

**PALLETIZED TRUCKING INC**  
**2001 COLLINGSWORTH ST.**  
**HOUSTON, TX 77009**  
**APPLICATION FOR EMPLOYMENT**

Applicants Name \_\_\_\_\_ Date of Application \_\_\_\_\_

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, or any other status protected by State or Federal Law.

**TO BE READ AND SIGNED BY APPLICANT**

I authorize Palletized Trucking Inc., to make such investigations and inquiries of my personal, medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release past employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand and agree that this application does not constitute a contract of employment. I further understand that if employed by Palletized Trucking Inc., my employment will be at-will, and can be terminated with or without cause or notice by either myself or Palletized Trucking Inc. I also understand and agree that no representative of the company has any authority to enter into an agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized representative of the company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required to abide by the Rules and Regulations of Palletized Trucking Inc.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

**FOR COMPANY USE**

<b>PROCESS RECORD</b>	
APPLICANT HIRED _____	REJECTED _____
DATE EMPLOYED _____ (If rejected, summary report of reasons should be placed in file)	DEPT. ASSIGNMENT _____
FOR PALLETIZED TRUCKING INC. BY: _____	

<b>TERMINATION OF EMPLOYMENT</b>	
DATE TERMINATED _____	
BECAME OWNER/OPERATOR [ ]	DISMISSED [ ] VOLUNTARILY QUIT [ ] OTHER [ ] _____
TERMINATION REPORT PLACED IN FILE [ ]	SAFETY DIRECTOR'S SIGNATURE _____



**WORK HISTORY**

List all employers for which he/she has worked during the preceding ten (10) years. **TOTAL 10 YEAR WORK HISTORY.**

**NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.**

<b>EMPLOYER INFORMATION</b>			
<b>NAME</b>		<b>DATES</b>	
<b>ADDRESS</b>		<b>START DATE:</b>	MONTH ___ YEAR ___
<b>CITY, STATE, ZIP</b>		<b>END DATE:</b>	MONTH ___ YEAR ___
<b>POSITION HELD</b>		<b>SALARY / WAGE:</b>	
<b>REASON FOR LEAVING</b>			
<b>CONTACT PERSON</b>		<b>CONTACT PHONE NO:</b>	

<b>EMPLOYER INFORMATION</b>			
<b>NAME</b>		<b>DATES</b>	
<b>ADDRESS</b>		<b>START DATE:</b>	MONTH ___ YEAR ___
<b>CITY, STATE, ZIP</b>		<b>END DATE:</b>	MONTH ___ YEAR ___
<b>POSITION HELD</b>		<b>SALARY / WAGE:</b>	
<b>REASON FOR LEAVING</b>			
<b>CONTACT PERSON</b>		<b>CONTACT PHONE NO:</b>	

<b>EMPLOYER INFORMATION</b>			
<b>NAME</b>		<b>DATES</b>	
<b>ADDRESS</b>		<b>START DATE:</b>	MONTH ___ YEAR ___
<b>CITY, STATE, ZIP</b>		<b>END DATE:</b>	MONTH ___ YEAR ___
<b>POSITION HELD</b>		<b>SALARY / WAGE:</b>	
<b>REASON FOR LEAVING</b>			
<b>CONTACT PERSON</b>		<b>CONTACT PHONE NO:</b>	

<b>EMPLOYER INFORMATION</b>			
<b>NAME</b>		<b>DATES</b>	
<b>ADDRESS</b>		<b>START DATE:</b>	MONTH ___ YEAR ___
<b>CITY, STATE, ZIP</b>		<b>END DATE:</b>	MONTH ___ YEAR ___
<b>POSITION HELD</b>		<b>SALARY / WAGE:</b>	
<b>REASON FOR LEAVING</b>			
<b>CONTACT PERSON</b>		<b>CONTACT PHONE NO:</b>	

DOT D/A Release and Disclosure-Trucking Industry  
Fax #: 800.267.4093 (Manual Service)  
Fax#: 800.257.8069 (Database Retrieval)  
*Send to Fax#: 800.257.8069*

From: Sonia Mendez, Safety Dept.  
Company Name: Palletized Trucking Inc.  
Company Fax #: 713.220.9804  
HireRight Account Code: **PALLE**

**PART II- CONSUMER REPORT DISCLOSURE AND RELEASE**

In connection with your employment, consumer reports may be requested from USIS Commercial Services (“USIS”). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers’ compensation claims, credit, bankruptcy proceedings, criminals records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies & state provided driving records.

You have the right to make a request to USIS, upon proper identification, to request the nature & substance of all information in its files on you at the time of your request, including the sources of information & the recipients of any reports on you that USIS has previously furnished within the **three-year period** preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

***I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.***

**THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.**

I hereby consent to your obtaining the above information from USIS, and I agree that such information which USIS has or obtains, and my employment history (**not DOT Drug and Alcohol information without a specific consent by me**) with you if I am hired, will be supplied by USIS to other companies, which subscribe to USIS. I hereby authorize procurement of consumer report(s). If hired or contracted this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date: \_\_\_\_\_