



We'll help you build it better!

CDL DRIVERS APPLICATION FOR EMPLOYMENT

Steel Depot Artesia
300 E. Richey
Artesia, NM 88210
Office: (575) 746-2412
Fax: (575) 746-9299

Steel Depot Carlsbad
304 E. Wood
Carlsbad, NM 88220
Office: (575) 887-9000
Fax: (575) 887-9998

Steel Depot Hobbs
312 S. Magnum Road
Hobbs, NM 88241
Office: (575) 397-4670
Fax: (575) 393-9393

Steel Depot Lubbock
4125 E. Slaton Hwy
Lubbock, TX 79404
Office: (806) 744-7092
Fax: (806) 744-0112

Steel Depot Roswell
1900 E. Poe
Roswell, NM 88203
Office: (575) 623-5555
Fax: (575) 623-5554

Hobbs Iron & Metal, Inc., DBA Steel Depot is an Equal Opportunity Employer/Affirmative Action Employer committed to excellence through diversity. We do not discriminate on the basis of race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (do not just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Date of Application: _____

Social Security Number: _____ Date of Birth: _____

Position Applied for: _____ Salary Requirements: _____

Name: _____
Last First Middle

Current Address: _____
Street City State/Zip

How long at this address: _____ Phone: _____

Residences Last 3 Years:

Address: _____ Street City State/Zip
How long at this address: _____
Address: _____ Street City State/Zip
How long at this address: _____
Address: _____ Street City State/Zip
How long at this address: _____

Are you eligible to work in the United States? Yes No
 Are you a member of the US military or National Guard? Yes No
 Are you currently employed? Yes No
 Have you ever been employed by Hobbs Iron & Metal, Inc.? Yes No

If yes, please give dates of employment: To: _____ From: _____

Reason for leaving: _____

Are you related to anyone currently employed with Hobbs Iron & Metal? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No

CONVICTIONS WILL NOT AUTOMATICALLY DISQUALIFY JOB APPLICANTS. THE SERIOUSNESS OF THE CRIME AND THE DATE OF CONVICTION WILL BE CONSIDERED.

EXPERIENCE AND QUALIFICATIONS SPACE – DRIVER

LIST ALL DRIVERS LICENSE

MAKE A PHOTOCOPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE!!!

Applicant, list the states and license numbers of all licenses held in the past three years

STATE	LICENSE #	EXPIRATION DATE	CLASS A, B	ENDORSEMENTS

DRIVING EXPERIENCE

Equipment Class	Type of Equipment Van, Flat, Tank, etc	Dates		Approx. # of Miles Total
		From	To	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

ACCIDENT / CRASHES FOR THE PAST 3 YEARS OR MORE

Date	Nature of Accident (Backing, Head on, Rollover, Turning)	Fatalities	Injuries

ALL TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has any license, permit or privilege ever been revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, attach statement giving details.	
C. This company requires ALL DRIVERS who drive Commercial Motor Vehicles (CMV), which require a Commercial Driver's License (CDL), to be controlled substances tested with a negative results prior to driving. Do you consent to such testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT RECORD

Any and All employment for the past 3 years and Commercial Driving Experience for the past 7 years

Last Employer: _____	
Position Held: _____	From: _____ To: _____
Address: _____	City _____ ST _____ Zip _____
Telephone #: _____	Salary / Wage: _____
Reason for Leaving: _____	
Were you subject to FMCSRs during this employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job designated as a safety sensitive function, Part 391.12.B subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Employer: _____	
Position Held: _____	From: _____ To: _____
Address: _____	City _____ ST _____ Zip _____
Telephone #: _____	Salary / Wage: _____
Reason for Leaving: _____	
Were you subject to FMCSRs during this employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job designated as a safety sensitive function, Part 391.12.B subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Employer: _____

Position Held: _____ From: _____ To: _____

Address: _____ City _____ ST _____ Zip _____

Telephone #: _____ Salary / Wage: _____

Reason for Leaving: _____

Were you subject to FMCSRs during this employment? Yes No

Was this job designated as a safety sensitive function, Part 391.12.B subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? Yes No

Previous Employer: _____

Position Held: _____ From: _____ To: _____

Address: _____ City _____ ST _____ Zip _____

Telephone #: _____ Salary / Wage: _____

Reason for Leaving: _____

Were you subject to FMCSRs during this employment? Yes No

Was this job designated as a safety sensitive function, Part 391.12.B subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? Yes No

Previous Employer: _____

Position Held: _____ From: _____ To: _____

Address: _____ City _____ ST _____ Zip _____

Telephone #: _____ Salary / Wage: _____

Reason for Leaving: _____

Were you subject to FMCSRs during this employment? Yes No

Was this job designated as a safety sensitive function, Part 391.12.B subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? Yes No

Previous Employer: _____

Position Held: _____ From: _____ To: _____

Address: _____ City _____ ST _____ Zip _____

Telephone #: _____ Salary / Wage: _____

Reason for Leaving: _____

Were you subject to FMCSRs during this employment? Yes No

Was this job designated as a safety sensitive function, Part 391.12.B subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? Yes No

EDUCATION

NAME OF SCHOOL	CITY/STATE	DID YOU GRADUATE?	IF NO, # OF YEARS COMPLETED
High School:			
GED:			
Other School:			
College:			

Other credentials / licenses / special courses or training, etc. that will help you as a driver or which are relevant to the job(s) for which you are applying:

Which driving awards do you hold and from whom?

Show any trucking, transportation or other experience that may help in your work for this company:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION

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

I authorize Hobbs Iron & Metal, Inc. ABA Steel Depot to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries in releasing information in connection with my application.

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 Hobbs Iron & Metal, Inc. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinued at any time without prior notice. I understand that the first NINETY DAYS of regular employment represents a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Remarks:

Neatness: _____ Ability: _____

Hired: Yes No Position: _____

Department: _____ Salary/Wage: _____

Date Reporting for Work: _____ Supervisor: _____

Approval: _____