



Class A, B, & C Drivers

Application for Employment

Company Name: Western Regional Delivery Service Phone: 714-683-2300
Street Address: 1424 S. Raymond Ave., Fullerton, CA 92831 FAX: 714-683-2329

Signature of Applicant: Date:

Name: First Middle Last Phone: ( )

\*Current Address: Street City State Zip Code

\*If at the above residence is less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip Code
Street City State Zip Code
Street City State Zip Code

Position Applying For: Temporary: Part Time: Full Time

Who referred you? Rate of Pay expected?

Have you worked for this company before? (Yes/No). If Yes, Please fill in the box below:

Dates: From Month/Year To Month/Year. Where:
Rate of Pay: Position:
Reason of leaving:

Names of any relatives employed by this company:

Are you currently employed? (Yes/No)



If not, how long since leaving last employment? \_\_\_\_\_.

**Education**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12    College: 1 2 3 4

Last School Attended: \_\_\_\_\_  
Name Address

**General**

Have you been bonded? \_\_\_\_\_ Name of bonding company: \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_.

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Have you ever worked for this company under another name? \_\_\_\_\_. If so, under what name: \_\_\_\_\_.

**Driver Experience & Qualifications**

Answer the question in this section only if applying for driver position.  
Date of Birth: \_\_\_\_\_. The U.S. Department of Transportation requires that driver applicants state their date of birth (#391.21(b)(2)).  
Social Security No. \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_.

**DRIVER EXPERIENCE & QUALIFICATION (Cont'd).** Answer the questions in this section only if applying for driver position:

**Licenses:**

<b>Drivers Licenses held in past 3 years must be shown</b>	<b><u>State</u></b>	<b><u>License No.</u></b>	<b><u>Class</u></b>	<b><u>Endorsement(s)</u></b>	<b><u>Expiration Date</u></b>

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 to operate a motor vehicle?  
Yes \_\_\_ No \_\_\_
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_ No \_\_\_

If you answered "yes" to A, B, & C attached a statement giving details.

**Driving Experience:**

<u>Class of Equipment</u>	<u>Type of Equipment: (Van, Tank, Flat, etc.)</u>	<u>Dates</u>		<u>Approximate Total Miles</u>
		<u>From</u>	<u>To</u>	
Straight Truck				
Tractor and Semi Trailer				
Twin Trailers – LVC's				
Other				

List States operated in during your last five (5) years:

---



---



---

List special courses or training that will help you as a driver:

---

List driving awards held and who awards were presented by?

---

**Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)**

<u>Dates</u>	<u>Nature of Accidents (Head-On, Rear-End, Overturn, etc.)</u>	<u>Facilities</u>	<u>Injuries</u>
Last Accident			



Next Previous			
Next Previous			

**List Traffic Convictions and Forfeitures for the past 3 years other than parking violations.**

<u>Locations</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>

**EMPLOYMENT RECORD**

The U.S. Department of Transportation requires that driver applications show all employment for the past 3 years Effective July 1987 they must also show commercial driver employment for the seven years immediately preceding this year period #391.21 (B)(10), (11)

Start with the last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary).

Current Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Reason of leaving: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Reason of Leaving: \_\_\_\_\_



Current Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason of Leaving: \_\_\_\_\_

---

### **EMPLOYMENT RECORD (CON'T.)**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers of any size vehicle used to transport hazardous materials in a quantity requiring placarding. Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 year's information on all former employers. (Note: List of employers in reverse order starting with the most recent).

Current Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason of Leaving: \_\_\_\_\_

---

Current Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason of Leaving: \_\_\_\_\_

---

Current Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason of Leaving: \_\_\_\_\_

---

Current Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason of Leaving: \_\_\_\_\_

---

Current Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason of Leaving: \_\_\_\_\_

---

Current Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_



Reason of Leaving: \_\_\_\_\_

---

Current Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason of Leaving: \_\_\_\_\_

---

### **APPLICANT MUST READ AND SIGN**

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91 – 508, I have been told that this investigation may include and investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation of omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all of the rules and policies of the employer.

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.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_



1424 S Raymond Ave  
Fullerton, CA 92831  
Tel: (714) 683-2300 EXT 223 \* Fax: (714) 683-2329

## **DRIVING HIRING CRITERIA**

The following is the driver hiring criteria and must not be deviated from in any form. In order to maintain a decent insurance rate and insure the minimum losses to the company, Western Regional Delivery Service has established the following hiring criteria:

