



# Brandon and Clark Inc.

3623 Interstate 27 Lubbock, Texas 79404  
800-289-2224 or 806-771-5600 806-747-2107 fax brandonclark.com

## Application for Employment

*Brandon and Clark, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, ancestry, age, sex, marital status, national origin, mental or physical disability, or veteran status. The company is an at-will employer.*

*Please complete the application in full. Incomplete applications may not be considered.*

Date of Application \_\_\_\_\_

Position(s) Desired: \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Number Street City State Zip

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Are you eighteen (18) years of age or older?  YES  NO

Are you legally eligible to work in the United States?  YES  NO  
(Documentation will be required if hired)

Do you have a valid driver's license?  YES  NO  
If yes, give state, class, and license #. (Class C, CDL) \_\_\_\_\_

Have you ever been employed with our company before?  YES  NO  
If yes, give dates \_\_\_\_\_  
If yes, who was your supervisor? \_\_\_\_\_

Are you related to or know anyone who is presently an employee or vendor of this company?  YES  NO  
If yes, give name and relationship \_\_\_\_\_

Are you employed now?  YES  NO  
If yes, may we contact your present employer for references?  YES  NO  
Contact Number \_\_\_\_\_

Date available for work? \_\_\_\_\_  
Can you travel or work overtime if a job requires it?  YES  NO

How did you find out about this job and/or our company?  
\_\_\_\_\_

**Have you ever been convicted of a felony?**

YES

NO

(Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain \_\_\_\_\_

**Do you have any current obligation as a result of conditions of probation or parole?**

YES

NO

If yes, please explain \_\_\_\_\_

List all languages for which you can speak, read, and/or write. \_\_\_\_\_

**Give three business references who are not related to you.**

Person's Name	Business Name	Relationship	Daytime telephone(s)

**Education**

High School or GED completed:  YES  NO If no, give highest grade completed. \_\_\_\_\_

**Colleges, Universities or Trade Schools attended:**

Name of School City/State	Dates Attended	Did you graduate?	Name of Degree/Certification Completed	Field of Study

List any professional licenses or certifications, special certificates, skills, and/or qualifications (welding, CPR, first aid, computer skills, etc.) that apply: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Skills	Months/Years	Type Equipment	Licenses Held and License Numbers
Electric Motor Repair			
Transformer Repair			
Electrical Contracting			
Industrial Electronics			
Air Compressor Repair			
Machine Shop			
Automotive			
Other			

Can you read and work with blueprints?  YES  NO

Do you own a complete set of tools?  YES  NO

**MILITARY SERVICE**

Branch	Training/Experience	Induction Date	Separation Date

**EMPLOYMENT HISTORY: Start with your present or most recent employment.** Use additional pages if needed. The company will assume we may contact these employers for job related references unless you indicate otherwise. **IN COMPLIANCE WITH DOT AND FMCR, DRIVERS MUST ACCOUNT FOR 36 MONTHS OF HISTORY (WITH ALL GAPS EXPAINED). IN ADDITION, DRIVERS MUST INCLUDE ANY OTHER DOT COVERED JOBS FOR A TOTAL OF 10 YEARS.**

**EMPLOYMENT HISTORY.** This section must be completed in full. (Do not leave blank and/or refer to resume.)

<b>EMPLOYER NAME</b>	<b>From</b> Mo Yr	<b>To</b> Mo Yr
<b>ADDRESS</b>	<b>Job Title/Work Done</b>	
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>SUPERVISOR</b>	<b>PHONE NUMBER</b>	
<b>Reason for Leaving</b>		
<b>WERE YOU SUBJECT TO FMCR WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>		
<b>WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE ALCOHOL &amp; CONTROLLED SUBSTANCES TESTING AS REQUIRED IN 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>		

<b>EMPLOYER NAME</b>	<b>From</b> Mo Yr	<b>To</b> Mo Yr
<b>ADDRESS</b>	<b>Job Title/Work Done</b>	
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>SUPERVISOR</b>	<b>PHONE NUMBER</b>	
<b>Reason for Leaving</b>		
<b>WERE YOU SUBJECT TO FMCR WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>		
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<b>EMPLOYER NAME</b>	<b>From Mo Yr</b>	<b>To Mo Yr</b>
<b>ADDRESS</b>	<b>Job Title/Work Done</b>	
<b>CITY STATE ZIP</b>	<b>Salary/Wage</b>	
<b>SUPERVISOR PHONE NUMBER</b>	<b>Reason for Leaving</b>	
<b>WERE YOU SUBJECT TO FMCR WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>		
<b>WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE ALCOHOL &amp; CONTROLLED SUBSTANCES TESTING AS REQUIRED IN 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>		

