

PHYSICAL ADDRESS
741 JAMES STREET
HERMLEIGH, TX 79526
(325)863-2300



MAILING ADDRESS
P.O. BOX 263
HERMLEIGH, TX 79526
(325)863-2300

EMPLOYMENT APPLICATION

APPLICANT INFORMATION (PRINT - DO NOT LEAVE ANY BLANKS)

Last Name: _____ First: _____ M.I.: _____ Date: _____
Street Address: _____ Apartment/Unit #: _____
City: _____ State: _____ ZIP: _____ SSN: _____
Phone: _____ E-mail Address: _____
Date of Birth: _____ Emergency Phone: _____
Position Applied for: _____ Salary Desired: _____ Date Available: _____
United States Citizen? Yes No If no, are you authorized to work in the U.S.? Yes No
Previous Digby Employee? Yes No If so, when? _____
Convicted Felon? Yes No If yes, explain: _____

EDUCATION

High School: _____ Address: _____
From: _____ To: _____ Diploma? Yes No
College: _____ Address: _____
From: _____ To: _____ Degree? Yes No
Other: _____ Address: _____
From: _____ To: _____ Degree? Yes No

REFERENCES

Please list three professional references, no relatives.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____
Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____
Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____



EXPERIENCE & TRAINING

License #: _____ State: _____ Class: _____

Expiration Date: _____ Endorsements: _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle: Yes No

Has any license, permit, or privilege to operate a motor vehicle been suspended or revoked? Yes No

DRIVING (VEHICLE & EQUIPMENT)

Class of Equipment: _____

Type of Equipment (Belly Dump, Dozer, Blade): _____

From: _____ To: _____ Comments: _____

Class of Equipment: _____

Type of Equipment (Belly Dump, Dozer, Blade): _____

From: _____ To: _____ Comments: _____

Class of Equipment: _____

Type of Equipment (Belly Dump, Dozer, Blade): _____

From: _____ To: _____ Comments: _____

ACCIDENTS (LAST THREE YEARS)

LIST THE MOST RECENT FIRST.

Date: _____ Fatalities/Injuries? _____

Nature of Accident (Head-on, rear-end, etc.) _____

Date: _____ Fatalities/Injuries? _____

Nature of Accident (Head-on, rear-end, etc.) _____

Date: _____ Fatalities/Injuries? _____

Nature of Accident (Head-on, rear-end, etc.) _____

TRAFFIC CONVICTIONS (LAST THREE YEARS)

Location: _____ Date: _____ Charge: _____

Location: _____ Date: _____ Charge: _____

Location: _____ Date: _____ Charge: _____

Location: _____ Date: _____ Charge: _____

Location: _____ Date: _____ Charge: _____



PREVIOUS EMPLOYMENT (INCLUDE 10 YEAR HISTORY)

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Pay: _____ Ending Pay: _____
Subject to Federal Motor Carrier Safety Regulations? Yes No
Subject to DOT Alcohol & Drug Testing? Yes No
Responsibilities: _____
From: _____ To: _____
Reason for leaving: _____
May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Pay: _____ Ending Pay: _____
Subject to Federal Motor Carrier Safety Regulations? Yes No
Subject to DOT Alcohol & Drug Testing? Yes No
Responsibilities: _____
From: _____ To: _____
Reason for leaving: _____
May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Pay: _____ Ending Pay: _____
Subject to Federal Motor Carrier Safety Regulations? Yes No
Subject to DOT Alcohol & Drug Testing? Yes No
Responsibilities: _____
From: _____ To: _____
Reason for leaving: _____
May we contact your previous supervisor for a reference? Yes No



PREVIOUS EMPLOYMENT (CONTINUED)

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Pay: _____ Ending Pay: _____
Subject to Federal Motor Carrier Safety Regulations? Yes No
Subject to DOT Alcohol & Drug Testing? Yes No
Responsibilities: _____
From: _____ To: _____
Reason for leaving: _____
May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Pay: _____ Ending Pay: _____
Subject to Federal Motor Carrier Safety Regulations? Yes No
Subject to DOT Alcohol & Drug Testing? Yes No
Responsibilities: _____
From: _____ To: _____
Reason for leaving: _____
May we contact your previous supervisor for a reference? Yes No

MILITARY SERVICE

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If Other Than Honorable, explain: _____

DISCLAIMER AND SIGNATURE

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY RELEASE OR TERMINATION.

SIGNATURE: _____
DATE: _____