Deans, Inc.
409 Commerce Road
Artesia, NM 88210
(575) 748-3400 (Voice)
(575) 748-3742 (Fax)

License # 18953

APPLICATION FOR EMPLOYMENT

Click to Submit Application

NAME _____ **SOCIAL SECURITY #** _____
(First) (Middle) (Last)

ADDRESS _____ **HOW LONG AT THIS ADDRESS?** _____
(Street) (City) (State) (Zip)

ADDRESSES FOR PAST THREE YEARS

_____ **HOW LONG AT THIS ADDRESS?** _____
(Street) (City) (State) (Zip)

_____ **HOW LONG AT THIS ADDRESS?** _____
(Street) (City) (State) (Zip)

(ATTACH SEPARATE SHEET IF MORE SPACE IS NECESSARY)

HOME PHONE _____ **OTHER PHONE NUMBER TO REACH YOU** _____

POSITION APPLIED FOR _____ **WAGES EXPECTED** _____ **DATE AVAILABLE TO WORK** _____

Do you have any illness or disability that precludes or limits your ability to perform the job you are applying for? _____
(Yes or No)

IF YES, PLEASE EXPLAIN _____

(THE QUESTIONS IN THIS BOX ARE TO BE ANSWERED VOLUNTARILY)

SEX _____ **DATE OF BIRTH** _____ **MARITAL STATUS** _____
(Male or Female) (Month-Day-Year) (Single, Married, Divorced)

EXPERIENCE AND QUALIFICATIONS—DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVERS LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX. NUMBER OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR AND TWO TRAILERS				
OTHER _____				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (WILL BE VERIFIED WITH MOTOR VEHICLE DEPARTMENTS)

DATES OF ACCIDENTS	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

TRAFFIC / DRIVING CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (WILL BE VERIFIED WITH MOTOR VEHICLE DEPARTMENTS)

LOCATION	DATE	CHARGE	PENALTY

A. HAVE YOU EVER 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** _____

C. HAVE YOU EVER BEEN CONVICTED OF A FELONY? **YES** _____ **NO** _____

IF THE ANSWER TO A - C ABOVE IS YES, PLEASE ATTACH A STATEMENT GIVING DETAILS

EMPLOYMENT RECORD (Attach Sheet If More Space Is Needed)

NOTE: DOT Requires That Employment For At Least 3 Years and/or Commercial Driving Experience For The Past 10 Years Be Shown

CURRENT / LAST EMPLOYER: Name_____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

SECOND EMPLOYER: Name _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

THIRD EMPLOYER: Name _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

REFERENCES

NAME	ADDRESS	PHONE	ASSOCIATION	YEARS ACQUAINTED

DO YOU HAVE ANY SPECIAL SKILLS? _____

_____

TO BE READ AND SIGNED BY APPLICANT

I hereby certify that this application was completed by me, and that all entries on it and information contained within it are true and complete to the best of my knowledge. I authorize Deans, Inc. or its agents to investigate or verify the information contained within this application. I also authorize Deans, Inc. or its agents to request information concerning my Motor Vehicle Driver Records to make a determination concerning my possible employment. I understand that I will be given a copy of these records if an employment decision is made as a result of these records.

Type your name here to sign.

Applicant's Signature _____ Date _____

SIGNED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20_____.

SEAL

Notary Public _____ My Commission Expires _____

Click to Submit Application