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<b>CITY STATE ZIP</b>	<b>Salary/Wage</b>	
<b>SUPERVISOR PHONE NUMBER</b>	<b>Reason for Leaving</b>	
<b>WERE YOU SUBJECT TO FMCR WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>		
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**This company is a Drug-Free work place. You will be required to submit to drug/alcohol testing. Would you be willing to submit to drug/alcohol testing?**

YES

NO

**DOT Applicants only –**

**Have you ever tested positive or refused to test for controlled substances or alcohol**

**1. For an employer for which you applied, but did not start work?**

YES

NO

**2. For any employer for which you worked in the last 2 years?**

YES

NO

**If yes, please explain**

**If yes, can you provide/obtain proof that you've successfully completed the DOT return to duties requirements?**

YES

NO

**Applicant Statement**

**I certify that I, the applicant, completed this application and that all entries on it and information on it are true and completed to the best of my knowledge.**

**I authorize investigation of all statements contained in this application for as may be necessary to arrive at a hiring decision and I agree to release all parties providing pertinent information from any and all liability from any damages which may result from the furnishings of such information. I understand that all job offers are contingent upon receipt of appropriate results of all background checks.**

**I understand that neither this document nor any offer of employment from the employer constitutes an employment contract. I also understand that this company is an "at-will" employer and employees can be terminated at any time, with or without cause, and with or without notice. I also understand that no employment with this company is for a fixed or definite term. The only exception to this policy is a written employment agreement approved at the discretion of a Brandon and Clark Officer.**

**In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that all employees are required to abide by all rules and regulations of the company.**

**For Driver applicants:**

**I understand that the 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.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Applicants are encouraged to also submit attachments such as cover letters, resumes, letters of recommendation, copies of certifications, or other job related information.

**APPLICATIONS CAN BE MAILED TO: BRANDON AND CLARK, INC., HUMAN RESOURCES, 3623 I-27, LUBBOCK, TEXAS 79404**

**SUPPLEMENTAL INFORMATION**  
**COMPLETE ONLY IF YOU ARE APPLYING AS A DRIVER FOR THE COMPANY**

**Applicant Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

List all your addresses for the last 3 years.

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**ACCIDENT RECORD** for the last 3 years (attach sheet if more space is needed). If none, write NONE.

Dates	Nature of Accident (Head-on, rear-end, upset, etc)	Fatalities	Injuries	Hazardous Material Spill
Last Accident:				
Next Previous:				
Next Previous:				

**TRAFFIC CONVICTIONS OR FORFIETED BOND OR COLLATERAL SUSPENSIONS** for the past 3 years (other than parking violations). If none, write NONE. Attach additional sheet if needed.

Location	Date	Charge	Penalty

**EXPERIENCE AND QUALIFICATIONS – Drivers:** List all driver licenses or permits held in the past 3 years.

Driver Licenses	State	License Number	Type	Expiration Date

A. Have you ever been denied a 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

If the answer to either A or B is yes, give details \_\_\_\_\_

**Driving Experience** (check yes or no)

Class of Equipment	Circle Type of Equipment	Dates From (M/Y) To (Y/M)	Approx number of Miles (total)
Straight Truck <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump Refer)		
Tractor and Semi-Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump Refer)		
Tractor – two trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump Refer)		
Tractor – Three trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump Refer)		
Other:			

List States Operated in for last five (5) years: \_\_\_\_\_

List special equipment or technical materials you can work with (other than those already shown):

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## **AUTHORIZATION FOR BACKGROUND CHECKS**

Brandon and Clark, Inc. may conduct a background checks which includes previous employment history, criminal history, driving record and other reviews deemed necessary by Brandon and Clark to make hiring and retention decisions. Your written authorization is necessary for completion of the applications process or to fulfill requirements of your current or future position. Please read and sign this form in the space provided below.

## **AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION**

I hereby authorize Brandon and Clark, Inc. to investigate my background and qualifications for purposes of evaluating my qualifications for the position for which I am applying. I understand that Brandon and Clark, Inc. may utilize outside firms to assist in checking such information and I specifically authorize such an investigation by outside companies chosen by Brandon and Clark or conducted directly by Brandon and Clark representatives.

I also understand that I may withhold my permission and that, in such a case, no investigation will be done and my application for employment may not be processed further.

If I become an employee of Brandon and Clark, I understand that I must allow company representatives to do continuing review of issues that affect my qualifications for the position I hold or transfer to.

I agree that a copy of this authorization has the same effect as the original.

If I am applying for a position regulated by DOT (Department of Transportation), I will abide by all requirements of DOT.

Furthermore, if hired by Brandon and Clark, I agree that this release remains in effect for the duration of my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Email Address