- 1.) Minimum 25 years of age.
- 2.) Three years heavy truck driving experience.
- 3.) No more than three moving violations and two tailgating violations in a three year driving period.
- 4.) No reckless driving under the influence of negligent driving indications on driving record.
- 5.) California Class "A" or "B" Driver License.
- 6.) No "Open failure to Appear" citations on DMV record.  
Note: If "conviction date" has a date on MVR, this is not an open citation and has been cleared up by the driver.
- 7.) Any incident that appears on DMV record must be accompanied by an accident report from the former company or from law enforcement substantiating that the accident is a non-preventable accident. If this is not available, a letter from the former company on company letterhead indicating the accident was non-preventable will suffice. This is an insurance company requirement.
  - A. No preventable accidents may appear on driving record.
- 8.) The ability to read and write the English language.
- 9.) Provide Western Regional Delivery Service / South Coast Transportation & Distribution the following at time of interview.
  - A. Complete application (completed at company facility).
  - B. DMV printout (no more than 30 days old).
  - C. Copy of long form physical examination (may be obtained from former company or from physician).
  - D. Copy of driver license and medical card.
- 10.) Ability to pass Western Regional Delivery Service Road Test.
- 11.) Willingness to submit to five view Back – X – Ray and drug screen.
- 12.) Favorable background investigation from previous two employers. If there was a minor problem or personality conflict with a former employer. We understand. We will discuss the incident with you prior to making a determination.



13.) Completion of driver qualification files information according to the rules and regulations of the Department of Transportation.

---

I have read, understand and agree with all of the above requirements:

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

1424 S Raymond Ave  
Fullerton, CA 92831  
Tel: (714) 683-2300 EXT 223 \* Fax: (714) 683-2329

### **DRUG TESTING / BACKGROUND CHECK CONSENT FORM**

I have applied for employment with Western Regional Delivery Service in a position that requires me to operate an automobile or truck. As a condition for my application being considered, I understand and agree to undergo Background and Substance Screening. I understand that if my test results are positive, I shall not be considered further by Western Regional Delivery Service for a car or truck driver position.

I hereby authorize any physician, laboratory, hospital, medical professional or investigators retained by Western Regional Delivery Service for screening purposes to conduct such screening and to provide the results to Western Regional Delivery Service. I hereby release Western Regional Delivery Service and any person affiliated with Western Regional Delivery Service, as well as any such institution or person conducting the screening, from liability therefore.

Applicant's Name (Print): \_\_\_\_\_

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





Date of Signature: \_\_\_\_\_

1424 S Raymond Ave  
Fullerton, CA 92831  
Tel: (714) 683-2300 EXT 223 \* Fax: (714) 683-2329

### **Request For Information From Previous Employers Employment History and Controlled Substance Tests**

To: \_\_\_\_\_ Date: \_\_\_\_\_

Mr./Ms.: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
has made application to this company for a position as \_\_\_\_\_ that he/she was  
employed by you as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. Please  
kindly reply to the inquiry below regarding this applicant. Your reply will be held in strict confidence.

1. Is employment dates with your company correct as stated above? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please give correct dates; from \_\_\_\_\_ to \_\_\_\_\_.
2. What kind(s) of work did he/she do? Driver \_\_\_\_\_; Dock \_\_\_\_\_; Office \_\_\_\_\_; Other (specify) \_\_\_\_\_.
3. If an OTR driver, what areas of country did he/she travel? \_\_\_\_\_
4. If employed as a driver, indicate the type of equipment operated:  
Tractor Trailer \_\_\_\_\_; Bobtail \_\_\_\_\_; Other (specify) \_\_\_\_\_
5. Dates of accidents \_\_\_\_\_, Number preventable \_\_\_\_\_ Number of non-preventable \_\_\_\_\_.
6. Has employee tested positive in the past two years for a controlled substance? \_\_\_\_\_
7. Has employee tested positive in the past two years for alcohol concentration? \_\_\_\_\_
8. Has employee refused to be tested for a controlled substance or alcohol in the past 2 yrs? \_\_\_\_\_
9. If you answered yes to questions 6, 7, 8, please list below the name and address of your substance abuse professional: \_\_\_\_\_
10. How was the employee's general conduct? Satisfactory \_\_\_\_\_; Average \_\_\_\_\_ Other \_\_\_\_\_.
11. Why did the employee leave your company? Resigned \_\_\_\_\_; Discharged \_\_\_\_\_; Laid Off \_\_\_\_\_.
12. Would you re-employ this person? Yes \_\_\_\_\_; No \_\_\_\_\_.  
If no, please explain \_\_\_\_\_



Signature of person supplying information: \_\_\_\_\_

Title and Department: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize this company to release the following information, for purposes of investigation, as required by sections 391.23, 382.405(f) and (o), 382.401(b)(1)(I) through (ii) by the federal motor carriers' safety regulations: all records of employment, including assessments of my job performance, ability, fitness, and drug and alcohol testing results, to each and every company (or their authorized agents which may request such information in connection with my application for employment with said company. You are hereby released from any and all liability, which may result from furnishing such information.

Former Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Application's Signature: \_\_\_\_\_