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
We'll help you build it better!

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

CDL DRIVERS APPLICATION FOR EMPLOYMENT

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 From	To	Approx. # of Miles Total
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? ☐Yes ☐No
B. Has any license, permit or privilege ever been revoked? ☐Yes ☐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? ☐Yes ☐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? ☐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

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 results 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 our 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: _____