

Western Transportation, Inc.
EMPLOYEE FILE INFORMATION

Employee # _____ Transport _____
Date Hired: _____ Driver _____ Bobtail _____
Date Left: _____ Helper _____
Terminated _____ Quit _____

Decatur _____ Atoka _____ Carthage _____ Wichita Falls _____ Elk City _____

Employee Name

Address

City _____ State _____ Zip _____

Phone _____ Mobile _____

Birth date _____ Social Security Number _____

Driver license # _____ State _____ Expiration _____

Emergency Contact Name _____ Phone _____

Medical Exam Due (every two years) _____

Driver Certification Due (every year) _____

MVR Due (every year) _____

Annual Review Due (every year) _____

Hazardous Material Training Due (every three years) _____

TMW _____ Payroll _____ Excel _____

Background _____ Stacey _____ Dispatch _____

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

Position Applied For Driver Date _____

Name _____
Last First Middle

Current Address _____
P. O. Box or Street City State Zip code

Phone _____
Home Mobile

Address for _____
Previous
Three Years _____

_____ Social Security Drivers License State Date of Birth

Have you worked for this company before? _____ Where _____

Dates _____ 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 drivers and other applicants are required to provide the following information on all employers during the preceding three (3) years.

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

Fill out the second page of this application completely, we need valid phone numbers to perform required previous employment verifications as required by policy and/or by Federal Motor Carrier Regulations

Your application **will be rejected** if not completed properly as requested with phone numbers

PLEASE READ THE INSTRUCTIONS

Previous Employers Information, past three years; ******List the Most Current Employer First******

In addition, applicants that are preparing to drive a commercial motor vehicle in intrastate or interstate commerce shall provide an additional seven (7) year history of former employers for whom you operated a commercial motor vehicle.

- **Must have address and PHONE number** -

Previous Employer – Start with most Current

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Name _____ from _____ to _____
Address _____ State _____ Zip _____
Contact Person _____ **Phone Number** _____
Position Held? _____ Reason for leaving? _____
Was your job a safety sensitive function and require drug/alcohol testing? Yes _____ No _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes _____ No _____

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Name _____ from _____ to _____
Address _____ State _____ Zip _____
Contact Person _____ **Phone Number** _____
Position Held? _____ Reason for leaving? _____
Was your job a safety sensitive function and require drug/alcohol testing? Yes _____ No _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes _____ No _____

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Name _____ from _____ to _____
Address _____ State _____ Zip _____
Contact Person _____ **Phone Number** _____
Position Held? _____ Reason for leaving? _____
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Name _____ from _____ to _____
Address _____ State _____ Zip _____
Contact Person _____ **Phone Number** _____
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Address _____ State _____ Zip _____
Contact Person _____ **Phone Number** _____
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Name _____ from _____ to _____
Address _____ State _____ Zip _____
Contact Person _____ **Phone Number** _____
Position Held? _____ Reason for leaving? _____
Was your job a safety sensitive function and require drug/alcohol testing? Yes _____ No _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes _____ No _____

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If more employers need to be listed, please ask for additional pages or continue on Back of Page if Necessary

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Driver License Information:

State _____ License Number _____ Expiration _____

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 yes to either question, please give a statement of explanation. _____

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Accident record for the Preceding Three (3) years – If none, indicate NONE

Date	Nature of Accident	Fatalities	Injuries
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Traffic Convictions for Past three (3) years – (other than parking and weight tickets)

Locations	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Driving Experience:

Type of Equipment	Approximate Miles	Dates
<u>Straight Truck</u>	_____	_____
<u>Tractor / Semi Trailer</u>	_____	_____
<u>Tractor / Two Trailers</u>	_____	_____
<u>Tractor / Liquid Cargo tank</u>	_____	_____

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Applicant Please Read and Sign

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

I authorize Western Transportation, Inc. to make investigations/ inquiries of my personal, employment, 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. In addition, I have been given a copy of the company drug and alcohol statement and agree to abide by it.

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 policy rules and regulations

I understand that my employment is temporary, and I will be on probation for ninety (90) days. During that ninety (90) day probation period, I will be evaluated on my general work ethics and skills. I understand that my continued employment will be based on my work evaluations according to the employee manual.

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.

I have read ALL of the above statements and agree abide by all of them as written.

Date of Application _____

Applicants Name _____

Applicants Signature _____

Western Transportation, Inc.
Request for Check of Driving Record and Other Information

I authorize release of the following information for the purposes of investigation to the above named Company as required by section 391.23 of the FMCSR. Any person, organization, company, etc. is released from any and all liability which may result from furnishing such information. In addition, I authorize this company to continue to check my driving record throughout my employment at least every year during the DOT annual review process.

Name of Applicant

Applicants Address

Date of Birth

Social Security Number

Drivers License Number

State

Expiration Date

Applicants Signature

Date

The above named individual has made application with our Company for employment as a driver, or is being annual reviewed. The applicant has indicated that the driver's license listed above has been issued by a State agency and that it is in good condition

In accordance with Part 391.23 (a) (1) and (b) of the Federal Motor Carrier Regulations, we are required to make an inquiry into the driving history during the three preceding years in every state in which the applicant has held a motor vehicle operators license during those three years.

Therefore, please certify to us a copy of the applicants driving record for the preceding three years, or certify that no record exists if that by the case.

In the event that this inquiry request does not satisfy your requirements for making such inquiries, please forward such forms to us for completion of our investigation in the driving history of this applicant.

In addition the above, I understand that a consumer report or an investigative consumer report may be requested that include information as to my character, work habits, job performance, and experience along with reasons for termination of my past employers. I understand that as directed by company policy and consistent with the job applied for, the company may request information for public and private sources about my workers compensation injuries, driving record, court records, education, credentials, credit, and references.

Medical and workers compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA), and/or any other applicable State law.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for Federal State, County and Private Agencies.

Company Official

Date