



American Track

1. All areas of the application must be filled out completely and accurately. Please fill in the required information directly on the application and do not indicate "See résumé".
2. **FCRA (Fair Credit Report Act) Disclosure:** As part of our hiring background and investigation, we may obtain consumer reports. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (FCRA), 15 U.S.C. § 1681 et seq., before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

Return Application to: 2488 Golden Triangle Blvd, Fort Worth, TX 76177
FAX: 682.334.7980 EMAIL: egalaviz@americantrack.com

Position (s) applying for _____

Desired Location: _____	Date available to begin work ___/___/___
Are you willing to travel? ___ Yes ___ No	Will you relocate if required? ___ Yes ___N
Are you able to work overtime when required? ___Y ___N	

Applicant Acknowledgement

My signature below indicates that I have read and understood the importance of supplying accurate information on the application. I am also aware of the possibility of an offer of employment being withdrawn if any of the information is not correct.

Print Name: _____ **Phone #** _____

 Signature of Applicant

 Date



Application for Employment

Thank you for considering our organization in your job search. **American Track** is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status or military service or *any state protected classifications*. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

CONFIDENTIAL

Please complete by printing in dark ink, fill in all questions and sign your initials and name on the last page where indicated.

Date _____

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY AND STATE	ZIP CODE
MAILING ADDRESS	MOBILE PHONE NUMBER	HOME PHONE NUMBER
E-MAIL ADDRESS	POSITION APPLIED FOR	SALARY DESIRED

LEVEL AND TYPE OF EDUCATION	SCHOOL NAME	CITY AND STATE	LAST YEAR COMPLETED	DID YOU GRADUATE?
HIGH SCHOOL			__9 __10 __11 __12	__ YES __ NO
COLLEGE OR UNIVERSITY				DEGREE
OTHER SCHOOLS				CERTIFICATE OR LICENSE

SPECIAL SKILLS

Software Applications:
Other skills:

EMPLOYMENT RECORD

Name: _____

Please list your most recent jobs for the last 3 years, starting with the most current **(CDL Drivers must list 10 years of employment)**. Include military service as part of your employment record. If you have a resume, please attach it to this form.

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
Starting Salary	From: _____ To: _____
Ending Salary	
Reason for Leaving	Essential Job Duties

Where you subject to the FMCSRs while employed here? ____ Yes ____ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing Requirements of 49 CFR Part 40? ____ Yes ____ No

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
Starting Salary	From: _____ To: _____
Ending Salary	
Reason for Leaving	Essential Job Duties

Where you subject to the FMCSRs while employed here? ____ Yes ____ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing Requirements of 49 CFR Part 40? ____ Yes ____ No

GENERAL INFORMATION

Name: _____

May we contact your present employer?	__ yes __ no
Do you have the legal right to work in the United States? (if hired, you will be required to provide identification to prove eligibility for employment)	__ yes __ no
Have you ever been convicted, pled guilty or no contest, or forfeited bond or bail for any crime other than traffic violations? If yes, please explain: (Conviction of a crime is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.)	__ yes __ no
Are you able to perform the primary duties of the job as outlined in the posting, job line, and job description, with or without reasonable accommodation? If no, please explain:	__ yes __ no
Do you have any employment restrictions resulting from a non-compete or confidentiality agreement? If yes, please explain:	__ yes __ no
Am Track has not asked me to reveal any confidential information of my prior employer?	__ yes __ no

Have you ever worked for **American Track**? Y ____ N ____ If yes, when? _____

ADDITIONAL INFORMATION:

Please use the space provided to list any additional employers, periods of time not worked, or any other information that you believe we should know in considering your application for employment.

Do you have a current valid Drivers License? Y ____ N ____ Class: _____ State Issued _____

Commercial Drivers License (CDL)? Y ____ N ____ Class: _____ State Issued _____

License Number _____ **Social Security Number** _____

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 ____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS

Name: _____

If you do not hold a Current Valid Commercial Drivers License go to page 8

Date of Birth _____ (CDL drivers only)

List your addresses of residency for the past 3 years.

