

APPLICATION FOR QUALIFICATION

Wilbanks Trucking, Inc.

P. O. Drawer 1390, Artesia, NM 88211-1390

Phone: (575) 746-6318

Office Use Only:

Applicant Hired?

YES () NO ()

Date Employed:

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

INSTRUCTIONS TO APPLICANT: Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None". Also please write legible! This is important!

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

Date _____

Yard / Swamper

Office

Name _____ (First) (Middle) (Last)

Phone Number () _____ Area Code Emergency Phone Number () _____ Area Code

Cellular Number () _____ Area Code

*Age _____ Date of Birth _____ Social Security Number - -

Current & Three Years Previous Addresses:

From _____ To _____
From _____ To _____
From _____ To _____
From _____ To _____

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

Give a Complete Record of all employment for the past THREE years, including any unemployment, or self-employment.

Present or Last Employer:

From _____ To _____ Company Name _____
Mo/Year Mo/Year

Position Held _____ Address _____ (Street) (City) (State/Zip)

Reason For Leaving _____ Phone # () _____ (Area Code)

Supervisor's Name: _____

◆-----◆
Past Employer:

From _____ To _____ Name _____
Mo/Year Mo/Year

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____
(Area Code)

◆-----◆
Past Employer:

From _____ To _____ Name _____
Mo/Year Mo/Year

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____
(Area Code)

◆-----◆
Past Employer:

From _____ To _____ Name _____
Mo/Year Mo/Year

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____
(Area Code)

◆-----◆
Past Employer:

From _____ To _____ Name _____
Mo/Year Mo/Year

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____
(Area Code)

◆-----◆
Past Employer:

From _____ To _____ Name _____
Mo/Year Mo/Year

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____
(Area Code)

◆-----◆
Past Employer:

From _____ To _____ Name _____
Mo/Year Mo/Year

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____
(Area Code)

Explain any gaps in employment: _____

