

# *Edgemere* DRIVER APPLICATION FOR EMPLOYMENT

Thank you for your interest in and application for employment with Edgemere. We are an equal opportunity employer and give employment and promotional consideration without regard to race, color, sex, religion, age, disability, disabled veterans, or veterans of the Vietnam era and any other protected class as required by state or federal law. We seek applicants for employment who are dedicated, hardworking and seeking fulfilling employment. In return Edgemere offers competitive income, an excellent work environment and the opportunity to grow with the company. If you are selected for employment with Edgemere you will also be hired simultaneously by Merit Resources, Inc. as your co-employer. Edgemere is your employer for the purposes of managing the day-to-day operations of the company and the employees. This includes responsibility for the worksite(s), scheduling of work, safety and the direction of the individual employees in their positions. Merit Resources is the co-employer for managing and taking responsibility for the administrative portion of employment such as benefits, payroll and worker compensation insurance.

## GENERAL INFORMATION: (Please type or print legibly in ink)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: (Street, P.O. Box, Apt. #) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: (Inc. Area Code) \_\_\_\_\_ Are You Legally Able To Work In The United States? (Check)  Yes  No

Have You Ever Been Convicted Of A Serious Misdemeanor Or Felony Crime?  Yes  No If Yes, What And Where?  
\_\_\_\_\_

## EMPLOYMENT DESIRED:

Position For Which Application Is Being Made: (Be Specific) \_\_\_\_\_ I Am Available To Work: (Check All Applicable)

\_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ Weekdays \_\_\_\_\_  
Weekends \_\_\_\_\_ Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_ Evenings \_\_\_\_\_ Nights

Date Available: \_\_\_\_\_ Expected Compensation: \_\_\_\_\_ Are You At Least 18 Years Old?  Yes  No

## EDUCATION: (High School, College, Trade Schools, and Other Education)

Highest Level Of Education Attained: \_\_\_\_\_ Major Field Of Study: \_\_\_\_\_ Last Year Completed: \_\_\_\_\_ Did You Graduate?  Yes  No  
1 2 3 4

School Name: \_\_\_\_\_ School Address: (Street, P.O. Box) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Second Highest Level Of Education Attained: \_\_\_\_\_ Major Field Of Study: \_\_\_\_\_ Last Year Completed: \_\_\_\_\_ Did You Graduate?  Yes  No  
1 2 3 4

School Name: \_\_\_\_\_ School Address: (Street, P.O. Box) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Third Highest Level Of Education Attained: \_\_\_\_\_ Major Field Of Study: \_\_\_\_\_ Last Year Completed: \_\_\_\_\_ Did You Graduate?  Yes  No  
1 2 3 4

School Name: \_\_\_\_\_ School Address: (Street, P.O. Box) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Other Education Attained: \_\_\_\_\_ Major Field Of Study: \_\_\_\_\_ Last Year Completed: \_\_\_\_\_ Did You Graduate?  Yes  No  
1 2 3 4

School Name: \_\_\_\_\_ School Address: (Street, P.O. Box) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**EMPLOYMENT HISTORY: The US Department of Transportation requires driver applicants show all employment for the last 3 years. Therefore; you must list the name, address, and phone number of all your employers for the last 3 years.** List most recent first, then proceeding; include any military service) Attach additional pages if necessary.

1. Employer Name: \_\_\_\_\_ Dates Of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

Employer Address: (Street, P.O. Box) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Starting Compensation: \_\_\_\_\_ Ending Compensation: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

Description Of Duties And Responsibilities: (Include Promotions And Advancements) \_\_\_\_\_

2. Employer Name: \_\_\_\_\_ Dates Of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

Employer Address: (Street, P.O. Box) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Starting Compensation: \_\_\_\_\_ Ending Compensation: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

Description Of Duties And Responsibilities: (Include Promotions And Advancements) \_\_\_\_\_

3. Employer Name: \_\_\_\_\_ Dates Of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

Employer Address: (Street, P.O. Box) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Starting Compensation: \_\_\_\_\_ Ending Compensation: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

Description Of Duties And Responsibilities: (Include Promotions And Advancements) \_\_\_\_\_

**DRIVER EXPERIENCE AND QUALIFICATIONS**

The U.S. Department of Transportation requires that driver applicants state their date of birth.

Date of Birth \_\_\_\_\_  
 month/day/year

List Drivers Licenses held in the past 3 years

State	License No.	Class	Endorsements	Expiration Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

- A. Have you even 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 disqualified for violations of the Federal Motor Carrier Safety Regulations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "yes" to any of these questions, attach a statement giving details.

Driving Experience

	Class of Equipment	Type of Equipment	Dates	Approximate Total Miles
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- |    |  |  |  |  |
|----|--|--|--|--|
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

List states operated in during last five years

List special courses or training you have had

List any driving awards you have received

Accident Review for past 3 years (attach additional pages if needed)

	Date of Accident	Nature of Accident	Fatalities	Injuries
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- |    |  |  |  |  |
|----|--|--|--|--|
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

Traffic Convictions for past 3 years (other than parking violations)

	Location	Date	Charge	Penalty
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- |    |  |  |  |  |
|----|--|--|--|--|
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

**PREVIOUS ADDRESSES: The Department of Transportation requires we account for all address for the last 3 years. As such, we need your address for all locations where you resided during the previous 3 years. Please list below any addresses not listed previously.**

List most recent first, then proceeding. Attach additional pages if necessary

	Address	City	State	How Long?
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- |    |  |  |  |  |
|----|--|--|--|--|
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

**PLEASE READ THE FOLLOWING STATEMENTS, ASK ANY QUESTIONS, AND SIGN BELOW**

I certify that the above information was completed by me and is true and correct and give authorization for investigation of all statements and information contained in this application, my resume, other documents or verbally obtained during an employment interview. I voluntarily consent to allow Edgemere, Merit Resources or any of their representatives or agents to check my references by contacting any persons, company or governmental entity they deem to be an appropriate reference. I understand the reference questions may pertain to my personal or educational background, work experience, character and behavior. I understand my employment is subject to satisfactory verification of this information and agree that deliberate falsification of this document or significant omissions shall be grounds for employment consideration disqualification or dismissal from employment, if discovered at a later date. I pledge, if hired, to comply with the guidelines of conduct and company policies and procedures of Edgemere. I also realize that company policies, procedures, practices or statements made during an interview or employment do not create an employment contract by implication or otherwise. I further understand and agree that my employment is for no definite period of time and may, regardless of time and manner, be terminated by the company or myself with or without cause or previous notice. I understand that employment may be subject to satisfactory completion of a physical examination and/or drug screening by company physicians.

I understand that if hired, I'm entering into a co-employment relationship whereas Edgemere is my worksite and directing employer and Merit Resources is my administrative employer. I agree that the benefit plans (health and retirement) offered in my co-employment package are those of Merit Resources and are the only benefit plans in which I'm eligible to participate. I further agree that I will not be eligible for other benefits (if any) offered to other non co-employees of Edgemere now or in the future. I understand if hired with Edgemere, I will be required to sign a non-compete/non-disclosure agreement. This application will be kept in a current file for thirty days. If not contacted during that period of time, it may be necessary to complete another application to receive further employment consideration.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

Employing Motor Carrier Address:

Edgemere  
8523 Thackery St.  
Dallas, TX 75225