

APPLICATION FOR EMPLOYMENT

General Personnel

Page 1/4

Bee Trucking, LLC
9540 Ball Street
San Antonio, Tx 78217
210 646 7211 Fax 210 646 6218

This transportation company is an equal opportunity employer in compliance with all Federal and State equal employment opportunity laws. Consideration of qualified applicants for any position is made without regard to the applicant's sex, race, color, national origin, marital status, age, religion or non-job related disability.

(Please print or type - answer all questions)

Date: _____

Position(s) applied for: _____

Name: _____ Date of Birth:
Last First Middle

Address: _____ Phone:
Street City
State Zip Social Security Number:

Previous Address: _____ How Long at this address? _____
(Go back 3 years) Street City State & Zip
Street City State & Zip How Long at this address? _____

Can you be legally employed in the United States? _____ Do you have proof of age? _____
(Required for commercial drivers)

Have you ever been employed by _____ Bee Trucking, Inc. before? _____ If so, When? _____

What was your rate of pay? _____ Position held? _____

What was your reason for leaving? _____

Are you working now? _____ If not, How long since you were last employed? _____

What rate of pay are you expecting? _____ How did you here about this company? _____

May we contact your present employer? _____

After reviewing the job description, for what reasons might you be unable to perform the duties of the position for which you are applying? You may explain.

WORK HISTORY- PAST 10 YEARS

Please give the following information regarding your current and previous employers. Start with the most recent first. Use additional sheets if necessary and please explain any employment gaps.

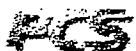
EMPLOYER:	CONTACT:	PHONE:
Date: From ___/___/___ To ___/___/___	Address: _____ City: _____ State: _____ Zip: _____	
Position: _____	Reason for leaving: _____	
Salary: _____		

EMPLOYER:	CONTACT:	PHONE:
Date: From ___/___/___ To ___/___/___	Address: _____ City: _____ State: _____ Zip: _____	
Position: _____	Reason for leaving: _____	
Salary: _____		

EMPLOYER:	CONTACT:	PHONE:
Date: From ___/___/___ To ___/___/___	Address: _____ City: _____ State: _____ Zip: _____	
Position: _____	Reason for leaving: _____	
Salary: _____		

EMPLOYER:	CONTACT:	PHONE:
Date: From ___/___/___ To ___/___/___	Address: _____ City: _____ State: _____ Zip: _____	
Position: _____	Reason for leaving: _____	
Salary: _____		

Please use this space for comments, additional information, or to explain periods of time between employers.



EDUCATION AND TRAINING

Please provide the following information about the schooling you've completed, starting with the most recent.

SCHOOL OR UNIVERSITY	YEARS COMPLETED	FIELD OF STUDY	DID YOU GRADUATE?	WHEN?

Have you ever served in the military? _____ If so, when and which branch? Also, list any training you received that you think will benefit you in the position for which you have applied. _____

Please provide at least 3 personal references. These should be three people not related to you or former supervisors.

NAME	YEARS KNOWN	PHONE NUMBER

Use this space to list any experience or knowledge you have, not covered previously, special accomplishments, or to make any comments you would like us to consider.

READ THE FOLLOWING CAREFULLY AND SIGN BELOW

By signing this statement I certify that this employment application has been completed by me, and all of the entries provided are true, complete and accurate to the best of my knowledge. By signing below I also authorize this company to make such inquiries into my employment, financial, personal, or medical history as might be needed to make an employment decision. I understand that inquiries into my medical history are generally made after a job offer is made.

I hereby release my former employers, healthcare providers and schools from any and all liability in making response to these inquiries and from releasing the requested information.

Applicant's Signature

Date

(Do not write below this line - for office use only)

Interview Notes

Date: _____

Interviewer: _____

Comments:

APPLICATION RESULTS

Hired or Rejected? _____ Hire Date: _____ Position: _____

If rejected, Why? _____

Date to start: _____ Starting Pay: _____

Comments, Complaints, etc... _____

Termination Date: _____ Quit or Dismissed? _____ Why? _____



BUSY AS A BEE
SERVING
YOU!



BEE TRUCKING, LLC

9540 Ball Street • San Antonio, TX 78217

(210) 646-7211 • Fax (210) 646-6218 • (800) 594-2040



IMPORTANT NOTICE REGARDING BACKGROUND REPORTS

In connection with your application for employment and/or driver qualification with Bee Trucking, LLC ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report from FMCSA, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Bee Trucking, LLC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee or contracted driver.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Signature: _____ Date: _____

Printed Name: _____