

Drivers Application

W.W. Transport, Inc.

Mailing Address: P.O. Box 535 – West Burlington, IA 52655 or Fax: 319-752-1538

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color religion, sex, national origin, age, marital status, or non-job related disability.

Date of application: _____

Position(s) Applied for: _____

Name: _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years:

Current Address: _____
Street City
State Zip Phone: _____ How Long? _____

Previous Address: _____
Street City
State Zip Phone: _____ How Long? _____

Street City
State Zip Phone: _____ How Long? _____

Do you have the legal right to work in the United States?: _____

Date of Birth (required for commercial drivers): _____ Can you provide proof of age?: _____

Have you worked for the company before? _____ Where?: _____

Dates of employment: _____ Rate of Pay: _____ Position: _____

Reason for leaving: _____

Who referred you? _____ Rate of pay expected: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

If yes, explain if you wish: _____

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle (includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.) in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers starting with the most recent. For the last 3 years!)

Employer:

Name: _____ DATES:
Address: _____ From: _____ To: _____
City: _____ State: _____ Zip: _____ Position Held: _____
Contact Person: _____ Phone: _____ Salary: _____
Reason for leaving? _____

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EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help in your work for this company: _____

List courses and training other than shown elsewhere in this application: _____

List special equipment or technical materials you can work with (other than those already shown): _____

TO BE READ AND SIGNED BY APPLICANT

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 you 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, health care providers and other persons from all liability in responding to inquiries and 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 result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date Applicant's Signature

Accident record for the past 3 years or more. If none, write none.

Dates	Nature of Accident	Fatalities	Injuries

Traffic convictions and forfeitures for the past 3 years (other than parking violations). If none, write none.

Location	Date	Charge	Penalty

Education: Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4
Last school attended: _____ City: _____

Experience and Qualifications – Driver Licenses

State	License No.	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operator a motor vehicle? _____

B. Has any license, permit or privilege ever been suspended or revoked? _____

If the answer to either A or B is yes, attach statement giving details.

Driving Experience – If none, write none.

Class of Equipment	Type of Equipment	Dates (to and from)	Approx. # of Miles

List states operated in for last five years: _____

Which safe driving awards do you hold and from whom? _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to W.W. Transport, Inc. for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

X _____ X _____
Applicant's Signature Date

In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.

I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

Signature of Requester Date

To: _____

Dear Sir/Madam:

The following named person has made application with our company for the position of _____. As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

Name of Applicant _____

Address: _____

Former Address: _____	City	State	Zip
_____	City	State	Zip

Date of Birth: _____ Social Security #: _____ License #: _____

Requested By:

W.W. Transport, Inc. - 2860 Mount Pleasant Street, Burlington, IA 52601

Signature Title

Employment Verification

The person described below is applying for a position as an over-the-road truck driver. The U.S. Department of Transportation under Part 391 of the Federal Motor Carrier Safety Regulations (FMCSR), requires that we obtain verification of previous employment before present to the individual, Furthermore, Part 382 of the FMCSR requires that we attain information with the applicants consent, about any alcohol tests done with a result of a .004 or higher or any positive drug tests within a three year period. Thank you for assisting us in complying with these requirements.

Applicants Identification

X _____
Applicants Signature

Employer

Listed Dates of Employment

Phone # (with area code) / Fax #

Employer Verification

Please answer the following:

1. Actual Dates of Employment: _____
2. What kind(s) of work did he/she do: _____
3. If the employer as a driver, please list type of equipment driven: _____
4. Performance Rating: Good _____ Satisfactory _____ Poor _____ Unknown _____
5. Any preventable accidents? Yes ____ No ____ If yes, please explain: _____
6. Reasons for leaving? Voluntary Quit _____ Company Termination _____
7. Eligible for rehire? Yes ____ No ____ Upon Review ____ No Policy ____
8. Comments: _____

Documents of Testing Information

Please Note: See top of the page about DOT Article Part 382

1. Has this person had an alcohol breath test with concentration results of 0.004 or greater in the past 3 years? Yes ____ No _____
2. Has the person had a positive drug test within the past 3 years? Yes _____ No _____
3. Has this employee ever refused a required drug or alcohol test in the past 3 years? Yes ____ No _____

If yes to any questions above, please give the SAP's (Substance Abuse Professional)

Name: _____ Phone: _____

Address: _____

Please return ASAP by mail or fax to:

W.W. Transport, Inc.

P.O. Box 535 – West Burlington, IA 52655

Fax # (319) 752-1538 Phone# 1-800-936-6770

Please print your name & title or dep.

If you have any questions call Safety at (319) 754-1944 ext. 105.