any) Last Other Number _____

Address _____ How Long? _____
 (Street) (City) (State & Zip Code)

Date of Birth ___ / ___ --'/' Social Sec. No. _____

(Address) _____ How Long? _____
 (Street) City (State & Zip Code)

(For Past

Three Years) _____ How Long? _____
 (Street) (City) (State & Zip Code)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS-DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
Driver				
Licenses				

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. Noc of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor-Two Trailers				
Other				

Accident Record for Past 3 Years or More (Attach Sheet if More Space is Needed)

DATES	Nature of Accident (Head-On, Rear-End, Upset. Etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the Past 3 Years (Other Than Parking Violations)

Location	Date	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 revoked?

Yes _____ No _____

If the answer to either A or B is yes, Attach statement giving details

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: () _____

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?

Yes No

Second Last Employer: Name. _____

Address _____ Phone: () _____

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?

Yes No

Third Last Employer: Name _____

Address _____ Phone: () _____

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?

Yes No

TO BE READ AND SIGNED BY APPLICANT

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.

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

Applicant: Any information obtained in your application or from you may be used to obtain employment history from other employers or in determining your possible employment with this Company.

APPLICANT RIGHTS

Federal Motor Carrier Safety
Regulations Parts 382.413, and part
391

Fair Credit Reporting Act
Section 604(b) (2) (A) and 607
(Public Law 91-508)

Consumer Credit Reporting Act of 1996
(Title II, Subtitle D, Chapter 1, of Public Law 104-208)

The above Regulations require that you (the applicant) authorize in writing the procurement of:

1. Motor Vehicle Records for the previous 3 years
2. General identification verification information for the previous 3 years
3. Employment dates for all previous 3 years
4. Safety Record for the previous 3 years

Additionally, the above regulations require us, Southwestern Industrial Contractors and Riggers, Inc., to make available to you the reports from the sources for your review, correction and rebuttal. Specifically this means:

1. The right to review information provided by previous employers
2. The right to have error(s) in the information collected by the previous employer and for that previous employer to resend the corrected information to us.
3. The right to have a rebuttal statement attached to the alleged erroneous information (if the previous employer and you cannot agree on the accuracy of the information)

Should you wish to review information from previous employers you must submit a written request which can be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment.

Rebuttals (corrections) to any information obtained are the sole responsibility of the applicant and the previous employer(s).

I, _____ have read and understand the above rights and regulations.

Signature

Date



FAX: Date _____ 1 Page
To: _____ FROM: Safely
Fax #: _____ FAX#: (915) 779-3931

request for employment information, including accident drug and alcohol test results and employment dates

APPLICANT: COMPLETE ONLY THE BOX

I, _____ understand that as an applicant for Southwestern Industrial Contractors and Riggers, Inc. I must provide written authorization to obtain the results of all DOT required drug and/or alcohol testing (including refusals to be tested) from my previous and/or current employers. I further grant the authorization to provide Southwestern Industrial Contractors and Riggers, Inc. all information regarding my services, conduct, and any additional facts regarding my employment. You, your agents, employees, directors, and/or officers are released from all liability of any type as a result of providing the following information.

Applicant Signature: _____ Date: _____

Social Security Number: _____

Name Previous Employer: _____ Address: _____

Position Held: _____

Employment Dates: _____ Contact: _____

PREVIOUS EMPLOYER PLEASE COMPLETE THE INFORMATION BELOW:

Does the above data match with your records? Yes No If not _____

Why did applicant leave? _____

Would you rehire? Yes No Upon Review If no, please explain: _____

Type(s) of equipment driver: Tractor Straight Other _____

Type(s) of trailer pulled: Van Flat Other _____

Experience Driving in: Snow Ice Mountain Heavy Traffic Areas

Accidents-Previous 3 Years:

DOT Recordable/Preventable # _____ at Fault? _____

NON-DOT Recordable/Preventable # _____ At Fault? _____

Additional Comments: _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?

Yes No





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Before you can be hired with a CDL by Southwestern Industrial Contractors and Riggers, Inc. (Southwestern) you must give permission for a full query to be run on you through the Drug and Alcohol Clearinghouse.

I _____, give Southwestern permission to run a full query on me in the Drug and Alcohol Clearinghouse.

Signature

Printed Name

Date

