

AES Logistics LLC

Revised:09/02/13

1806 Cloverdale Rd Midland, TX. 79701/ P.O. Box 2579 Midland, TX. 79702

Office: 432/ 682-7582 Fax: 888/ 456-3845

Today's Date	Position(s) Applied for		
Last Name	First Name	Middle Name	Maiden/Former Names
Address	City	State	Zip Code
Telephone Number ()	Date of Birth	Social Security Number:	

Previous Addresses

List addresses for the Last Three Years

Address:	City:	State:	Zip Code:
Address	City	State	Zip Code
Address	City	State	Zip Code

Past Employment

Do Not Leave Any Blanks

Fill out this section in its entirety. List your current or most recent employer first. Account for employment experience for past the past 10 years, including military service.

Previous Employer

PREVIOUS EMPLOYER #1 or CURRENT

Company Name:	Address:		
City:	State:	Zip Code:	
Telephone Number: ()	Position Held:	Immediate Supervisor's Name and Contact Number:	
Starting Date:	Ending Date:	Starting Rate:	Ending Rate:
Describe Duties:			
Reason for leaving:			
Was your position subject to the FMCSR's?		Was your position subject to DOT alcohol & controlled substance testing?	

Previous Employer

PREVIOUS EMPLOYER #2

Company Name:	Address:		
City:	State:	Zip Code:	
Telephone Number: ()	Position Held:	Immediate Supervisor's Name and Contact Number:	
Starting Date:	Ending Date:	Starting Rate:	Ending Rate:
Describe Duties:			
Reason for leaving:			
Was your position subject to the FMCSR's?		Was your position subject to DOT alcohol & controlled substance testing?	

Previous Employer

PREVIOUS EMPLOYER #3

Company Name:	Address:		
City:	State:	Zip Code:	
Telephone Number: ()	Position Held:	Immediate Supervisor's Name and Contact Number:	
Starting Date:	Ending Date:	Starting Rate:	Ending Rate:
Describe Duties:			
Reason for leaving:			
Was your position subject to the FMCSR's?		Was your position subject to DOT alcohol & controlled substance testing?	

MVR Information

Answer All Questions-Leave No Blanks

Driving Experience:

Valid driver's license number and issuing state _____ Class _____ Expires _____

List states operated in for the last three years _____

Has your license ever been revoked/suspended? Yes _____ No _____ Date of Birth _____

If yes, please explain _____

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Number of Total Miles
	Leave No Blanks	From	To	Leave No Blanks
Straight Truck	_____	_____	_____	_____
Tractor & Semi-Trailer	_____	_____	_____	_____
Tractor-Two Trailers	_____	_____	_____	_____
Motor coach-School Bus	_____	_____	_____	_____
Other	_____	_____	_____	_____

Restrictions _____ (If no driver's license, please check none) None _____

Endorsements _____

List All Accidents for the past 3 years. If there are not any accidents to report, then write "NONE".

- Date _____ Location _____
Describe _____
- Date _____ Location _____
Describe _____
- Date _____ Location _____
Describe _____

List All Traffic Citations for the past 3 years, including the above reported vehicle accidents. Write "NONE" if none to report.

- Date _____ Location _____
Describe _____
- Date _____ Location _____
Describe _____
- Date _____ Location _____
Describe _____

List All Alcohol/Drug Related Driving Offenses (DWI, DUI, Etc.) Write "NONE" if none to report.

- Date _____ Location _____
Describe _____
- Date _____ Location _____
Describe _____

CRIMINAL HISTORY: Have you ever been convicted, plead guilty, or accepted deferred adjudication as a result of any misdemeanor or felony criminal charge filed against you in state, federal or military court? **YES NO**

I CERTIFY THIS APPLICATION WAS COMPLETED BY ME, AND ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant Print Name: _____

Applicant Signature: _____

Date Signed: _____