



**Guadalupe Readymix, LLC**

7795 FM 471 W San Antonio, Texas 78253 / Office: (830) 995-5100 Fax: (830) 995-5199

|                         |                         |                         |                     |
|-------------------------|-------------------------|-------------------------|---------------------|
| Today's Date            | Position(s) Applied for |                         |                     |
| Last Name               | First Name              | Middle Name             | Maiden/Former Names |
| Address                 | City                    | State                   | Zip Code            |
| Telephone Number<br>( ) | Date of Birth           | Social Security Number: |                     |

| <i>Previous Addresses</i> | List addresses for the Last Three Years |       |          |
|---------------------------|---|-------|----------|
| Address                   | City                                    | State | Zip Code |
| Address                   | City                                    | State | Zip Code |
| Address                   | City                                    | State | Zip Code |

**Past Employment**

**Do Not Leave Any Blanks**

Fill out this section in its entirety. List your current or most recent employer first. Account for employment experience for **past the past 10 years**, including military service.

|   |                |  |              |
|---|----------------|--|--------------|
| Company Name:                             |                | Address:   |              |
| City:                                     | State:         | Zip Code:  |              |
| Telephone Number:<br>( )                  | Position Held: | Immediate Supervisor's Name and Contact Number:                          |              |
| Starting Date:                            | Ending Date:   | Starting Rate:   | Ending Rate: |
| Describe Duties:                          |                |  |              |
| Reason for leaving:                       |                |  |              |
| Was your position subject to the FMCSR's? |                | Was your position subject to DOT alcohol & controlled substance testing? |              |

**Previous Employer**

|   |                |  |              |
|---|----------------|--|--------------|
| Company Name:                             |                | Address:   |              |
| City:                                     | State:         | Zip Code:  |              |
| Telephone Number:<br>( )                  | Position Held: | Immediate Supervisor's Name and Contact Number:                          |              |
| Starting Date:                            | Ending Date:   | Starting Rate:   | Ending Rate: |
| Describe Duties:                          |                |  |              |
| Reason for leaving:                       |                |  |              |
| Was your position subject to the FMCSR's? |                | Was your position subject to DOT alcohol & controlled substance testing? |              |

***Previous Employer***

|   |                |  |              |
|---|----------------|--|--------------|
| Company Name:                             |                | Address:   |              |
| City:                                     |                | State:   | Zip Code:    |
| Telephone Number:<br>(     )              | Position Held: | Immediate Supervisor's Name and Contact Number:                          |              |
| Starting Date:                            | Ending Date:   | Starting Rate:   | Ending Rate: |
| Describe Duties:                          |                |  |              |
| Reason for leaving:                       |                |  |              |
| Was your position subject to the FMCSR's? |                | Was your position subject to DOT alcohol & controlled substance testing? |              |
|   |                |  |              |

***Previous Employer***

|   |                |  |              |
|---|----------------|--|--------------|
| Company Name:                             |                | Address:   |              |
| City:                                     |                | State:   | Zip Code:    |
| Telephone Number:<br>(     )              | Position Held: | Immediate Supervisor's Name and Contact Number:                          |              |
| Starting Date:                            | Ending Date:   | Starting Rate:   | Ending Rate: |
| Describe Duties:                          |                |  |              |
| Reason for leaving:                       |                |  |              |
| Was your position subject to the FMCSR's? |                | Was your position subject to DOT alcohol & controlled substance testing? |              |
|   |                |  |              |
|   |                |  |              |

**MVR Information**

**Answer All Questions-Leave No Blanks**

**Driving Experience:**

Valid driver's license number and issuing state \_\_\_\_\_ Class \_\_\_\_\_ Expires \_\_\_\_\_  
 List states operated in for the last three years \_\_\_\_\_  
 Has your license ever been revoked/suspended? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 If yes, please explain \_\_\_\_\_

| Class of Equipment     | Type of Equipment<br>(Van, Tank, Flat, Etc.) | Dates |       | Approximate<br>Number of Total Miles |
|------------------------|--|-------|-------|--------------------------------------|
|                        | Leave No Blanks                              | From  | To    | Leave No Blanks                      |
| Straight Truck         | _____  | _____ | _____ | _____                                |
| Tractor & Semi-Trailer | _____  | _____ | _____ | _____                                |
| Tractor-Two Trailers   | _____  | _____ | _____ | _____                                |
| Motor Coach-School     | _____  | _____ | _____ | _____                                |
| Bus/Other              | _____  | _____ | _____ | _____                                |

Restrictions \_\_\_\_\_ (If no driver's license, please check none) None  
 Endorsements \_\_\_\_\_

**List All Accidents for the past 3 years. If there are not any accidents to report, then write "NONE".**

- Date \_\_\_\_\_ Location \_\_\_\_\_  
Describe \_\_\_\_\_
- Date \_\_\_\_\_ Location \_\_\_\_\_  
Describe \_\_\_\_\_
- Date \_\_\_\_\_ Location \_\_\_\_\_  
Describe \_\_\_\_\_

**List All Traffic Citations for the past 3 years, including the above reported vehicle accidents. Write "NONE" if none to report.**

- Date \_\_\_\_\_ Location \_\_\_\_\_  
Describe \_\_\_\_\_
- Date \_\_\_\_\_ Location \_\_\_\_\_  
Describe \_\_\_\_\_
- Date \_\_\_\_\_ Location \_\_\_\_\_  
Describe \_\_\_\_\_

**List All Alcohol/Drug Related Driving Offenses (DWI, DUI, Etc.) Write "NONE" if none to report.**

- Date \_\_\_\_\_ Location \_\_\_\_\_  
Describe \_\_\_\_\_
- Date \_\_\_\_\_ Location \_\_\_\_\_  
Describe \_\_\_\_\_

**CRIMINAL HISTORY:** Have you ever been convicted, plead guilty, or accepted deferred adjudication because of any misdemeanor or felony criminal charge filed against you in state, federal or military court? **YES** **NO**

**I CERTIFY THIS APPLICATION WAS COMPLETED BY ME, AND ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

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

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

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