



Truck School: HRCD
 Location of School: _____
 Graduation Date: _____
 Dates Attended: _____

EOE
 Phone: 800-346-2818 Fax: 402-894-3914

PREAPPLICATION FOR EMPLOYMENT/DRIVERS MANAGEMENT

Date _____
 Name _____ Date of Birth: ____ \ ____ \ ____ S.S. # _____

Phone (____) _____ Other phone (____) _____ Email _____

List addresses for last three (3) years. (Use separate sheet of paper if necessary.)

Present Address: _____ How Long _____
Street City State & Zip Code

Past Address: _____ How Long _____
Street City State & Zip Code

Past Address: _____ How Long _____
Street City State & Zip Code

LIST ALL ACCIDENTS AND INCIDENTS - CHARGEABLE AND NON-CHARGEABLE FOR PAST 3 YEARS:
 (Use separate sheet if necessary). If you have had no accidents in the past 3 years, write none.

Date	Nature of Accident Describe: (head-on, rear-end, lane change, etc.)	Fatalities	Injuries	Extent of Damages - \$
Last accident				
Next accident				
Next accident				

LIST ALL TRAFFIC CONVICTIONS (Tickets) AND FORFEITURES FOR THE PAST 3 YEARS (Other than parking tickets):
 (Use separate sheet if necessary). If you have no tickets in the past 3 years, write none. For speeding violations, include actual speed and posted speed limit. DO NOT use violation codes.

Location	Date	Charge	Penalty
1.			
2.			
3.			

If hired, can you provide proof that you are eligible to work in the United States? Yes ___ No ___

Have you ever been convicted of, or are charges currently pending for any of the following:

Felony: Yes ___ No ___ If yes, when _____

Misdemeanor: Yes ___ No ___ If yes, when _____

Driving a vehicle while under the influence of alcohol (.04 or more) or controlled substances..... Yes ___ No ___ If yes, when _____

Careless or reckless driving Yes ___ No ___ If yes, when _____

Has your license ever been suspended?..... Yes ___ No ___ If yes, dates and reason for suspension _____

Possession, sale or use of controlled substance including marijuana Yes ___ No ___ If yes, when _____

Leaving the scene of an accident Yes ___ No ___

Have you ever violated any DOT prohibitions on drug or alcohol use? (refused to take a test, used drugs/alcohol during or before work, worked while impaired by alcohol or drugs) Yes ___ No ___ If yes, when _____

Have you ever tested positive or refused to test on any pre-employment drug or alcohol test given by an employer or contracting company to which you applied for, but did not obtain, work? Yes ___ No ___

Have you ever been told you tested positive for drugs or alcohol?..... Yes ___ No ___ If yes, when _____

Is there any reason you might be unable to perform the functions of the job?
 If you are unsure of your answer, please request and review the job description. Yes ___ No ___

SS# _____

SFAF0010207WE

DRIVER'S LICENSE INFORMATION

CURRENT LICENSE:

STATE _____ DATE ISSUED _____ EXPIRATION DATE _____ LICENSE NO. _____

Do you currently hold a driver's license in addition to that listed above? _____ If yes, what state(s)? _____

Is your license a CDL? YES _____ NO _____ What endorsements do you have? HAZMAT _____ Doubles/Triples _____ Tanker _____

DRIVERS LICENSE: LIST ALL DRIVER LICENSES HELD IN PAST FIVE YEARS.

State	License Number	Class	Expiration Date

List employment history for last 3 years
(use separate sheet if necessary)

ON THE RIGHT HAND SIDE OF THE PAGE, ANSWER YES OR NO TO THESE QUESTIONS FOR EACH EMPLOYER. 1: WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS? 2: WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS?

