

# Heritage Dedicated Services, Inc.

3220 Gholson Road  
Waco, Texas 76705

Telephone: 254-412-2003  
Fax: 254-412-1347

email to: [lrooks@hds1.com](mailto:lrooks@hds1.com)

## APPLICATION FOR EMPLOYMENT

No question on this application is intended to secure information to be used for discriminatory purposes. Heritage Dedicated Services, Inc. provides equal employment opportunities to all job applicants without regard to race, color, religion, sex, age, national origin, physical or mental disability, veteran status, age or any other legally protected status. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

<b>PERSONAL INFORMATION</b>		Social Security		
Date _____	Phone _____	Number _____		
Name _____				
Last		First	Middle	
Present Address _____				
Street		City	State	Zip
If less than 3 years at above address, please give previous address:				
Previous Address _____				
Street		City	State	Zip
Referred By: _____		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Birth (Required for Commercial Drivers) _____				
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been employed by this company before? _____ If so, When? _____				
What was your rate of pay? _____		Position Held _____		
What was your reason for leaving _____				
What rate of pay are you expecting? _____ How did you hear about this company? _____				
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If a driver's license is required for the position in which you are applying, do you have a valid driver's license? _____				
State _____		Number _____	Expiration Date _____	
Any restrictions on license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____				
Do you hold any other operator's permits <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____				
Do you hold a commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a felony, excluding a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
A conviction does not automatically mean you will not be offered a position. What were you convicted of, the circumstances surrounding the conviction, and how long ago the conviction occurred, are important. Please give all the facts. _____				
_____				
_____				
If a driver's license is required for the position for which you are applying, have you ever been convicted of a DWI (Driving While Intoxicated or Driving Under the Influence)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date and details of each conviction: _____				
_____				
_____				

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Rate of Pay Expected? \_\_\_\_\_  
 Type of employment \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Temporary What days & hours if part-time? \_\_\_\_\_  
 Are You Employed Now? \_\_\_ Yes \_\_\_ No If yes, why do you desire to make a change? \_\_\_\_\_  
 Ever applied to this company before? \_\_\_ Yes \_\_\_ No Where? \_\_\_\_\_ When? \_\_\_\_\_

**EDUCATION**

Name and Location of School		Circle Last Year Completed	Did You Graduate?	Subjects Studies and Degree(s) Received
Grammar School		1 2 3 4	___ Yes ___ No	
High School		1 2 3 4	___ Yes ___ No	
College		1 2 3 4	___ Yes ___ No	
Trade, Business or Correspondent/School		1 2 3 4	___ Yes ___ No	

I understand that information I provide regarding current and/or previous employers may be used and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and ©. I understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer: and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer (s) and I cannot agree on the accuracy of the information.

**WORK HISTORY: Past 10 years**

Begin with your present or most recent job and work backward in order, listing your employers/lessors for at least 10 years including all full and part-time employment. All time must be accounted for, including military service, self-employment and periods of unemployment. Use supplementary sheet if necessary. List period of unemployment on line below.

Current Employer: May we contact? ___ Yes ___ No	Address	Telephone
Name and Title of Supervisor	Starting Position	Starting Salary
Date Started (Month, Date & Year)	Description of job & duties	Reason for leaving
Date Left (Month, Date & Year)		Position/Salary on Leaving
Previous Employer: May we contact? ___ Yes ___ No	Address	Telephone
Name and Title of Supervisor	Starting Position	Starting Salary
Date Started (Month, Date & Year)	Description of job & duties	Reason for leaving
Date Left (Month, Date & Year)		Position/Salary on Leaving
Previous Employer: May we contact? ___ Yes ___ No	Address	Telephone
Name and Title of Supervisor	Starting Position	Starting Salary
Date Started (Month, Date & Year)	Description of job & duties	Reason for leaving
Date Left (Month, Date & Year)		Position/Salary on Leaving

Previous Employer: May we contact? ___Yes ___No	Address	Telephone
Name and Title of Supervisor	Starting Position	Starting Salary
Date Started (Month, Date & Year)	Description of job & duties	Reason for leaving
Date Left (Month, Date & Year)		Position/Salary on Leaving
Previous Employer: May we contact? ___Yes ___No	Address	Telephone
Name and Title of Supervisor	Starting Position	Starting Salary
Date Started (Month, Date & Year)	Description of job & duties	Reason for leaving
Date Left (Month, Date & Year)		Position/Salary on Leaving

Explain any gaps in your employment history set forth above. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** List 3 people not related to you who have known you for one year or more.

