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	Street	City	State	Zip
Telephone	Cell Phone		_Other	
Social Security Numbe	r Er	mail Address		
Are you eighteen (18) y	rears of age or older?		☐ YES	□ NO
Are you legally eligible (Documentation will be require	to work in the United States ed if hired)	s?	☐ YES	□ NO
Do you have a valid dri	ver's license? d license #. (Class C, CDL)		☐ YES	□ NO
If yes, give dates	nployed with our company bervisor?		☐ YES	□ NO
or vendor of this comp	now anyone who is presentl any? ationship		☐ YES	□ NO
Are you employed now If yes, may we contact yo Contact Number	our present employer for refer	ences?	☐ YES ☐ YES	□ NO □ NO
Date available for work Can you travel or work	? overtime if a job requires it	?	☐ YES	□ NO
How did you find out a	bout this job and/or our con	npany?		

(Conviction will r	e you ever been convicted of a felony? viction will not necessarily disqualify applicant from employment.) s, please explain					□ NO		
Do you have a probation or p	arole?	_			☐ YES	_ r	NO	
List all langua	ges for which	you can spe	ak, read, an	d/or write.				
Give three bus	siness referen	ces who are	not related	to you.				
Person	's Name	Bu	siness Nam	e	Relationship	ship Daytime telephone(s)		
						<u> </u>		
J	•	_		no, give hig	hest grade complet	ed		
Colleges, Univ	School	Dates	Did you	Name o	of Degree/Certificati	on	Field of Study	
City/S	state	Attended	graduate?		Completed			
					kills, and/or qualific		welding, CPR, first	
Skill	s N	Months/Years	s	Type Equ	ipment		nses Held and nse Numbers	
Electric Motor F	Repair							
Transformer Re	pair							
Electrical Contr	acting							
Industrial Elect	ronics							
Air Compresso	r Repair							
Machine Shop								
Automotive								
Other								
Can you read a	and work with b	olueprints?	☐ YES ☐	NO				
Do you own a	complete set of	f tools?	YES 🗌 I	OV				
			MIILITAR	Y SERVICE				
Branch	Training/Expe	rience			Induction Date	Se	eparation 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

10 YEARS. EMPLOYMENT HISTORY. This section must be completed in full. (Do not leave blank and/or refer to resume.) From To **EMPLOYER NAME** Мо Мо Yr Job Title/Work Done **ADDRESS** Salary/Wage ZIP CITY STATE Reason for Leaving **SUPERVISOR** PHONE NUMBER WERE YOU SUBJECT TO FMCSA WHILE EMPLOYED? ☐ YES \square NO WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE ALCOHOL & CONTROLLED SUBSTANCES TESTING AS REQUIRED IN 49 CFR PART 40? From To **EMPLOYER NAME** Мо Yr Yr Job Title/Work Done **ADDRESS** Salary/Wage CITY **STATE** ZIP Reason for Leaving **SUPERVISOR** PHONE NUMBER WERE YOU SUBJECT TO FMCSA WHILE EMPLOYED? ☐ YES □ NO WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE ALCOHOL & CONTROLLED SUBSTANCES TESTING AS REQUIRED IN 49 CFR PART 40? | YES From To **EMPLOYER NAME** Yr Mo Yr Mo Job Title/Work Done **ADDRESS** Salary/Wage **CITY STATE** ZIP Reason for Leaving **SUPERVISOR PHONE NUMBER** □ NO WERE YOU SUBJECT TO FMCSA WHILE EMPLOYED? ☐ YES WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE ALCOHOL & CONTROLLED SUBSTANCES TESTING AS REQUIRED IN 49 CFR PART 40? | YES From То **EMPLOYER NAME** Мо Yr Мо Yr Job Title/Work Done **ADDRESS** Salary/Wage CITY STATE ZIP Reason for Leaving SUPERVISOR PHONE NUMBER WERE YOU SUBJECT TO FMCSA WHILE EMPLOYED? ☐ YES WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT

TO THE ALCOHOL & CONTROLLED SUBSTANCES TESTING AS REQUIRED IN 49 CFR PART 40?

YES

EMPLOYMENT HISTORY: <u>Start with your present or most recent employment</u>. 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.

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TO THE ALCOHOL & CONTROLLED SUBSTANCES TESTING AS REQUIRED IN 49 CFR PART 40?

YES

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? 2. For any employer for which you worked in the last 2 years? 	YES YES	□ NO □ 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 entrie true and completed to the best of my knowledge.	es on it and info	rmation on it are
I authorize investigation of all statements contained in this application for at a hiring decision and I agree to release all parties providing pertinel liability from any damages which may result from the furnishings of such all job offers are contingent upon receipt of appropriate results of all bac	nt information f n information. I	rom any and all understand that
I understand that neither this document nor any offer of employment from employment contract. I also understand that this company is an "at-will" be terminated at any time, with or without cause, and with or without noti employment with this company is for a fixed or definite term. The only exwritten employment agreement approved at the discretion of a Brandon a	'employer and of employer and of exception to this	employees can rstand that no policy is a
In the event of employment, I understand that false or misleading inform interview(s) may result in discharge. I understand that all employees and regulations of the company.		
For Driver applicants: I understand that the information I provide regarding current and/or preand those employers will be contacted, for the purpose of investigating drug/alcohol history as required by §49 CFR 391.21. Drivers have correction for these employment history records.	ng my safety p	erformance and
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

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	_
Email Address	Phone Number

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

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? 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)			f Birth	te of	Dat				ne	Applicant Nam
Nature of Accident (Head—on, rear-end, upset, etc) Fatalities Injuries Hazardous Materia							years.	he last 3	esses for th	List all your addre
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Next Previous: TRAFFIC CONVICTIONS OR FORFIETED BOND OR COLLATERAL SUSPENSIONS for the past 3 yet 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 Bate License Number Type Expiration Type Expiration A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES 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 Straight Truck YES NO (Van, Tank, Flat, Dump Refer) Tractor and Semi-Trailer YES NO (Van, Tank, Flat, Dump Refer) Tractor – two trailers YES NO (Van, Tank, Flat, Dump Refer) Tractor – Three trailers YES NO (Van, Tank, Flat, Dump Refer) Tractor – Three trailers YES NO (Van, Tank, Flat, Dump Refer) Tractor – Three trailers YES NO (Van, Tank, Flat, Dump Refer) Tractor – Three trailers YES NO (Van, Tank, Flat, Dump Refer) Tractor – Three trailers YES NO (Van, Tank, Flat, Dump Refer) Tractor – Three trailers YES NO (Van, Tank, Flat, Dump Refer) Tractor – Three trailers YES NO (Van, Tank, Flat, Dump Refer) Tractor – Three trailers YES NO (Van, Tank, Flat, Dump Refer) Tractor – Three trailers YES NO (Van, Tank, Flat, Dump Refer) Tractor – Three trailers YES NO (Van, Tank, Flat, Dump Refer) Tractor – Three trailers YES NO (Van, Tank, Flat, Dump Refer)		iazai dous ivi	injunes	'	1 ataiities					Dates
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