



**Jimmy Evans Company, Ltd.**

General Contractors

P.O. Box 9749  
Austin, TX 78766  
(512) 288-7300

### Employment Application

#### An Equal Opportunity Employer

This company is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Position(s) Applied for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

#### Applicant Information

_____	_____	_____
Last Name	First Name	MI
_____	_____	_____
Address	City	State & Zip
_____	_____	
How long at this address?	Email Address	
_____	_____	
Date of Birth	Social Security No.	
_____	_____	
Home Phone	Cell Phone	

#### Previous Three (3) Year Residency (attach sheet if more space is needed)

_____	_____	_____	_____
Address	City	State & Zip	# of Years
_____	_____	_____	_____
Address	City	State & Zip	# of Years
_____	_____	_____	_____
Address	City	State & Zip	# of Years

How were you referred to the Company?    Job Post    Friend    Relative    Walk-In    Other: \_\_\_\_\_  
(circle those that apply)

Have you ever applied to the Company before?    Yes    No  
 If Yes, provide date(s): \_\_\_\_\_

Have you ever worked for the Company before?    Yes    No  
 If Yes, provide date(s): \_\_\_\_\_

Do you have friends, relatives, or acquaintances working for the Company?    Yes    No  
 If Yes, provide name(s) and relationship: \_\_\_\_\_

If Hired, would you have reliable transportation to/from work?    Yes    No

Are you over the age of 18?      Yes      No

(If under 18 yrs old, hire is subject to verification of minimal legal age.)

If Hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the US?      Yes      No



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If Hired, are you willing to submit to and pass a controlled substance test?      Yes      No

Are you able to perform the essential functions of the job(s) for which you are applying, either with or without reasonable accommodation?      Yes      No

If No, describe the functions that cannot be performed: \_\_\_\_\_

(Note: The Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)?      Yes      No

If Yes, please describe the crime, state the nature of the crime(s), when and where convicted, and the disposition of the case: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### License Information

Section 383.21 FMCSR states, "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE/CLASS	EXPIRATION DATE

### Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

### Accident Record for Past Three (3) Years or More

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NO. OF FATALITIES	NO. OF INJURIES	CHEMICAL SPILLS	
				YES	NO

(Attach sheet if more space is needed)

**Traffic Convictions & Forfeitures for Past Three (3) Years** (other than Parking Violations)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION	PENALTY (forfeited bond, collateral and/or points)

(Attach sheet if more space is needed)



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Have you ever been denied a license, permit, or privilege to operate a motor vehicle?      Yes      No

If Yes, explain: \_\_\_\_\_

Has any license, permit, or privilege ever been suspended or revoked?      Yes      No

If Yes, explain: \_\_\_\_\_

**Education, Training, and Experience**

School Name & Address		Course of Study	# of Yrs	Diploma/Degree
High School				
College / University				
Other				
Branch and Rank		Related Details	# of Yrs	Skills/Duties
Military				

**Indicate which of the following you can operate effeciently.**

Equipment	Years Experience	Equipment	Years Experience
Dozer		Service Truck	
Backhoe		Water Truck	
Loader		Haul Truck	
Scraper		Articulated Dump Truck	
Excavator (Trackhoe)		End Dump	
Roller		Super Dump	
Grader (Blade)		Surveying Instruments	
Skid Steer		GPS Equipment on Machines	
AGT Tractor		Other	

## Additional Information

Do you speak, read, write, or understand any foreign languages? Yes      No  
If Yes, describe which language(s) and how fluent you consider yourself to be \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? Yes      No  
If Yes, please explain: \_\_\_\_\_



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## Employment History

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three (3) years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven (7) years prior to the initial three (3) years - [in total of ten (10) years employment record].

**Must list the complete mailing address: street number and name, city, state, and zip code.**

Are you currently employed? Yes      No  
If Yes, may we contact your current employer? Yes      No  
**Employer Name:** \_\_\_\_\_ **Supervisor Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Dates of Employment**  
**Telephone Number(s):** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_ **Hourly Rate/Salary**  
**Work Performed:** \_\_\_\_\_ **Start** \_\_\_\_\_ **End** \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? Yes      No  
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR Part 40? Yes      No

**Employer Name:** \_\_\_\_\_ **Supervisor Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Dates of Employment**  
**Telephone Number(s):** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_ **Hourly Rate/Salary**  
**Work Performed:** \_\_\_\_\_ **Start** \_\_\_\_\_ **End** \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason.

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Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer?      Yes      No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR Part 40?      Yes      No

**Employer Name:** \_\_\_\_\_ **Supervisor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Dates of Employment**

**Telephone Number(s):** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Hourly Rate/Salary**

**Work Performed:** \_\_\_\_\_ **Start** \_\_\_\_\_ **End** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason.

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Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer?      Yes      No

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**Please Read and Initial Each Paragraph, then Sign Below.**

I authorize you to make sure investigations and inquiries to my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, healthcare providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application. \_\_\_\_\_

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge & ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application, or if I am employed by this company, terms for my immediate expulsion from the company. \_\_\_\_\_

I understand that if I am employed, my employment is not definite & can be terminated at any time either with or without prior notice, and by either me or the company. I understand that I am required to abide by all rules & regulations of the company. \_\_\_\_\_

I understand that information I provide regarding current and/or previous employers may be used and those

I understand that information I provide regarding current and/or previous employers may be used and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e ). I understand that I have the right to:

- \* Review information provided by current/previous employers;
- \* Have errors in the information correct by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- \* Have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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