

**2000 El Indio HWY**

**EAGLE PASS, TX 78852**

Begin with your present job or most recent and work backwards in order. **ALL TEN YEARS** must be accounted for and any gaps of unemployment, more than three (3) months, must be explained.

Employer Name: x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently employed? YES \_\_\_\_\_ NO \_\_\_\_ Can we call you present employer? YES \_\_\_\_\_ NO \_\_\_\_\_ Telephone # x(\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position held x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date from x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate of Pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want to change employers? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of states driven \_\_\_\_\_\_\_\_\_ # of accidents \_\_\_\_\_\_\_\_ # of worker comp claims? \_\_\_\_\_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? YES \_\_\_\_ NO \_\_\_\_ Was the previous position designated

as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFT Part 40? Yes\_\_ NO\_\_

Employer Name: x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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