



Driver Application for employment and/or independent owner operator: Answer all questions and please print. Waymore Transportation Inc. is an E.E.O. employer. In compliance with Federal and State equal employment 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) Applying for (circle those that apply): company driver - owner operator - driver for owner operator

First Name: _____ Last Name: _____ Middle Initial: _____

Social Security #: _____ Date of Birth (required for commercial driver): _____

Home Phone #: _____ Cell Phone #: _____

List addresses of residency for the past 3 years:

Current address:

_____ How Long?: _____
 Street City State Zip Code

Previous addresses:

_____ 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 Waymore Transportation Inc. before? _____ If so dates: From: _____ TO: _____

Are you employed now? _____ If not, how long since leaving your last employment? _____

Who referred you? _____ Rate of pay expected? _____

Education:

Circle highest grade completed: High School: 0 1 2 3 4 College: 1 2 3 4

Last School Attended: Name: _____ City: _____

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver license held within the past 5 years:

License #: _____ State: _____ Type: _____ Expiration Date: _____

License #: _____ State: _____ Type: _____ Expiration Date: _____

License #: _____ State: _____ Type: _____ Expiration Date: _____

A. Have you ever been denied a license, permit or privilege to operate a commercial motor vehicle? Yes No

B. Has any licenses, permits or privilege ever been suspended or revoked? Yes No

If answer to either A or B is yes, please explain: _____

List accident record (chargeable or non-chargeable) for the past 3 years (attach sheet if more space is needed) leave blank if you have none

Date: _____ Fatalities: _____ Injuries: _____ Location: _____

Nature of accident (head on, rear-end, up-set ect) _____

Date: _____ Fatalities: _____ Injuries: _____ Location: _____

Nature of accident (head on, rear-end, up-set ect) _____

Date: _____ Fatalities: _____ Injuries: _____ Location: _____

Nature of accident (head on, rear-end, up-set ect) _____

Traffic Convictions and forfeitures for the past 5 years (other than parking violations) leave blank if none

Date: _____ Location: _____ Type of violation: _____ Penalty: _____

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Driving Experience:

Class of Equipment / Type of Equipment (van, flat, tank reefer)

Straight Truck: _____ From _____ to _____ Approx. # of miles: _____

Tractor/Trailer: _____ From _____ to _____ Approx. # of miles: _____

Motor Coach/School Bus: _____ From _____ to _____ Approx. # of miles: _____

Other: _____ From _____ to _____ Approx. # of miles: _____

EMPLOYMENT HISTORY

Interstate Commerce driver applicants must provide complete mailing address, city, state and zip code on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle (which includes vehicles having a G.V.W.R 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 placards) 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 another sheet as necessary.)

EMPLOYER NAME: _____ DATE: FROM: MO ___ YR ___ TO: MO ___ YR. ___
ADDRESS: _____
CITY: _____ STATE _____ ZIP _____ PHONE NUMBER _____
CONTACT PERSON: _____ POSITION HELD _____ Safety Awards? _____
SALARY/WAGE: _____ REASON FOR LEAVING : _____
Were you subject to the rules of Federal Motor Carrier Safety Regulation at this position? Yes No
Was this a D.O.T. safety sensitive function subject to alcohol & controlled substance testing? Yes No

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EMPLOYER NAME: _____ DATE: FROM: MO ___ YR ___ TO: MO ___ YR. ___
ADDRESS: _____
CITY: _____ STATE _____ ZIP _____ PHONE NUMBER _____
CONTACT PERSON: _____ POSITION HELD _____ Safety Awards? _____
SALARY/WAGE: _____ REASON FOR LEAVING : _____
Were you subject to the rules of Federal Motor Carrier Safety Regulation at this position? Yes No
Was this a D.O.T. safety sensitive function subject to alcohol & controlled substance testing? Yes No

