

**JAMES POWER LINE CONSTRUCTION**

**APPLICATION FOR EMPLOYMENT – PLEASE PRINT ALL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Emergency Contact (Name) \_\_\_\_\_ Phone \_\_\_\_\_

DO YOU HAVE A **CDL DRIVER'S LICENSE**?  YES  NO  
Driver's License Number: \_\_\_\_\_ State of Issue \_\_\_\_\_  
Type:  DL  Commercial (CDL) Expiration Date: \_\_\_\_\_  
Do you have a current TX DOT Physical Card?  Yes  No Expiration Date: \_\_\_\_\_

Have you had any accidents in the past 3 years? \_\_\_\_\_ How many? \_\_\_\_\_  
Have you had any moving violations in the past five years? \_\_\_\_\_ How many? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

Who referred you? \_\_\_\_\_ Position applied for: \_\_\_\_\_ Desired salary: \_\_\_\_\_

I am a **U.S. Citizen** or otherwise authorized to work in the United States on an unrestricted basis.  Yes  No  
If applicable, please list your visa type, visa number and expiration: \_\_\_\_\_

EDUCATION/MILITARY				
Type of School	Name of School	Location	Number of Years Completed	Degree and/or Major
High School				
College				
Have you ever been in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch _____ National Guard Yes No Specialty: _____ Date Entered: _____ Discharge Date: _____				

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO  
If yes, explain number of convictions, nature of offense, how recently offense committed, sentence imposed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. **In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gap in employment of more than one (1) month must be explained.**

Start with the last or current position, including any military experience, and work backwards. You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

### CURRENT (MOST RECENT) EMPLOYER

EMPLOYER: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Pay: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR PER HOUR

REASON FOR LEAVING: \_\_\_\_\_

While here, were you subject to Federal Motor Carrier Safety Regulations  Yes  No

Was the job designated as a safety-sensitive function in any Dept. of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  Yes  No

### SECOND (MOST RECENT) EMPLOYER

EMPLOYER: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Pay: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR PER HOUR

REASON FOR LEAVING: \_\_\_\_\_

While here, were you subject to Federal Motor Carrier Safety Regulations  Yes  No

Was the job designated as a safety-sensitive function in any Dept. of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  Yes  No

### THIRD (MOST RECENT) EMPLOYER

EMPLOYER: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Pay: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR PER HOUR

REASON FOR LEAVING: \_\_\_\_\_

While here, were you subject to Federal Motor Carrier Safety Regulations  Yes  No

Was the job designated as a safety-sensitive function in any Dept. of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  Yes  No

### Employment History (continued)

Use below if you have driven a commercial vehicle previously so you complete a total of ten (10) years employment history.

**EMPLOYER:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Pay: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR PER HOUR

**REASON FOR LEAVING:** \_\_\_\_\_

While here, were you subject to Federal Motor Carrier Safety Regulations  Yes  No

Was the job designated as a safety-sensitive function in any Dept. of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  Yes  No

**EMPLOYER:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Pay: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR PER HOUR

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Pay: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR PER HOUR

**REASON FOR LEAVING:** \_\_\_\_\_

While here, were you subject to Federal Motor Carrier Safety Regulations  Yes  No

Was the job designated as a safety-sensitive function in any Dept. of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  Yes  No

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Pay: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR PER HOUR

**REASON FOR LEAVING:** \_\_\_\_\_

While here, were you subject to Federal Motor Carrier Safety Regulations  Yes  No

Was the job designated as a safety-sensitive function in any Dept. of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  Yes  No

**Add additional pages if needed.**

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. The applicant understands that this is an Equal Opportunity Employer who is committed to excellence. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. **I hereby authorize James Power Line Construction to investigate any aspect of my prior education and employment history. This includes but is not limited to criminal and MVR background checks.**

In exchange for the consideration of my job application by James Power Line Construction, I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of JPLC, or otherwise to change in any respect the "employment-at-will" relationship between JPLC and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and JPLC may end the employment relationship at any time, without specified notice or reason. If employed I understand the JPLC may unilaterally change or revise their benefits, policies and procedures and such changes may include a reduction in benefits.

I further understand that my employment with the Company shall be probationary for a period of at least ninety (90) days, and further at any time during the probationary period or thereafter, my employment relation with the Company is "at will" for any reason at any time by either party.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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