



BARNSCO TEXAS INC.

2609 Willowbrook Rd, Dallas, TX 75220 : 5000 Blue Mound Rd, Fort Worth, TX 76106 : 50 Ironhorse Dr, Hutto, TX 78634

13880 N Stemmons Frwy, Farmers Branch, TX 75234 : 10109 McKalla Pl, Ste A, Austin, TX 78758

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Social Security No.			
Position Applied for			
How did you find out about this employment opportunity?			
Have you ever worked for this company?	YES	NO	If so, when?
Are you able to perform the essential functions(s) of the job(s) applied for either with or without accommodation?	YES	NO	
EMERGENCY CONTACT			
First name	Last name		Relationship
Primary Phone		Alternate Phone	

PREVIOUS ADDRESSES- 3 YEARS OF HISTORY		
Street Address		Apartment/Unit #
City	State	ZIP
Street Address		Apartment/Unit #
City	State	ZIP
Street Address		Apartment/Unit #
City	State	ZIP

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship

Company		Phone ()	
Address			
PREVIOUS EMPLOYMENT- DRIVER APPLICANTS MUST PROVIDE 10 YEARS OF EMPLOYMENT HISTORY			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities <input type="checkbox"/> <input type="checkbox"/>			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES NO			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities <input type="checkbox"/> <input type="checkbox"/>			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES NO			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities <input type="checkbox"/> <input type="checkbox"/>			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES NO			

ACCIDENT RECORD – DRIVER APPLICANTS ONLY

Please list accidents for past 3 years

	DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES	HM SPILL?
Last Accident					
Next Previous					

TRAFFIC CONVICTIONS – DRIVER APPLICANTS ONLY

Please list traffic convictions for past 3 years

LOCATION	DATES	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS – DRIVER APPLICANTS ONLY

Please list driver's license for past 3 years

DRIVER	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE – DRIVER APPLICANTS ONLY

Please list driving experience for past 3 years

CLASS OF EQUIPMENT	YES/NO	DATES TO:	DATES FROM:	APPOX. NO. OF MILES
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
DOUBLES/TRIPLES				
MOTORCOACH				
OTHER				

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

By signing below, I certify and agree as follows:

I certify that this application was completed by me and that all entries on it and information in it are true and complete. I further certify that all information provided by me in connection with my application for employment, and any information provided if I am hired, is true and complete. I understand that falsification or incompleteness of such information may result in my not being considered for employment or dismissal if I am employed. I authorize my references, former employers and educational institutions, including those listed on this application to give you any and all information concerning my previous employment and/or education that they may have, personal or otherwise, and I release all parties from all liability for any damages that may result from furnishing any such information. I understand that before any offer of employment is extended and/or before actual employment commences, I may be required to submit to a background check as required by the Company. I may also be required to submit to testing for detection of alcohol, drugs, and/or other controlled substances in accordance with Company policies post-offer. Additionally, I may be required by the Company to submit to a post-offer physical examination. I consent to all of this, and I understand that unsatisfactory or inconclusive results of any post-offer examination may necessitate withdrawal of the job offer in accordance with applicable law.

If employed, I agree to follow the rules, regulations and other directives of the Company. However, I understand that if employed, my employment will be "at-will" and can be terminated or modified, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no Company representative other than the Chief Executive Officer (CEO), has any authority to enter into any agreement to employ me for any specific period of time, or to make any agreement contrary to the foregoing. Any contrary agreement by the CEO must be in writing, signed and dated. I acknowledge that no representations have been made to me as of this date concerning employment by the Company. I have carefully read and understood the above, and hereby consent and agree to these conditions in exchange for the Company's consideration of my application for employment.

If I am a candidate for a position involving the operation of a commercial motor vehicle, I hereby acknowledge that I have been made aware that the information I have provided with respect to my previous employers may be used, and my previous employers may be contacted, for the purpose of investigating my background as required by 49 CFR §391.23. If I am an applicant with Department of Transportation regulated employment during the preceding three years, I understand that I have the following rights pursuant to 49 CFR §391.23 to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by the previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attachment to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

WE PARTICIPATE IN E-VERIFY

NOTICE: Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States. We will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the United States. If E-Verify cannot confirm that you are authorized to work, we are required to provide you written instructions and an opportunity to contact the Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before we can take any action against you, including terminating your employment.

Signature

Date



BARNSCO TEXAS, INC.

CONSENT FOR PRE-EMPLOYMENT DRUG TEST SCREEN AND RELEASE COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I hereby CONSENT to allow any physician, laboratory, hospital or medical professional retained by BARNSCO TEXAS, INC to take a specimen and submit it for a pre-employment drug test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, BARNSCO TEXAS, INC.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against COMPANY NAME, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS BARNSCO TEXAS, INC, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

All new applicants that are employed by BARNSCO TEXAS, INC, who resign or are terminated from their position within their 90-day probationary period, will be responsible for reimbursement of the cost for the pre-employment drug/Alcohol test.

Applicant's Signature: _____

Applicant's Name: _____

Date: _____