

# Employment Application for Truck Drivers

**Waters Brothers Contractors, Inc.**  
**Decatur, Alabama**  
**1328 Woodall Road, Decatur, AL 35603**  
**An Equal Opportunity Employer**

1) Print Form, 2) Fill Out Form, 3) Fax to: 256-351-8276

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

## PERSONAL INFORMATION

Name		Social Security No.		Date of Birth	
Present Address		City		State	Zip Code
Permanent Address		City		State	Zip Code
Telephone No.		Cell Phone No.		Referred By	
Drivers License No.		State of Issue	Expiration Date	Can You Provide Proof of Your Legal Right to Work in the US?	

## EMPLOYMENT DESIRED

Position Applying For		Date You Can Start	Desired Pay Rate
Are You Currently Employed?	If So, Where?		May We Contact Your Current Employer?
Have You Worked For Us Before?	When and Where?		Do Any Of Your Relatives Work For Us?

## EDUCATION AND TRAINING

Education	Name & Location of School	Years Attended	Year Graduated	Area of Study
Grammar School				
High School				
College				
Trade / Technical Training				
Other				

## GENERAL INFORMATION

Can You Work Overtime and on Weekends if Necessary?	Describe Your Supervisory Experience
Have You Ever Been Convicted of a Felony? If so, explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.	
Indicate Your Military Service	Name and Telephone No. of Person to Contact in Case of Emergency

## EMPLOYMENT HISTORY

Applicants applying to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the applicant operated such vehicle. Commercial Motor Vehicle includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver) , or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

<b>Instructions: List employers in reverse order starting with the most recent employer.</b>			
Name and Address of Employer		Employed From	
		Employed To	
Name and Telephone No of Contact Person		Position Held	
Were You Subject to FMCSR's While Employed? See Note 1 Below.	Was Your Job Designated as a Safety-Sensitive Function in any DOT Regulated Mode Subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40?	Pay Rate	
____ Yes    ____ No	____ Yes    ____ No	Reason for Leaving	
Name and Address of Employer		Employed From	
		Employed To	
Name and Telephone No of Contact Person		Position Held	
Were You Subject to FMCSR's While Employed? See Note 1 Below.	Was Your Job Designated as a Safety-Sensitive Function in any DOT Regulated Mode Subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40?	Pay Rate	
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Were You Subject to FMCSR's While Employed? See Note 1 Below.	Was Your Job Designated as a Safety-Sensitive Function in any DOT Regulated Mode Subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40?	Pay Rate	
____ Yes    ____ No	____ Yes    ____ No	Reason for Leaving	

Note 1: The Federal Motor Carrier Safety Regulations (FMCSR's) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), or, (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

### DRIVING EXPERIENCE

Class of Equipment		Circle Type of Equipment	Dates: From / To	Approx # of Miles Driven
Straight Truck	___ Yes ___ No	Van   Tank   Dump   Reefer		
Tractor & Semi-Trailer	___ Yes ___ No	Van   Tank   Dump   Reefer		
Tractor & Two Trailers	___ Yes ___ No	Van   Tank   Dump   Reefer		
List Special Equipment or Technical Materials You Can Work With				
List Special Courses or Training That Has Helped You as a Driver				
Which Safe Driving Awards Do You Hold and From Whom?				

### QUALIFICATIONS

**Instructions: Please List Licenses or Permits Held in Past 3 Years**

State	License or Permit No	Class	Endorsements	Expiration Date
1) Have You Ever Been Denied a License, Permit, or Privilege to Operate a Motor Vehicle? <span style="float: right;">___ Yes ___ No</span>				
2) Have You Ever Had a License, Permit, or Privilege Suspended or Revoked? <span style="float: right;">___ Yes ___ No</span>				
If the answer to either 1) or 2) above is Yes, Explain.				

### ACCIDENT RECORD

**Instructions: List Accidents for the Past 3 Years (Attach Sheet if More Space is Needed)**

Date of Accident	Nature of Accident (Head-On, Rear-End, Upset, Etc)	# Injuries	# Fatalities	Hazardous Spills

### TRAFFIC CONVICTIONS

**Instructions: List Traffic Convictions and Forfeitures for the Past 3 Years (Exclude Parking Violations)**

Date of Violation	Location of Violation	Violation	Penalty

**APPLICANT'S CERTIFICATIONS AND AUTHORIZATION**

By my signature below:

- 1) I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.
- 2) I authorize you to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at an employment decision.
- 3) I authorize the references and employers listed in this application to give you any and all information concerning my previous employment and I release these companies from all liability for any damage that may result from utilization of such information.
- 4) I acknowledge, if I am employed, that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.
- 5) I acknowledge my responsibility to provide proof of identity and legal work authorization at the time of hire.
- 6) I consent, if an offer of employment is made, to subject myself to a pre-employment drug screen. Failure to present a negative result for controlled and/ or illegal substances will make me ineligible for employment.
- 7) I understand that, if the position I am considered for requires me to drive a company vehicle, the company may request me to authorize an investigation of my driving record, and that an acceptable driving record will be required for employment.
- 8) I understand that I have the right to: 1) Review information provided to you by previous employers, 2) have errors in the information corrected by previous employers and for those employers to re-send the corrected information to the prospective employers, and, 3) have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.
- 9) I have read the above and fully understand the foregoing, and I seek employment under these conditions.

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

\_\_\_\_\_  
Date

**INTERVIEW NOTES**

Date Applicant Was Interviewed	Name of Interviewer	Was Applicant Offered Employment?	Date Applicant to Begin Work