

# COMMERCIAL DRIVER APPLICATION

Company: Western Home Transport, Inc

Address: P.O. Box 16494

City: Boise

State: ID

Zip: 83715

(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 disability

Date of application: \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Cell phone number: \_\_\_\_\_

Emergency Contact: (name and phone number) \_\_\_\_\_

List your address of residency for the past 3 years

Current  
Address

Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_

Previous  
Addresses

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

**PHYSICAL EXAM EXPIRATION DATE:** \_\_\_\_\_

Date of Birth \_\_\_\_\_  
(Required for Commercial Drivers)

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

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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

Who referred you? \_\_\_\_\_

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

## EDUCATION HISTORY:

Please circle highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post Graduate: 1 2 3 4

## EMPLOYMENT HISTORY

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 10 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      |            |      | DATE               |     |
|---------------|------------|------|--------------------|-----|
| NAME          | FROM<br>MO | YR.  | TO<br>MO.          | YR. |
| ADDRESS       |            |      | POSITION HELD      |     |
| CITY          | STATE      | ZIP  | SALARY/WAGE        |     |
| CONTACT NAME: | PHONE#     | Fax# | REASON FOR LEAVING |     |

| EMPLOYER      |            |      | DATE               |     |
|---------------|------------|------|--------------------|-----|
| NAME          | FROM<br>MO | YR.  | TO<br>MO.          | YR. |
| ADDRESS       |            |      | POSITION HELD      |     |
| CITY          | STATE      | ZIP  | SALARY/WAGE        |     |
| CONTACT NAME: | PHONE#     | Fax# | REASON FOR LEAVING |     |

| EMPLOYER      |            |      | DATE               |     |
|---------------|------------|------|--------------------|-----|
| NAME          | FROM<br>MO | YR.  | TO<br>MO.          | YR. |
| ADDRESS       |            |      | POSITION HELD      |     |
| CITY          | STATE      | ZIP  | SALARY/WAGE        |     |
| CONTACT NAME: | PHONE#     | Fax# | REASON FOR LEAVING |     |

| EMPLOYER      |            |      | DATE               |     |
|---------------|------------|------|--------------------|-----|
| NAME          | FROM<br>MO | YR.  | TO<br>MO.          | YR. |
| ADDRESS       |            |      | POSITION HELD      |     |
| CITY          | STATE      | ZIP  | SALARY/WAGE        |     |
| CONTACT NAME: | PHONE#     | Fax# | REASON FOR LEAVING |     |

| EMPLOYER      |            |      | DATE               |     |
|---------------|------------|------|--------------------|-----|
| NAME          | FROM<br>MO | YR.  | TO<br>MO.          | YR. |
| ADDRESS       |            |      | POSITION HELD      |     |
| CITY          | STATE      | ZIP  | SALARY/WAGE        |     |
| CONTACT NAME: | PHONE#     | Fax# | REASON FOR LEAVING |     |

| EMPLOYER      |            |      | DATE               |     |
|---------------|------------|------|--------------------|-----|
| NAME          | FROM<br>MO | YR.  | TO<br>MO.          | YR. |
| ADDRESS       |            |      | POSITION HELD      |     |
| CITY          | STATE      | ZIP  | SALARY/WAGE        |     |
| CONTACT NAME: | PHONE#     | Fax# | REASON FOR LEAVING |     |

\*includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicles used to transport hazardous materials in a quantity requiring placarding.

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

| DATES               | NATURE OF ACCIDENT<br>(HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES |
|---------------------|--|------------|----------|
| LAST ACCIDENT _____ |  |            |          |
| NEXT PREVIOUS _____ |  |            |          |
| NEXT PREVIOUS _____ |  |            |          |

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

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

| DRIVER   | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|----------|-------|-------------|------|-----------------|
|          |       |             |      |                 |
| LICENSES |       |             |      |                 |
|          |       |             |      |                 |

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<br>(VAN, TANK, FLAT, ETC.) | DATES |    | APPROX. NO. OF MILES<br>(TOTAL) |
|--------------------------------|--|-------|----|---------------------------------|
|                                |  | FROM  | TO |                                 |
| STRAIGHT TRUCK _____           |  |       |    |                                 |
| TRACTOR AND SEMI-TRAILER _____ |  |       |    |                                 |
| TRACTOR – TWO TRAILERS _____   |  |       |    |                                 |
| MOTOR COACH – 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 AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

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

\_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIAL YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

\_\_\_\_\_

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**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, schools, healthcare 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 regulation of the Company.

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Date

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Applicant's Signature

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