



Application for Employment

Date: _____

Personal Information

Name (First, Middle, Last, Maiden Name, if Necessary)_____

Address (Street, City, State, Zip) _____

Phone Number: _____ Social Security No.: _____

Drivers' License State and Expiration Date: _____

State Name and Relationship of Any Relatives in our Employment: _____

Referred By: _____

Address for Past 3 Years. CDL Drivers must list addresses for the last 3 years.

Address (Street, City, State, Zip) _____ How Long: _____

Address (Street, City, State, Zip) _____ How Long: _____

Address (Street, City, State, Zip) _____ How Long: _____

(Attach sheet if more space is needed)

How Long: _____

U.S. Citizen?_____

Resident Alien?_____

Employment Desired

Position: _____

Date You Can Start: _____

Salary Desired: _____

Are You Employed Now: _____

May We Contact Your Employer: _____

Have You Every Applied With This Company Before: _____

When: _____ Where: _____

Education

School	Name and Location	Graduated Yes/No	Major Subjects	GPA
High School				
College/University				
Other/Specify				

Other Information

Subjects of Special Study or Research Work: _____

Special Training: _____

Activities: (Civic, Athletic, Etc.): _____

Former Employers: List the last four employers, starting with present or most recent

Date Month and Year	Name/Address/Phone # of Employer	Salary	Position	Reason for Leaving
From: _____				
To: _____		\$ _____		
From: _____				
To: _____		\$ _____		
From: _____				
To: _____		\$ _____		
From: _____				
To: _____		\$ _____		

References: Give the Names of Three Persons Not Related to You, Whom You Have Known at Least One Year.

Name	Address	Business	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Experience and Qualifications - Driver

Driver Licenses	State	License No.	Type	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	From	Dates To	Approximate No. of Miles (Total)
Straight Truck _____	_____	_____	_____	_____
Trailer & Semi-Trailer _____	_____	_____	_____	_____
Tractor - Two Trailers _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

Accident Record for Past 3 Years or More (Attach Sheet if More Space is Needed)

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries
Last Accident: _____	_____	_____	_____
Next Previous: _____	_____	_____	_____
Next Previous: _____	_____	_____	_____
Next Previous: _____	_____	_____	_____
Next Previous: _____	_____	_____	_____

Traffic Convictions and Forfeitures for the Past 3 Years (other than Parking Violations)

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Attach Sheet if More Space Is Needed			

- A. Have you even 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 EITHER ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

Tab 8: Motor Vehicle Driver's Certification of Violations

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.			
Date	Offense	Location	Type of Vehicle Operated
If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.			
Name: _____			
Date of Certification: _____		Driver's Signature: _____	
Motor Carrier's Name: Cogent Energy Services, LLC		Motor Carrier's Address: _ 919 Milam St, Suite 2480 Houston, Texas 77002	
Reviewed by: Signature _____		Title: _____	

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, at the discretion of the employer, be terminated at any time without any previous notice.

Signed: _____ **Date:** _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Applicant - Do Not Write Below This Line

Interviewed By: _____		Date: _____
Remarks: _____		
Neatness: _____		
Ability: _____		
Hired: _____	Dept. _____	Position: _____
Start Date: _____		Salary: _____
Approvals Signatures:		
1. Area Manager _____		2. CEO _____