



# Grigry Ready Drill LLC.

1601 Stockton Highway  
Monahans TX. 79756  
432-943-9078

**INSTRUCTIONS FOR APPLICANT:** Please answer all questions even if the answer is "No," or "None."  
Do no leave the item blank, but write "No" or "None."

\*The Age of Discrimination of Employment Act of 1967 prohibits on the basis age with respect to individual who are at least 40 but less than 70 years of age.

Date \_\_\_\_\_ Check One Driver  Other

Name \_\_\_\_\_  
*(First) (Middle) (Last)*

Phone ( ) \_\_\_\_\_ Emergency Phone ( ) \_\_\_\_\_ Relation \_\_\_\_\_  
*Area code Area code*

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ — —

Current Mailing Address

\_\_\_\_\_ — PRESENT  
*(Street) (City) (State/Zip) (From)*

### EDUCATION AND EMPLOYMENT HISTORY

Please Circle the highest grade Completed: Grade School: 1 2 3 4 5 6 7 8 9 10 11 12  
College: 1 2 3 4 Post Graduate: 1 2 3 4

Have a complete record of all employment for the past THREE years, including any unemployment or self-employment, and all commercial driving experience for the past TEN years. Begin with most recent job.

### Present or Last Employer

From \_\_\_\_\_ To \_\_\_\_\_ Company Name \_\_\_\_\_  
*Mo/Yr. Mo/Yr.*

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
*(Street) (City) (State/Zip)*

Reason For Leaving \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
*Area Code*

Supervisor's Name \_\_\_\_\_

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

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

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**Past Employer**

**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Company Name** \_\_\_\_\_  
*Mo/Yr. Mo/Yr.*

**Position Held** \_\_\_\_\_ **Address** \_\_\_\_\_  
*(Street) (City) (State/Zip)*

**Reason For Leaving** \_\_\_\_\_ **Phone** ( \_\_\_\_\_ ) \_\_\_\_\_  
*Area Code*

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

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**Past Employer**

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*Mo/Yr. Mo/Yr.*

**Position Held** \_\_\_\_\_ **Address** \_\_\_\_\_  
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*Area Code*

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*Area Code*

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**Position Held** \_\_\_\_\_ **Address** \_\_\_\_\_  
*(Street) (City) (State/Zip)*

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*Area Code*

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**Past Employer**

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*Mo/Yr. Mo/Yr.*

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*(Street) (City) (State/Zip)*

**Reason For Leaving** \_\_\_\_\_ **Phone** ( \_\_\_\_\_ ) \_\_\_\_\_  
*Area Code*

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**Past Employer**

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*Mo/Yr. Mo/Yr.*

**Position Held** \_\_\_\_\_ **Address** \_\_\_\_\_  
*(Street) (City) (State/Zip)*

**Reason For Leaving** \_\_\_\_\_ **Phone** ( \_\_\_\_\_ ) \_\_\_\_\_  
*Area Code*

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**Explain any gaps in employment**

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## Experience

Class of Equipment	Dates		Type of Equipment <i>Van, tank, etc.</i>	Approximate Total Miles
	<i>From</i>	<i>To</i>		
Straight Truck				
Tractor and Semi-Trailer				
Tractor—Two Trailers				
Other				

List all states or foreign countries operated in for the last five years:

List all special courses/ training completed (Haz Mat. PTD/DDC, etc.):

List any Safe Driving Awards or special certificates you hold and from whom:

Accident Record for the past three years (attach a sheet if more space id needed)

Data of Accident	Nature of Accidents (head on, rear end upset, etc.)	Location of Accident	# of People Injured	# of Fatalities

Traffic Convictions and Forfeitures for the last three years (All convictions, other than parking violations)

Date	Location	Charge	Penalty

Driver's Licenses (List each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date

A. Have you ever been denied fa 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

C. Have you ever been convicted of a felony? ..... Yes  No

D. Have you ever been tested positive or refused a DOT drug or alcohol pre-employment test within the past two years from an employer who did not hire you? ..... Yes  No

If the answer to A, B, C, or D is "YES," please give details:

DOT physical exam Expiration Date:

**PERSONAL REFERENCES**

List three persons for reference, other than family members, who have knowledge of your safety habits.

**Name** \_\_\_\_\_ **Phone (    )** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone (    )** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone (    )** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

It is agreed and understood that any misrepresentation given on this application for qualification shall be considered an act of dishonesty and be grounds for immediate disqualification or termination without recourse.

I give the motor carrier and its agents or representatives the right to investigate all references and secure additional information about my employment background I hereby release from all liability for damages the motor carrier and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ me. It is agreed and understood that I will be on a 90-day probationary period during which I may be disqualified without recourse.

**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.**

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

**Remarks (FOR OFFICE USE ONLY)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_