

EMPLOYMENT APPLICATION

Please read carefully ♦ Print Clearly ♦ Answer all questions



Date _____

Last Name First Name Middle Social Security Number

Mailing Address City State Zip Code / DOB

() ()
Telephone (Area Code + Number) Cell Phone E-mail Address

Permanent Address City State Zip Code

Position Desired Full Time, Part Time or Seasonal Date Available

() ()
Person to contact in case of emergency Telephone Cell Phone

In order to drive commercial motor vehicles for CWC Transportation you must have a Commercial Drivers License.

Do you currently have a valid Commercial Drivers License? ___

Issuing State _____ License Number _____ Expiration Date _____

Indicate all CDL Endorsements and Restrictions you currently hold

Double/Triple Trailers ___ Hazardous Material ___ Tank Vehicles ___ Passenger ___

HAVE YOU EVER HAD A DRIVERS LICENSE REVOKED OR SUSPENDED? ___

If yes, When & Reason: _____

LIST ALL CONVICTIONS, MOVING VIOLATIONS, TRAFFIC CITATIONS, ACCIDENTS, and/or DISQUALIFICATIONS IN THE PAST 5 YEARS. (Attach additional sheet if necessary)

Date of Violation	Type of Violation	Location	Violation/Accident Description	Penalty/ Fine



Are you employed now?

Yes No

If so, may we inquire of your present employer?

Yes No

Name and contact number of present employer.

If you received an offer of employment, would you be willing to take a physical examination?

Yes No

Would you submit to a drug test?

Yes No

Have you ever been convicted of a felony?
(Such conviction will not necessarily disqualify you employment)
If yes, give details.

Yes No

Have you ever been convicted of a misdemeanor? (Such conviction will not necessarily disqualify you from employment)
If yes, give details.

Education

	Name of School	Address	Graduate or Degree?
Grade School			
High School			
College or University			
Business or Technical			
Other			



Driving Experience Record

Class of Equipment	Type of Equipment (van, tank, flat, etc)	Dates To – From	Approximate No. Of Miles
Charter / Other			
Transit Vehicle			
School Bus			
Other _____			

Accident Record for Past Three (3) Years (Attach sheet if more space is needed)

Month / Year	Type of Accident	Type of Equipment	Death or Injury	City or County	Night or Day	Employer

Traffic Convictions and Forfeitures for Past Three (3) Years (other than parking violations)

Location	Date	Charge	Penalty

Safety Driving Awards

Date	Kind of Award	Presented By	While Employed By	In Recognition of

Types of cargo you have hauled?

Liquid General Refrigerated Steel Other _____

Have you ever hauled Hazardous Materials?

If so, when were you last certified _____

Type of equipment operated?

Tanker Trac/Trailer Van Flat Straight-truck Heavy Equipment Other _____

List any special courses and/or training you have completed that will help you as a driver:



I am currently carded at the following terminal(s): (Check all that apply)

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Please give a complete record of all employment and reasons for periods of unemployment during the past five (5) years. Start with the most recent employment.)

Employer (most recent first)	Address Phone number	Position	Employed From - To	Reason For Leaving	RFTA Use only Reference Check

Personal References (other than relatives)

Full Name	Phone (Daytime)	Address (Street, City, State, Zip)	Occupation	Years Known

Referring to the job description for which you are applying, can you perform everything on that job description? Yes No



If no, can you help us identify what reasonable accommodation could be made to help you perform the essential functions of the job?

APPLICANT – PLEASE READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

I authorize the employer or his agents to investigate my background to ascertain any and all information of concern to my record, whether same is of record or not, and release employers and persons named herein from all liability of any damages on account of his furnishing such information. I understand that misrepresentation or omission of facts called for on this employment application will, if hired, result in discharge. Labor Code 1991 states that employment, having no specified term, may be terminated at will by either party. The employer adheres to this section of the Labor Code and hereby puts the applicant on notice that all employment offered by the employer may be terminated at the will of either party with or without cause.

I certify that this application was completed by me and that all entries on it and information on it are true and complete. Furthermore, I have read and understand all of the conditions upon which this offer of employment is made.

Signature

Date

The ability to be bonded and to pass a post employment offer physical exam is a condition of hire. A photograph and copy of your fingerprints may be required after employment.

This employment application form has been designed to strictly comply with State and Federal law employment practice laws prohibiting discrimination on the basis of an applicant's sex, minority status, handicap or disability. Questions directly or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purposes. Such questions are appropriately noted on the application.

CWC Transportation is an Equal Opportunity Employer and Affirmative Action Employee.