



**C&C TRANSPORT, LLC**

1250 E. Everglade St. Hobbs, NM 88241

Telephone: (575) 393-0422 Fax: (575) 391-7832

**EMPLOYMENT APPLICATION**

DATE    /   /   

**Commercial Driver**

1. Personal Information

Last Name	First Name	Middle Name or Initial
Cellphone Number	Email	Date of Birth
Hobbs Address		
Mailing Address		

2. Do you have the right to work in the United States? \_\_\_ Yes \_\_\_ No

3. Employment History

All positions for past 3 years and Commercial Driving Experience for the past 10 years

1. MOST RECENT EMPLOYER:		
Company Name:		
Address:	Office Phone:	FAX:
Supervisor Name		
Employment Dates		
From:	To:	
Position held		
Reason for leaving		
2. NEXT MOST RECENT EMPLOYER:		
Company Name:		
Address:	Office Phone:	FAX:
Supervisor Name		
Employment Dates		
From:	To:	
Position held		
Reason for leaving		
3. NEXT MOST RECENT EMPLOYER:		
Company Name:		

Address:	Office Phone:	FAX:
Supervisor Name		
Employment Dates		
From:	To:	
Position held		
Reason for leaving		
4. NEXT MOST RECENT EMPLOYER:		
Company Name:		
Address:	Office Phone:	FAX:
Supervisor Name		
Employment Dates		
From:	To:	
Position held		
Reason for leaving		
5. NEXT MOST RECENT EMPLOYER:		
Company Name:		
Address:	Office Phone:	FAX:
Supervisor Name		
Employment Dates		
From:	To:	
Position held		
Reason for leaving		

4. Driving Experience (if none write NONE)

Total Time:	
Class of Equipment:	Dates From: To:
Class of Equipment:	Dates From: To:
Class of Equipment:	Dates From: To:

5. Accident Record

TYPE	DATE	NATURE OF ACCIDENT (Backing, Head-on, Rollover, Turning)	FATALITIES	INJURIES
Last Accident				
Previous				
Next Previous				

6. Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_

7. Drug Testing.

This company requires all Drivers who drive Commercial Vehicles (CMV) which require a commercial Driver License (CDL), to be controlled substances tested with a negative result prior to driving. Do you consent to such Testing? \_\_\_ Yes \_\_\_ No

For the past two years, have you tested positive or refused to test on any pre-employment drug or alcohol test required by a DOT-regulated employer because you would perform safety-sensitive transportation work? \_\_\_\_\_

If you answered YES, you must identify the DOT-regulated employer and when the testing took place on the reverse side of this form. You must provide the Company with documentation that you successfully completed the return-to-duty process required by the DOT rules. Failure to provide this documentation to Company within two weeks will result in the withdrawal of any job offer.

8. Would you be available to work at night?

\_\_\_\_\_

9. What languages do you know?

Language	Speaking Percentage	Written Percentage
English		
Spanish		
Other		

10. Comments and/or additional information related to interested position


11. Date you could start: \_\_\_\_\_

12. Expected salary/Hr. Rate: \_\_\_\_\_

By signing my name below, I certify that the answers given in this application for employment are true and correct to the best of my knowledge. Also I authorize to realize the convenient hiring procedures as employer considers necessary.

\_\_\_\_\_  
Signature

On Behalf of C & C, we thank you for your interest to become part of our team  
Have a nice day