Name	Address	Business	Years Acquainted	Telephone

**DRIVING QUALIFICATIONS AND EXPERIENCE:**

**Licenses Held**

State	License No.	Type	Expiration Date

**EQUIPMENT EXPERIENCE:**

Equipment & Semi-Trailer (Please Check)	Equipment Type (Van, Flat, Tank, Reefer)	For How Long?	Total Miles
Tractor & Semi-Trailer			
Tractor w/Two Trailers			
Straight Truck			
Other			

In what States have you operated – past 3 years? \_\_\_\_\_

Have you ever had your license revoked or suspended? \_\_\_\_\_ If so, when and where? \_\_\_\_\_

Why? (please explain) \_\_\_\_\_

**VIOLATIONS**

**ACCIDENTS PAST 3 YEARS (list most recent first – attach additional sheet if necessary)**

Date	Injuries?	Fatalities?	Type of Vehicle?	Describe

**TRAFFIC CONVICTIONS PAST 3 YEARS (not parking violations)**

Date	Where	Violation?	Penalty

Use this space to list any experience or knowledge you have, not covered previously, or to make any comments you wish.

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**PLEASE READ THE FOLLOWING APPLICANT CERTIFICATION & AUTHORIZATION BEFORE SIGNING!**

I understand that this application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I understand that a Motor Vehicle Record (MVR) report may be required in order to complete the application process and I give my permission for HERITAGE DEDICATED SERVICES, INC. to obtain this report. I also understand that my driving report from the FMCSA Motor Carrier Information System may be obtained and give my permission for Heritage Dedicated Services, Inc. to obtain this report.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and I understand that falsification of this information is grounds for dismissal. I authorize the references listed above to give HERITAGE DEDICATED SERVICES, INC. any and all information regarding my previous employment, educational record, or any other pertinent information they may have, personal or otherwise, and release all parties from all liability for damage that may result from furnishing same to HERITAGE DEDICATED SERVICES, INC. I agree that HERITAGE DEDICATED SERVICES, INC. and my previous employers are not liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions, or answers made by me on this application.

I understand that HERITAGE DEDICATED SERVICES, INC. reserves the right to require a conditional offer of employment medical examination as well as periodic physical or medical examinations and that I will be required to undergo and successfully pass a pre-employment screening for alcohol and drugs to be administered by a facility of HERITAGE DEDICATED SERVICES, INC.'s choosing and at HERITAGE DEDICATED SERVICES, INC.'s expense. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of HERITAGE DEDICATED SERVICES, INC.

I UNDERSTAND THAT THIS EMPLOYMENT APPLICATION AND ANY OTHER COMPANY DOCUMENTS ARE NOT PROMISES OF EMPLOYMENT. In consideration of employment, I agree to comply with the policies, rules, regulations and procedures of HERITAGE DEDICATED SERVICES, INC. and understand that my employment can be terminated with or without cause or notice, at any time, at the option of either HERITAGE DEDICATED SERVICES, INC. or myself. I understand that no manager or representative of HERITAGE DEDICATED SERVICES, INC., other than the president, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In compliance with the Immigration Reform and Control Act of 1986 (RCA), I understand that I will be required to provide approved documentation that verifies my identity and right to work in the United States within the time frame as required by the Act.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

Interviewed By: \_\_\_\_\_ Signature: \_\_\_\_\_

REMARKS: \_\_\_\_\_

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Date \_\_\_\_\_  
Hired: \_\_\_\_\_ Dept: \_\_\_\_\_ Position \_\_\_\_\_ Report On \_\_\_\_\_ Salary \_\_\_\_\_

Approved By: \_\_\_\_\_  
Supervisor \_\_\_\_\_ President \_\_\_\_\_