



DATE: _____

APPLICATION FOR DRIVER EMPLOYMENT

Western Elite provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sexual orientation, gender, gender identity/expression, national origin, age, disability or genetics. In addition to federal law requirements, Western Elite complies with applicable state and local laws governing nondiscrimination and reasonable accommodations in employment in every location in which the company has facilities.

APPLICANT TO COMPLETE (answer all questions - please print legibly)

PERSONAL INFORMATION

NAME: _____ PHONE NUMBER: _____
(FIRST) (MIDDLE) (LAST)

EMAIL ADDRESS: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: ____-____-____ ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? (CIRCLE): YES NO

LIST YOUR ADDRESS OF RESIDENCY FOR THE PAST 3 YEARS:

CURRENT ADDRESS:	_____	FROM:	_____	TO:	_____	
	(STREET)	(CITY)	STATE & ZIP CODE	(MONTHS/YEARS)		
PREVIOUS ADDRESSES (MUST LIST RESIDENCIES FOR THE PAST THREE YEARS)	}	_____	FROM:	_____	TO:	_____
		(STREET)	(CITY)	STATE & ZIP CODE	(MONTHS/YEARS)	
		_____	FROM:	_____	TO:	_____
		(STREET)	(CITY)	STATE & ZIP CODE	(MONTHS/YEARS)	
		_____	FROM:	_____	TO:	_____
		(STREET)	(CITY)	STATE & ZIP CODE	(MONTHS/YEARS)	

EMPLOYMENT DESIRED

POSITION (CIRCLE): ROLL-OFF TIPPER FRONT-LOAD ANY OTHER: _____

DRIVER'S LICENSE NO. _____ CLASS: _____ EXPIRATION DATE: _____ STATE: _____

YEARS OF DRIVING EXPERIENCE WITH A CDL: _____ MANUAL 10-SPEED EXPERIENCE? (CIRCLE): YES NO

DATE YOU CAN START: _____ RATE OF PAY EXPECTED: _____ WHO REFERRED YOU? _____

EMPLOYMENT HISTORY:

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? (CIRCLE): YES NO WHEN? _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? (CIRCLE): YES NO IF YES, PLEASE ANSWER THE QUESTIONS BELOW:

DATES: FROM _____ TO: _____ RATE OF PAY: _____ POSITION: _____
(MONTH/YEAR) (MONTH/YEAR)

REASON FOR LEAVING: _____

ARE YOU NOW EMPLOYED? (CIRCLE:) YES NO IF NO, HOW LONG SINCE LEAVING LAST EMPLOYMENT? _____

If you were driving a CMV, you must provide complete employment history for at least 10 years.

(Please list employers in reverse order, starting with the most recent job.)

LAST/CURRENT EMPLOYER: _____

ADDRESS: _____

(STREET)

(CITY)

(STATE)

(ZIP)

POSITION HELD: _____ FROM: _____ TO: _____

(MONTHS/YEARS)

(MONTHS/YEARS)

EMPLOYMENT RECORD (CONTINUED)

REASON FOR LEAVING: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? (CIRCLE): YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (CIRCLE): YES NO

WAS THERE A GAP IN EMPLOYMENT LONGER THAN ONE MONTH? (CIRCLE): YES NO

IF YES, WHAT WAS THE ACTIVITY DURING THE GAP?

_____ FROM: _____ TO: _____
(MONTHS/YEARS) (MONTHS/YEARS)

PREVIOUS EMPLOYER: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

POSITION HELD: _____ FROM: _____ TO: _____
(MONTHS/YEARS) (MONTHS/YEARS)

REASON FOR LEAVING: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? (CIRCLE): YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (CIRCLE): YES NO

WAS THERE A GAP IN EMPLOYMENT LONGER THAN ONE MONTH? (CIRCLE): YES NO

IF YES, WHAT WAS THE ACTIVITY DURING THE GAP?

_____ FROM: _____ TO: _____
(MONTHS/YEARS) (MONTHS/YEARS)

PREVIOUS EMPLOYER: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

POSITION HELD: _____ FROM: _____ TO: _____
(MONTHS/YEARS) (MONTHS/YEARS)

REASON FOR LEAVING: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? (CIRCLE): YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (CIRCLE): YES NO

WAS THERE A GAP IN EMPLOYMENT LONGER THAN ONE MONTH? (CIRCLE): YES NO

IF YES, WHAT WAS THE ACTIVITY DURING THE GAP?

_____ FROM: _____ TO: _____
(MONTHS/YEARS) (MONTHS/YEARS)

PREVIOUS EMPLOYER: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

POSITION HELD: _____ FROM: _____ TO: _____

EMPLOYMENT RECORD (CONTINUED)

REASON FOR LEAVING: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? (CIRCLE): YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (CIRCLE): YES NO

WAS THERE A GAP IN EMPLOYMENT LONGER THAN ONE MONTH? (CIRCLE): YES NO

IF YES, WHAT WAS THE ACTIVITY DURING THE GAP?

FROM: _____ TO: _____
(MONTHS/YEARS) (MONTHS/YEARS)

PREVIOUS EMPLOYER: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)POSITION HELD: _____ FROM: _____ TO: _____
(MONTHS/YEARS) (MONTHS/YEARS)

REASON FOR LEAVING: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? (CIRCLE): YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (CIRCLE): YES NO

WAS THERE A GAP IN EMPLOYMENT LONGER THAN ONE MONTH? (CIRCLE): YES NO

IF YES, WHAT WAS THE ACTIVITY DURING THE GAP?

FROM: _____ TO: _____
(MONTHS/YEARS) (MONTHS/YEARS)**VEHICLE DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES	APPROX NO. OF MILES/HOURS
ROLL OFF			
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR—TWO TRAILERS			
MOTORCOACH—SCHOOL BUS			
FRONT LOAD REFUSE TRUCK			
OTHER:			

TICKETS/ACCIDENTS/ETC.**ACCIDENT RECORD FOR THE PAST 3 YEARS**

DATE	DESCRIPTION	# OF INJURIES / FATALITIES

TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS

DATE	LOCATION	CHARGE	PENALTY

REQUIRED QUESTIONS

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? (CIRCLE): YES NO

HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? (CIRCLE): YES NO

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL ACT INVOLVING THE USE OF A CMV OR WHILE DRIVING A CMV? (CIRCLE): YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? (CIRCLE): YES NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN: _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATION? (CIRCLE): YES NO

EDUCATION

	NAME AND LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED:	DID YOU GRADUATE?	SUBJECT STUDIED AND DEGREE(S) RECEIVED
HIGH SCHOOL		1 2 3 4	YES NO	
COLLEGE		1 2 3 4	YES NO	
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL		1 2 3 4	YES NO	

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE. **NEGATIVE RESULTS OF A PRE-EMPLOYMENT DRUG SCREEN IS A CONDITION OF EMPLOYMENT WITH WESTERN ELITE.**

SIGNATURE: _____ DATE: _____

EMAIL: _____ PHONE: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize Western Elite to make such investigations and inquires 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.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the correct information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____