



## DRIVER'S APPLICATION FOR EMPLOYMENT

(Attach copy of current DMV printout. Answer all questions – Please print)

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.

Please bring to the completed application to 14022 Valley Blv. Fontana, CA 92335 or email to recruiting@watrans.com

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

Positions(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 Code Phone \_\_\_\_\_

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code  
\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code  
\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code

Do you have the legal right to work in the United States? \_\_\_\_\_

Can you provide proof of age? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

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 (as described in the attached job description)? \_\_\_\_\_

If yes, explain if you wish \_\_\_\_\_

**APPLICATION WILL REMAIN ACTIVE FOR 30 DAYS**

## EMPLOYMENT HISTORY FOR PAST 10 YEARS

*Provide Complete Address and Phone Numbers*

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 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 in reverse order starting with the most recent. **Add additional sheets as necessary.**)

**Leave NO BLANKS or gaps in time for the past 10-year period. Application is incomplete without all information.**

DATE: From Month/Year:	To:	Type of Trailer Pulled:
Company:		Type of Equipment Driven:
Address:		Number of Accidents:
City:	State:	Zip:
Telephone: (      )		Positions Held:                      Compensation/Pay:
Supervisor:		Reason for Leaving:
Full or Part time ( <i>Circle</i> )	Hour or Miles/Week:	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

DATE: From Month/Year:	To:	Type of Trailer Pulled:
Company:		Type of Equipment Driven:
Address:		Number of Accidents:
City:	State:	Zip:
Telephone: (      )		Positions Held:                      Compensation/Pay:
Supervisor:		Reason for Leaving:
Full or Part time ( <i>Circle</i> )	Hour or Miles/Week:	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

DATE: From Month/Year:	To:	Type of Trailer Pulled:
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Address:		Number of Accidents:
City:	State:	Zip:
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Supervisor:		Reason for Leaving:
Full or Part time ( <i>Circle</i> )	Hour or Miles/Week:	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Supervisor:		Reason for Leaving:
Full or Part time ( <i>Circle</i> )	Hour or Miles/Week:	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

DATE: From Month/Year:	To:	Type of Trailer Pulled:
Company:		Type of Equipment Driven:
Address:		Number of Accidents:
City:	State:	Zip:
Telephone: (      )		Positions Held:                      Compensation/Pay:
Supervisor:		Reason for Leaving:
Full or Part time ( <i>Circle</i> )	Hour or Miles/Week:	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD ON, REAR END, UPSET, ETC)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**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 \_\_\_\_\_

(NAME)

(CITY)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle YES \_\_\_\_\_ NO \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

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 (VAN, TANK, FLAT, ETC.)	DATE		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR – TWO TRAILERS _____				
MOTORCOACH – SCHOOL BUS _____				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARD DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOU WORK FOR THIS COMPANY

\_\_\_\_\_  
\_\_\_\_\_

LIST COURSES 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, school, 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) my result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

It is the policy of Wattrans, Inc. to hire the most qualified drivers. Even though you might apply for a solo driver, it is the company's discretion to team up drivers for certain jobs. While it isn't always possible to have the drivers pick a team, the company will make every concession to team up employees based on similar abilities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_  
DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
(IF REJECTED SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

\_\_\_\_\_  
SIGNATURE OF INTERVIEWING OFFICER

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_  
DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_  
TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_