GREAT PLAINS STEEL, INC. P.O. Box 2916 Lubbock, TX. 79408 5001 Clovis HWY

Return in person, by fax to 806-771-1090 or email jobs@greatplainssteel.com

EMPLOYMENT APPLICATION FOR TRUCK DRIVERS

PERSONAL INFORMATION NAME Middle Last First **ADDRESS** State & Zip How long? Street City SOCIAL SEC. NO. DATE OF BIRTH PHONE # Are you employed now? _____ If so, may we inquire of your current employer? _____ DATE YOU CAN START______ SALARY DESIRED _____ PHONE ___ IN CASE OF EMERGENCY NOTIFY_____ **GRADUATE? SUBJECTS EDUCATION** NAME & LOCATION OF SCHOOL **GRAMMAR SCHOOL HIGH SCHOOL COLLEGE OTHER** REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. YEARS **ADDRESS** BUSINESS NAME KNOWN

EXPERIENCE AND QUALIFICATIONS

DRIVERS LICENSE #	STATE	TYPE	EXPI	RATION		
DRIVING EXPERIENCE						T
CLASS OF EQUIPMENT	TYPE C	F TRAILER	DA	TES FR	ом-то	APPROX NO OF MILE
STRAIGHT TRUCK						
TRACTOR & SEMI-TRAILE	R					
TRACTOR- 2 TRAILERS						
OTHER						
ACCIDENT RECORD FOR P	AST 3 YEA	RS OR MOR	E	· 		
DATES	NATUR	NATURE OF ACCIDENT			F FATALITIES	#OF INJURIES
LAST ACCIDENT / /						
NEXT PREVIOUS / /			****	•		
NEXT PREVIOUS / /						
TRAFFIC CONVICTIONS AND	FORFEITUF DATE		PAST 3 YEARS	(OTHER	THAN PARKII	NG)
Have you ever been deni	ed a licen	se, permit o	or privilege	to drive	e?	

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING	PHONE #
FROM					
ТО					
FROM					
ТО					
FROM					
ТО					
FROM					
TO					
FROM					
TO					
	DID YOU LIKE BEST?				
false information, of employed, my employed, my employed, my employment and continuous either my or the contrary to the forgular to the forgular to the forgular of the forgul	aformation submitted by me omissions, or misrepresentate loyment may be terminated my employment, I agree to ompensation can be terminated mpany's option. I also under ith or without cause, and wite entative, other than it's present into any agreement for each oring." ZE GREAT PLAINSSTEEL, INC. TO TERMINATION, AND PERFORMED, INC. TO CHECK MY DRIVER RIVING A COMMERCIAL VEH	ions are disco at any time. conform to thed, with or werstand and age the or without ident, and the ident, and the ident or without ident or without ident and the ident and ident and ident and ident ident and ident and ident and ident ident and ident and ident and ident and ident ident and ident and ident and ident and ident and ident ident and ident and ident and ident and ident and ident and ident ident and ident and ide	he company's vithout cause, gree that the to notice, at any en only when or any specific the ABOVE LISING MY EMPLO ECORD WITH	rules and regulations, a and with or without not erms and conditions of a time by the company. in writing and signed by a period of time, or to make the company of the EMPLOYMENT REFERRANCE OF THE TEXAS DEPARTMENT	and if I am and I agree that my ice, at any time at my employment I understand that y the president, has take any agreement ERENCES AS TO I I ALSO AUTHORIZE T OF PUBLIC SAFETY
DL#	DATE OF BIRTH				
	RITY#				
DL AUDIT# (V	ertical beside picture)				
X					
Sig	gnature	record of the second of the se		Date	

NOTICE!!!

If you are hired at Great Plains Steel, Inc. you will be required to have a bank account for direct deposit of your payroll. Once you are informed that you should report to the clinic for your physical, also make arrangements to get an account if you don't already have one, so you will not miss your first payroll. If you have any problems with this, contact Kathy Coffman at Great Plains Steel, Inc. for help obtaining an account for which to transfer your funds.

GREAT PLAINS STEEL, INC.

REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYERS				
APPLICANT'S NAME:SOCIAL	SOCIAL SECURITY#			
The previous employer listed below is hereby authorized to release and forward to Great P alcohol and controlled substance testing as well as information concerning my work history	lains Steel, Inc, information requested in regards to y.			
The applicant also has the right to review and refute any information supplied by the previ	ous employer below.			
X	DATE			
APPLICANT'S SIGNATURE	DATE			
******* BELOW TO BE COMPLETED BY PR	EVIOUS EMPLOYER***************			
***We realize that this employee may not have driven for you can provide is appreciated.	our company in the past, but any info			
PREVIOUS EMPLOYER	CITY/STATE:			
DOT Drug/Alcohol Test Results (Note: Request made in accordance with 49 CFR Parts 40 In the past three (3) years:	0.25 and 391.23) Y N			
 Has this person tested positive for a controlled substance? Has this person had an alcohol test with a breath alcohol concentration of .04 or greater Has this person refused a required test for controlled substances or alcohol? 				
If the answer to any of the above questions is yes, please provide the name of the Substand referred.	te Abuse Professional to whom the applicant was			
Name: Phone#				
Address:	<u> </u>			
Safety performance History (Note: Request made in accordance with 49 CFR Parts 40.25	and 391.23)			
1. Applicant was employed from to as	a			
2. Did the applicant operate a commercial vehicle? If yes, what type?				
Was applicant involved in any vehicle accidents? Preventable?				
4. Reason for leaving your employ: Discharged Layoff Resign				
Remarks?				
5. Is applicant eligible for rehire? If no, Why?				
6. Was applicant's safety performance satisfactory?				
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Signature/Title of person supplying information	Date			

If the above information was obtained verbally, print the name/title of the person supplying the information (Verbal Response) & date in the above spaces.

PLEASE RETURN TO FAX 806-771-1090 Or email <u>kcoffman@greatplainssteel.com</u> Phone 806-763-8900