



**APPLICATION FOR EMPLOYMENT**

**APPLYING AT:**

- Andrews Big Spring Carlsbad Denver City Hobbs
Levelland Midland Odessa Snyder Sundown

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, or any other legally protected status.

**How did you learn about us?**

- checkbox Newspaper Advertisement checkbox Radio Advertisement checkbox Internet Advertisement checkbox Walk In
checkbox Employee Referral checkbox Other

**PERSONAL INFORMATION**

Name: (Last) (First) (Middle)

Address: (Street) (City) (State) (Zip)

Phone Number(s): Are you 18 years or older? checkbox Yes checkbox No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? checkbox Yes checkbox No
Proof of citizenship or immigration status will be required upon employment.

Have you been convicted of a felony within the last 7 years? checkbox Yes checkbox No

If yes, please explain:

**EMPLOYMENT DESIRED**

Position(s) Applied for: Date of Application:

Date Available to Start Work: Wage Desired:

Are you currently employed? checkbox Yes checkbox No If so, may we contact your present employer? checkbox Yes checkbox No

Have you ever filed an application with us before? checkbox Yes checkbox No Where? When?

Have you ever been employed with us before? checkbox Yes checkbox No Where? When?

## EDUCATION

Education	Name and Address of School	Course of Study	Years Completed	Diploma/Degree Received
Elementary				
High School				
College				
Other (Specify)				

Describe any specialized training, apprenticeship, and skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

(List your last four employers, starting with your present or last job.)

Employer Name, Address & Phone Number	Dates Employed	Hourly Rate / Salary	Job Title/Work Performed	Reason for Leaving
1.				
2.				
3.				
4.				

## REFERENCES

(Give the names of three persons not related to you, whom you have known at least one year.)

Name	Address	Phone Number
1.		
2.		
3.		

## **APPLICANT'S STATEMENT**

This certifies that this application was completed by me (the undersigned), and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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**Signature of Applicant**

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**Date**

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**Digital Signature Field**

# DRIVER SECTION

COMPLETE THIS  
SECTION ONLY IF  
APPLYING FOR A  
COMMERCIAL DRIVER  
POSITION

## DRIVER INFORMATION (To be completed by Commercial Drivers Only)

Your employment with Dixie Electric is dependent upon a current and valid driver's license, and a safe driving record.

The information provided herein is required of applicants whose employment may require operating company vehicles. The information may be used, and your prior employers may be contacted for the purpose of investigating your driving background as required for insurance coverage and DOT regulations. A person may not drive a company vehicle unless he/she has completed and furnished us with the following information: (Use reverse side of sheet if necessary)

- **Name** \_\_\_\_\_ **SSN** \_\_\_\_\_
- **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Can you provide proof of age?** \_\_\_\_\_  
(Required for Commercial Drivers)
- **Years/ months lived at present address** \_\_\_\_\_  
If less than 3 years, provide all previous addresses for last 3 years
- **List all driver licenses or permits held in the last 3 years:**  
Issuing State: \_\_\_\_\_ Number: \_\_\_\_\_ Type: \_\_\_\_\_ Expires: \_\_\_\_\_
- **What is the nature and extent of your experience in the operation of motor vehicles, including trucks and related equipment?**
- **List all motor vehicle accidents in which you were involved during the last three years. Specify the date(s) and nature of each accident and any fatalities, personal injuries or hazardous material spills it caused (If None, write None):**
- **List all violations of motor vehicle laws and ordinances (other than parking violations) of which you were convicted or forfeited bond or collateral during the last three years (If None, write None):**
- **Have you ever had a license, permit, or privilege to operate a motor vehicle: Denied**  Yes  No  
**Revoked, or suspended?**  Yes  No  
**If so, please explain in detail the facts and circumstances for such denial, revocation, or suspension:**

## EMPLOYMENT RECORD

USDOT requires that you list your employment history for at least the last 3 years and your Commercial Driving Experience for the past 10 years.

First four previous employers listed on application.

Additional questions Employer 1

While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?  Yes  No

While employed by this employer were you subject to DOT Drug and Alcohol Testing?  Yes  No

Additional questions Employer 2

While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?  Yes  No

While employed by this employer were you subject to DOT Drug and Alcohol Testing?  Yes  No

Additional questions Employer 3

While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?  Yes  No

While employed by this employer were you subject to DOT Drug and Alcohol Testing?  Yes  No

Additional questions Employer 4

While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?  Yes  No

While employed by this employer were you subject to DOT Drug and Alcohol Testing?  Yes  No

**Please use additional sheet for previous employers not listed on Application. Information that must be included: Name of Employer, Address, Dates Employed, Hourly Rate/ Salary, Job Title/ Work Performed, Reason for leaving, Questions above: Whether Subject to FMCSR's, Whether Subject to DOT Drug and Alcohol Testing.**

## ADDITIONAL INFORMATION

**Dixie Electric is a drug-free workplace. All applicants for employment are subject to and must pass a pre-employment drug test prior to any job offer.**

Have you had a physical examination in the past 3 years?  Yes  No

Will you be willing to take a physical examination if required?  Yes  No