Present or Last Employer: Name _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____ From _____ To _____ OK to Contact? YES NO

Position Held _____ Reason for Leaving _____

Second Employer: Name _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____ From _____ To _____

Position Held _____ Reason for Leaving _____

Third Employer: Name _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____ From _____ To _____

Position Held _____ Reason for Leaving _____

Fourth Employer: Name _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____ From _____ To _____

Position Held _____ Reason for Leaving _____

Fifth Employer: Name _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____ From _____ To _____

Position Held _____ Reason for Leaving _____

If you have a gap period longer than six months and were not drawing unemployment, please provide a written explanation for that time period _____

AGREEMENT

**Please read this Agreement and sign below, *if you understand and agree to its terms.*
If you have any questions or need any explanation, *please ask now.***

I understand that drivers are required to accept all loads assigned in the 48 contiguous United States and Canada as long as they have sufficient time to safely complete the delivery within the hours of service regulations.

I understand and agree that the DOT physical examination shall include substance screening.

I understand and agree that Werner Enterprises and Drivers Management hereafter referred to as "the Company", reserve the right to use substance tests 1) at random, 2) for reasonable cause, 3) after any accident and 4) during re-certification of physicals - according to DOT regulations or Company policy.

I UNDERSTAND THAT THE INFORMATION IN THIS APPLICATION WILL BE USED AND THAT PAST OR PRESENT EMPLOYERS WILL BE CONTACTED FOR PURPOSES OF INVESTIGATION AS REQUIRED BY THE FEDERAL DEPARTMENT OF TRANSPORTATION REGULATIONS.

You are hereby notified of your due process rights as specified in 391.23i(1) of the Federal Motor Carrier Safety Regulations. 1: The right to review information provided by previous employers; 2: 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 the prospective employer; 3: 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.

I also understand and agree that the Company or its Agents may investigate my background to ascertain any and all information of concern to my record, whether that information is of record or not, and I release all former employers, driving schools and persons named in the EMPLOYMENT RECORD section of this document from all liability for any damage caused by the release of such information.

I further understand that as a result of making this application for employment my criminal record may be examined by the Company or its Agents, I hereby authorize the Company or its designated Agents to make any lawful examination of my criminal record.

I understand that at any time in the future, whether actively employed by the Company or not, that upon the request of any party or any surety, the Company may furnish reports and information relative to my record and services with the Company. I agree that this information may be furnished without any liability or damages on behalf of the Company.

As a part of the pre-employment process, a medical examination, including drug testing, will be required after a conditional offer of employment. I further agree to provide access to previous medical records if required.

Withholding, omitting or falsifying any information used in the consideration of my application may result in the rejection of my application or the termination of my employment. (Identifying yourself as a special disabled veteran or handicapped individual on the Applicant Tracking Form of this application will not jeopardize or adversely affect any consideration you may receive for employment).

The Company conducts its business by telephone. Therefore, I understand that my telephone calls to the office may be periodically monitored to determine the volume, type and professional quality of service provided.

I UNDERSTAND THAT, DURING THE TERM OF MY AT-WILL EMPLOYMENT, I WILL COMPLY WITH THE GUIDELINES SET FORTH IN THE COMPANY'S POLICIES, RULES, REGULATIONS AND PROCEDURES, WHICH SHALL BE AMENDED FROM TIME TO TIME. I ALSO AGREE THAT MY AT-WILL EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITHOUT NOTICE OR LIABILITY WHATSOEVER, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR MYSELF.

I agree to furnish any additional information and complete any examinations that may be required to complete my employment application.

I understand and agree that this application for employment in no way obligates the Company to employ me.

I understand that Drivers Management uses an electronic filing system, which includes the imaging and storing of employment applications and that my original application and submitted materials will not be retained.

I consent to the procurement and use of any consumer reports, including reports from USIS Commercial Services, deemed necessary by Werner Enterprises or its subsidiaries in their consideration of my employment.

This application was completed by me, and all entries on it and the information that I have provided in this application are true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials submitted to the Company or during my interviews (pre- and post-offers of employment) may result in denial of employment or discharge.

I have read and I understand all of this Agreement.

Date _____ Applicant's Signature _____ SS # _____