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EMPLOYER NAME: _____ DATE: FROM: MO ___ YR ___ TO: MO ___ YR. ___
ADDRESS: _____
CITY: _____ STATE _____ ZIP _____ PHONE NUMBER _____
CONTACT PERSON: _____ POSITION HELD _____ Safety Awards? _____
SALARY/WAGE: _____ REASON FOR LEAVING : _____
Were you subject to the rules of Federal Motor Carrier Safety Regulation at this position? Yes No
Was this a D.O.T. safety sensitive function subject to alcohol & controlled substance testing? Yes No

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EMPLOYER NAME: _____ DATE: FROM: MO ___ YR ___ TO: MO ___ YR. ___
ADDRESS: _____
CITY: _____ STATE _____ ZIP _____ PHONE NUMBER _____
CONTACT PERSON: _____ POSITION HELD _____ Safety Awards? _____
SALARY/WAGE: _____ REASON FOR LEAVING : _____
Were you subject to the rules of Federal Motor Carrier Safety Regulation at this position? Yes No
Was this a D.O.T. safety sensitive function subject to alcohol & controlled substance testing? Yes No

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EMPLOYER NAME: _____ DATE: FROM: MO ___ YR ___ TO: MO ___ YR. ___
ADDRESS: _____
CITY: _____ STATE _____ ZIP _____ PHONE NUMBER _____
CONTACT PERSON: _____ POSITION HELD _____ Safety Awards? _____
SALARY/WAGE: _____ REASON FOR LEAVING : _____
Were you subject to the rules of Federal Motor Carrier Safety Regulation at this position? Yes No
Was this a D.O.T. safety sensitive function subject to alcohol & controlled substance testing? Yes No

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EMPLOYER NAME: _____ DATE: FROM: MO ___ YR ___ TO: MO ___ YR. ___
ADDRESS: _____
CITY: _____ STATE _____ ZIP _____ PHONE NUMBER _____
CONTACT PERSON: _____ POSITION HELD _____ Safety Awards? _____
SALARY/WAGE: _____ REASON FOR LEAVING : _____
Were you subject to the rules of Federal Motor Carrier Safety Regulation at this position? Yes No
Was this a D.O.T. safety sensitive function subject to alcohol & controlled substance testing? Yes No

List states operated in for the last five years: _____

List special courses or training you have received that has helped you or will help you as a driver: _____

List any trucking, transportation or other experience that has helped you or will help you as a driver: _____

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

List other special equipment or technical materials you can work with that already have not been shown on application: _____

TO BE READ AND SIGNED BY APPLICANT

I, _____, SS# _____ completed this application, and that all entries on the application and information on the application are true and complete to the best of my knowledge. I authorize Waymore Transportation Inc., safety department, to make such investigations and inquires of/to my personal, employment, DOT regulated records, including information related to accidents, drug & alcohol testing, financial or medical history and other related matters as may be necessary to arriving at an employment or contractor employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment or contractor employment has been extended.) I hereby release former and current employers, schools, health care providers and other persons from all liability in responding to inquires and releasing information in connection with this application. In the event of employment or contractor employment, I understand that false or misleading information given in this application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of Waymore Transportation Inc.

DATE

APPLICANT SIGNATURE

FOR OFFICE USE ONLY

RELEASE/ AUTHORIZATION TO OBTAIN INFORMATION

Requesting Employer Company Name: Waymore Transportation Inc., 8201 Hickory St N.E., Fridley, MN 55432, 763-786-9076, Fax #763-786-7669

PART I- DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations during the past three years: (a) alcohol tests with a result of 0.04 or higher; (b) verified positive drug tests; (c) refusals to be tested (including verified adulterated or substituted results); (d) other violations of DOT drug and alcohol testing regulations; (e) information obtained from previous employers of a drug and alcohol rule violation(s); and (d) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized involves tests required by DOT. If any carrier (company/school) listed below furnishes information concerning items (a) through (d) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Company	City	State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print Applicant Name: _____ Applicant Signature: _____
Social Security #: _____ Date: _____

FMCSA Notification of Driver Rights

In compliance with 49 CFR Part §391.23 you have certain rights regarding the performance history information that will be provided to prospective employers. a) YOU have the right to review information provided by previous employers. b) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. c) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. Also, Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying. or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available. Prospective employers may consider you to have waived your request to review the record.