

LEGACY CARRIERS LLC.  
2800 STAFFORD COURT  
MCKINNEY, TX 75070

APPLICATION FOR DRIVER'S

NOTE TO APPLICANT: The information you supply will be used, and your previous employers will be contacted for the purpose of investigating your safety performance history information as required by section 391.23 of the FMCSRs.

CELL: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
FIRST MIDDLE LAST

CURRENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP YEARS AT ADDRESS

If at the above address for less than 3 years, list below residences for the past 3 years. Attach a separate sheet if necessary.

STREET CITY STATE ZIP YEARS AT ADDRESS

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POSITION APPLYING FOR: \_\_\_\_\_ RATE OF PAY EXPECTED? \_\_\_\_\_

WHO REFERRED YOU? \_\_\_\_\_ WHEN ARE YOU AVAILABLE FOR WORK? \_\_\_\_\_

NAMES OF ANY RELATIVES EMPLOYED BY THIS COMPANY \_\_\_\_\_

EDUCATION - TRAINING - AWARDS

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_  
NAME ADDRESS

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER \_\_\_\_\_

LIST DRIVING AWARDS HELD AND FROM WHICH COMPANY \_\_\_\_\_

GENERAL

HAVE YOU EVER BEEN DENIED A BOND? \_\_\_\_\_ IF SO WHEN \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN TRAFFIC VIOLATIONS? \_\_\_\_\_

IF YES, EXPLAIN \_\_\_\_\_

## HISTORY OF EMPLOYMENT

FILL OUT COMPLETELY AND ANSWER ALL QUESTIONS. DOT REGULATIONS REQUIRE THAT COMMERCIAL MOTOR VEHICLE OPERATORS APPLYING FOR WORK MUST PROVIDE AT LEAST TEN YEARS PRIOR WORK HISTORY. DO NOT LEAVE GAPS BETWEEN EMPLOYMENT DATES, IF UNEMPLOYED, SO STATE AND GIVE DATES. IF SELF EMPLOYED, GIVE PERSON(S) THAT CAN VERIFY.

START WITH YOUR LAST OR CURRENT POSITION, INCLUDING MILITARY EXPERIENCE, AND WORK BACK. (ATTACH A SEPARATE SHEET IF NECESSARY):

COMPANY: \_\_\_\_\_ SUPERVISORS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ PAY: \_\_\_\_\_  
MONTH / YEAR MONTH / YEAR

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? \_\_\_\_ YES \_\_\_\_ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? \_\_\_\_ YES \_\_\_\_ NO

REASON FOR LEAVING: \_\_\_\_\_

COMPANY: \_\_\_\_\_ SUPERVISORS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ PAY: \_\_\_\_\_  
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REASON FOR LEAVING: \_\_\_\_\_

**Criminal Record Search**

Signed Release Form

*Please Print top portion*

Name \_\_\_\_\_ A.K.A. \_\_\_\_\_

*First*

*Middle*

*Last*

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

*current*

Previous \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Previous \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_ (For identification only)

Drivers License Number \_\_\_\_\_ State issued \_\_\_\_\_

**LIST ALL CONVICTIONS INCLUDING TRAFFIC AND CRIMINAL**

| Year | Criminal Offense(s)<br>Offense | County | Year | Traffic Offense(s)<br>Offense | County |
|------|--------------------------------|--------|------|-------------------------------|--------|
| 1.   | _____                          | _____  | 1.   | _____                         | _____  |
| 2.   | _____                          | _____  | 2.   | _____                         | _____  |
| 3.   | _____                          | _____  | 3.   | _____                         | _____  |
| 4.   | _____                          | _____  | 4.   | _____                         | _____  |

I hereby authorize the release to RMR Consultants an independent contract agency, of information held by any parties *regarding my Criminal History information, to include my record of arrests and, or convictions for violations of any federal, state, local statutes or ordinances, my credit history, workers compensation history, driving record and hereby release any said person, companies or law enforcement authorities from any liability for any damage whatsoever for issuing this information.* I further understand this information may be reviewed initially and periodically by RMR Consultants, and reported to my prospective employer.

I understand my prospective employer intends to utilize the investigation into my background for employment purposes only, and shall not disclose such information to any other party. I hereby acknowledge that RMR Consultants cannot vouch for or guarantee accuracy of information provided by third parties. Accordingly, I release RMR Consultants, its agents and / or my prospective employer from any and all liability arising out of any errors or omissions regarding my background information and authorize RMR Consultants to release the results of its investigation to my prospective employer. NOTE: Louisiana driving records are supplied by American Driving Records.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature is required - Please DO NOT PRINT

**Must be completed by company authorized representative**

Client: \_\_\_\_\_ Manager: \_\_\_\_\_

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

**Manager, please indicate which reports you require. Please circle each item.**

National Criminal      State Criminal      County Criminal      SSN      Employment

Education      Motor Vehicle Report