

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? _____

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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

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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

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

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

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

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

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Driving Experience:

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

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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 _____