Current Address _____ City _____ State _____

Zip Code _____ Phone # _____ How long? _____

Address _____ City _____ State _____

Zip Code _____ Phone # _____ How long? _____

Address _____ City _____ State _____

Zip Code _____ Phone # _____ How long? _____

Address _____ City _____ State _____

Zip Code _____ Phone # _____ How long? _____

Driving Experience If none, write "none"

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx. No. of Miles (Total)
		From	To	

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

EXPERIENCE AND QUALIFICATIONS – OTHER

LIST ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN THE ONES SHOWN ELSEWHERE ON THIS APPLICATION

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE
(ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
Most Recent Accident	(i.e. Head-on, rear-end, etc.)		
Previous Accident			
Previous Accident			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS
(Other than parking violations) If none, write "none"**

LOCATION	DATE	CHARGE	PENALTY

Experience and Qualifications – Driver

Driver Licenses	State	License Number	Type	Expiration Date

Name: _____

Please read carefully, initial each paragraph and sign below:

Initial

I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

Initial

I authorize **AT** to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release **AT**, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initial

I authorize **AT** to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. **AT** has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.

Initial

I authorize **AT** to run a Motor Vehicle Report in order to confirm that I possess a valid driver's license, and to confirm my ability to obtain a Class A Commercial Driver's License.

Initial

If hired, I recognize the rules and policies of **AT**, and understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of **AT** or myself. I understand that the President of the company is the only person who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract, the company may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

Initial

I understand and acknowledge that I may be required to submit to a physical examination, including drug test. Additionally, I hereby authorize the release of the results of such an examination to **AT** for their use in evaluating my suitability for employment. Further, I release the examining facility and **AT** from any and all liability, and from any damage that may result from the release of such information.

Initial

I understand that I am responsible to reimburse **AT** for any safety equipment given me, my pre-employment physical, MVR, background check, and pre-employment drug screen in the event that my employment with **AT** is terminated, either by me or by the company, within a 30 day period beginning my first day. I also understand and agree that if my employment with **AT** is terminated, these expenses can, and will, be deducted from remaining amounts due (wages, bonuses, etc.).

If there is an amount due after final disbursement, I understand that I am responsible to pay **AT** the said amount. In the event that I fail or refuse to repay any amount after termination, I hereby confess judgment against me and agree to pay all court costs, attorney fees, and 5% of the remaining balance to cover expenses incurred by **AT**.

Print Full Name _____

Signature _____

Date _____

Name: _____

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act (FCRA), 15 U.S.C. § 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit **American Track** to obtain a consumer report and/or an investigative consumer report which may include the following: my employment records, driving history records, criminal history, credit history, civil record, workers' compensation (post-offer only) , drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I hereby release any persons, firm, business entities, third party agencies, and government agencies providing information, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf for providing consumer report(s) and/or investigative consumer reports(s) authorized therein.

I authorize without reservation the Railroads, for which the Company provides services, to access my information in order to determine if I am eligible to perform work on their property.

I understand and acknowledge that under provision of the FCRA, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification

I hereby authorize FLMVR/SenturyLink to obtain and prepare a consumer report as set forth above, as part of its investigation of my employment application on behalf of my employer. I agree that a copy of this authorization has the same effect as an original. This authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Name: _____
Printed

Signature

Date

Social Security Number

Date of Birth



INVITATION TO IDENTIFY FOR AFFIRMATIVE ACTION PURPOSES

AT, is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, gender-identity, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination. AT is required by federal regulations to report information as requested below. Your contribution of this information is completely voluntary and in no way affects the decision regarding your employment opportunity. The information that you provide is strictly confidential and will be maintained separate from your application form.

Applicant Name: _____ **Date:** _____

Position Applied For: _____

PLEASE CHECK ONE:

- Male
- Female

PLEASE SPECIFY YOUR RACE/ETHNIC GROUP:

- White (not Hispanic or Latino)
- Black or African (not Hispanic or Latino)
- Hispanic or Latino
- Asian (not Hispanic or Latino)
- American Indian or Alaska Native (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)

ARE YOU DISABLED?

- Yes
- No

ARE YOU A VETERAN?

- Yes
- No

IF YES, INDICATE WHICH VETERAN CATEGORY

- Vietnam Era-Veteran
- Disabled Veteran
- Other Eligible Veteran
- Other Era- Veteran

HOW WERE YOU REFERRED TO THIS JOB?

- Own Accord
- Rehire (*you have previously worked for AT*)
- Print Advertisement (please specify publication): _____

- Internet Advertisement (Please specify website):** _____
- Employment Agency or Recruiter (Please specify agency):** _____
- Employee Referral (Please specify the employee name):** _____
- Other (Please specify):** _____