

Western Transportation, Inc.  
Box 660, Decatur, Texas 76234  
Driver Application for Employment

Position Applied for Driver Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_  
P. O. or Street City State zip code

Phone \_\_\_\_\_  
Home Mobile

Address \_\_\_\_\_  
For Previous  
Three years \_\_\_\_\_

\_\_\_\_\_ Social Security Number \_\_\_\_\_ Driver License Number \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Do you have proof of age \_\_\_\_\_ Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay? \_\_\_\_\_ Position held? \_\_\_\_\_

Why did you leave? \_\_\_\_\_ Are you currently employed? \_\_\_\_\_

If not employed, how long since leaving your last employment? \_\_\_\_\_ Who referred you? \_\_\_\_\_

=====

**Employment History:**

All driver applicants are required to provide the following information on all employers during the preceding (3) three years.

In addition, all drivers are required to provide an additional (7) seven years of information on those employers for whom you operated commercial motor vehicles. Please complete the following page with all information.

Fill out the following page **completely**, we need **valid phone numbers** to perform required previous employment checks as required by policy and by the Federal Motor Carrier Regulations.

**Previous Employer - Start with most current**

**Must Have Address and Valid Phone Number**

Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Position Held \_\_\_\_\_ Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Were you subject to FMCSA while employed? Yes \_\_\_ No \_\_\_ Was Job a safety sensitive function requiring drug/alcohol tests? \_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Position Held \_\_\_\_\_ Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Were you subject to FMCSR while employed? Yes \_\_\_ No \_\_\_ Was Job a safety sensitive function requiring drug/alcohol tests? \_\_\_

Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Position Held \_\_\_\_\_ Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Were you subject to FMCSR while employed? Yes \_\_\_ No \_\_\_ Was Job a safety sensitive function requiring drug/alcohol tests? \_\_\_

Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Position Held \_\_\_\_\_ Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Were you subject to FMCSR while employed? Yes \_\_\_ No \_\_\_ Was Job a safety sensitive function requiring drug/alcohol tests? \_\_\_

Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Position Held \_\_\_\_\_ Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Were you subject to FMCSR while employed? Yes \_\_\_ No \_\_\_ Was Job a safety sensitive function requiring drug/alcohol tests? \_\_\_

Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Position Held \_\_\_\_\_ Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Were you subject to FMCSR while employed? Yes \_\_\_ No \_\_\_ Was Job a safety sensitive function requiring drug/alcohol tests? \_\_\_

Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Position Held \_\_\_\_\_ Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Were you subject to FMCSR while employed? Yes \_\_\_ No \_\_\_ Was Job a safety sensitive function requiring drug/alcohol tests? \_\_\_

If more employers need to be listed, please ask for additional pages.  
Please continue to next page

=====  
=====

**Driver License Information:**

State \_\_\_\_\_ License Number \_\_\_\_\_

Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever been denied a driver license to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Has any driver license ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered to yes to either question, attach a statement below with an explanation

\_\_\_\_\_

=====

**Accident Record for the Past Three (3) years - if none- indicate none**

Dates	Nature of Accident	Fatalities	Injuries
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

=====

**Traffic Convictions for Past Three (3) Years ( other than parking and weight violations)**

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

=====

**Driving Experience:**

Type of Equipment	Approximate Miles	Dates
Straight Truck	_____	_____
Tractor / Semi trailer	_____	_____
Tractor / two trailers	_____	_____

=====

**Applicant Please Read and Sign**

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

I authorize Western Transportation, Inc. to make investigations and inquiries of my personal, employment, financial, and or medical history and other related matters as may be necessary in arriving at an employment decision. In addition, I give my consent to check my driving record to assist in determining my eligibility for employment.

I hereby, release all previous employers, schools, and any other persons or companies from any and all liability in responding to inquiries and releasing information in connection with my application for employment with this company.

I understand that a false statement or misleading information given in my application or interview may result in discharge if employed. I also understand that I am required to abide by all rules and regulations of this company. I may be terminated for a violation of law, company or policy rules and regulations.

I understand that as a condition of employment, I will be placed on 90 days probation. During that time, should my work quality become unacceptable, I may be discharged.

I also understand that I am applying for a driving position, should my driving record become unacceptable, I understand that I may be terminated for being uninsurable.

Date of Application \_\_\_\_\_

Applicants Name \_\_\_\_\_

Applicants Signature \_\_\_\_\_