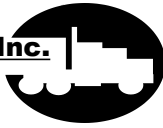


Bowers Trucking Inc.



64417 US Hwy 60
Ponca City, OK 74604
(580) 762-7066
(580) 762-1359 Fax

APPLICATION FOR EMPLOYMENT

Bowers Trucking Inc. is an equal opportunity employer, and is nondiscriminatory regardless of race, color, sex, religion, disability, or national origin.

Date: _____, 20_____

Position Seeking

Desired Start Date

Have you ever applied to this company before? (circle one)

YES

NO

PERSONAL INFORMATION

Last Name

First Name

Middle Initial

Address

City

State

Zip Code

Home Telephone

Cellular Phone

Social Security Number

Date of Birth

How many years have you had a CDL?

EDUCATION

Circle Highest Grade Completed

8

9

10

11

12

College

1

2

3

4

Do you have a High School Diploma? (circle one)

YES

NO

Last School Attended _____ City _____

Drivers Initials _____

Emergency Contact Information

Name

Phone Number

EXPERIENCE AND QUALIFICATIONS

Driver Licenses

State	License No.	Type	Expiration Date
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State	License No.	Type	Expiration Date
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A. Have you ever been denied a license or permit to operate a motor vehicle? YES NO

B. Has any license, permit or privilege been revoked or suspended? YES NO

If the answer to either A or B is yes, please attach statement giving details

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, End Dump, Flat Bed, etc.)	Dates	
		From	To
Straight Truck			
Tractor-Trailer			
Doubles-Triples			
Other			

List states operated in for last 5 years:

List specific courses you have taken that may help you as a driver:

List specific training or experiences you have had that may benefit you in this position:

Drivers Initials _____

EMPLOYMENT HISTORY

(NOTE: List employers in reverse order starting with the most recent and proceeding thereafter.)

Present or most recent Employer		Dates	
Name:		From:	To:
Address:		Position Held:	
City:	State:	Salary/ Wage Earned:	
Zip:	Reason for Leaving:		Were you subject to FMCSR's <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT Drug and Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #:	Contact Person:		

Employer		Dates	
Name:		From:	To:
Address:		Position Held:	
City:	State:	Salary/ Wage Earned:	
Zip:	Reason for Leaving:		Were you subject to FMCSR's <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT Drug and Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #:	Contact Person:		

Employer		Dates	
Name:		From:	To:
Address:		Position Held:	
City:	State:	Salary/ Wage Earned:	
Zip:	Reason for Leaving:		Were you subject to FMCSR's <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT Drug and Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #:	Contact Person:		

Employer		Dates	
Name:		From:	To:

Address:		Position Held:
City:	State: Zip:	Salary/ Wage Earned:
Phone #:	Reason for Leaving:	Were you subject to FMCSR's () Yes () No
Contact Person:		Were you subject to DOT Drug and Alcohol Testing? () Yes () No

Have you ever been convicted of a felony?

YES

NO

** If yes, when? _____ Drivers Initials _____

Have you ever tested positive for, or refused to take a pre-employment or random drug and/ or alcohol test in the past? (circle one)

YES

NO

** If yes, when?

Have you ever attended a drug or alcohol rehabilitation center? (circle one)

YES

NO

** If yes, when? _____

**** If you answered yes to any of the above please provide details on a separate sheet of paper****

PRE-EMPLOYMENT ALCOHOL AND DRUG TEST STATEMENT

THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS TITLE 49 UNITED STATES CODE OF FEDERAL REGULATIONS SECTION 382.301 PRE EMPLOYMENT TESTING IS A REQUIREMENT THAT APPLIES TO EVERY DRIVER APPLICANT OF THIS COMPANY.

Prospective Employee Name: _____ ID Number: _____

The prospective employee is required by Sec. 40.25 (j) to respond to the following questions.

- Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by a DOT agency drug and alcohol testing regulations during the past two years?

() YES () NO
- If you answered yes, can you provide/ obtain proof that you have successfully completed the DOT return-to-duty requirements.

() YES () NO

PRE EMPLOYMENT URINALYSIS CONSENT AGREEMENT

As a condition of my employment application, I consent to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the urinalysis test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The medical review officer will maintain the results of the urinalysis test. Negative and Positive test results will be reported to the company.

My written authorization is required for the urinalysis test results to be given to the other parties.

I have read and understand the above conditions for the pre-employment urinalysis consent agreement.

Applicants Signature: _____ Date: _____

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicants Signature

Month

Day

Year