

DRIVER APPLICATION



509 E. MAIN ST. • LENA, ILLINOIS 61048 • 800/435-9631

APPLICANT'S STATEMENT

I understand that although this Application will be given consideration, nothing contained in this Application is a promise of employment or constitutes any express or implied terms of an employment contract.

I understand that if hired, my employment at Werhane Enterprises, Ltd. is for no definite period and can be terminated at any time, for any reason or for no reason, with or without cause and with or without notice.

I understand that Werhane Enterprises, Ltd. reserves the right to require me to submit to a drug test and personality examination prior to employment. I also agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I understand that Werhane Enterprises, Ltd. may investigate my driving, criminal and worker's compensation record. I further understand that Werhane Enterprises, Ltd. may contact my previous and current employers, and I authorize those employers to disclose to Werhane Enterprises, Ltd. all records pertinent to my employment with them. Furthermore, I release all former and/or current employers from all liability for any damages for furnishing such information.

I understand that during the course of the Werhane Enterprises, Ltd. orientation, tests will be administered and evaluations made to determine my suitability as a Werhane Enterprises, Ltd. Driver.

I hereby state that all the information that I provided on this Application and in any interviews is true, correct, and complete. I understand that if I am employed and any such information is later found to be false or misrepresented in any respect, I may be dismissed.

APPLICANT'S SIGNATURE _____ DATE _____

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

I. PERSONAL INFORMATION

1. Print Name _____
LAST FIRST MIDDLE

2. Current Address _____
STREET

CITY STATE ZIP CODE

3. Social Security Number _____ Date of Birth _____

4. Referred By _____ Telephone Number () _____

5. Other addresses for previous five years (if applicable)

STREET CITY & STATE ZIP CODE

STREET CITY & STATE ZIP CODE

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6. List two persons to notify in case of emergency:

Name _____	Name _____
Address _____	Address _____
City/State _____	City/State _____
Relationship _____	Relationship _____

7. Have you worked for Werhane Enterprises, Ltd. before? Yes No If yes, list dates: from ____ / ____ to ____ / ____

Reason for leaving: _____

8. Do you have acquaintances or relatives working for Werhane Enterprises, Ltd.? Yes No If yes, Who? _____

II. DRIVING RECORD & LICENSE INFORMATION

9. List all traffic violations for which you have been convicted or forfeited donor collateral in the last three years. (If none, write none.)

DATE	LOCATION (STATE)	VIOLATION (IF SPEEDING, SHOW SPEED CITED)	VEHICLE TYPE	PENALTY/FINE

10. List and describe all accidents with any motor vehicle in the past three years. (If none, write none.)

DATE	NATURE OF ACCIDENT, i.e. HEAD ON, REAR END, UPSET, ETC.	FATALITIES	INJURIES

11. List all valid driver's licenses that you currently hold. (Include multiple licenses, if you have them.)

STATE	LICENSE NUMBER	TYPE	EXP. DATE

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| 12. Have you <u>ever</u> had a license restricted/suspended? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13a. Have you <u>ever</u> been convicted for driving under the influence of a controlled substance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13b. Have you <u>ever</u> tested positive for drugs or alcohol?* | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you <u>ever</u> been denied a license, permit, or privileges to operate a motor vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are your driving privileges currently under probation, suspension or restriction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you <u>ever</u> pled guilty to a crime or been convicted of a felony?* | <input type="checkbox"/> | <input type="checkbox"/> |

17. If yes to above, please explain: _____

III. EMPLOYMENT HISTORY (APPLICATION WILL NOT BE CONSIDERED IF THERE ARE ANY GAPS IN EMPLOYMENT HISTORY)

18. Give details of work experience. Include schooling or other training programs, periods of military service, self employment, and employment for the **past 10 years**. List most recent work first. Be sure to fill in all blanks. (Any periods of unemployment over 30 days, please explain.) **If additional space is needed, please attach separate sheet.**

EMPLOYER

DATES

Name	From: Month	Year	To: Month	Year
Address	Position Held:			
City	State	Zip Code	Salary/ Wage:	No. of states driven in:
Contact Person	Phone No.		Reason for leaving:	

Unemployment: (if any) From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Explain: _____

EMPLOYER

DATES

Name	From: Month	Year	To: Month	Year
Address	Position Held:			
City	State	Zip Code	Salary/ Wage:	No. of states driven in:
Contact Person	Phone No.		Reason for leaving:	

Unemployment: (if any) From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Explain: _____

EMPLOYER

DATES

Name	From: Month	Year	To: Month	Year
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EMPLOYER

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Name	From: Month	Year	To: Month	Year
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City	State	Zip Code	Salary/ Wage:	No. of states driven in:
Contact Person	Phone No.		Reason for leaving:	

Unemployment: (if any) From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Explain: _____

EMPLOYER

DATES

Name	From: Month	Year	To: Month	Year
Address	Position Held:			
City	State	Zip Code	Salary/ Wage:	No. of states driven in:
Contact Person	Phone No.		Reason for leaving:	

Unemployment: (if any) From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Explain: _____

IV. EDUCATION

19. Circle highest grade completed: 1 2 3 4 5 6 7 8 / High School 1 2 3 4 / College 1 2 3 4

Last school attended _____
NAME CITY

V. MILITARY STATUS

20. Have you ever served in the U.S. Armed Forces? Yes No

What Branch _____ Area of training _____

21. Did you receive honorable discharge ? Yes No

If not, please explain _____

VI. PHYSICAL HISTORY

	YES	NO
22. Are you physically capable of lifting 60 lbs. consecutively?	<input type="checkbox"/>	<input type="checkbox"/>
23. Are you currently clinically diagnosed with alcoholism?	<input type="checkbox"/>	<input type="checkbox"/>
24. Are you currently using any illegal controlled substances such as marijuana, cocaine, opiates, amphetamines, phencyclidine (PCP)?	<input type="checkbox"/>	<input type="checkbox"/>
25. Are you currently using an amphetamine, a narcotic or any other habit forming drug except for a substance or drug prescribed by a licensed medical practitioner?	<input type="checkbox"/>	<input type="checkbox"/>
26. If you are using a substance or drug prescribed by a licensed medical practitioner, is he/she familiar with your medical history and assigned duties required by the OTR driver?	<input type="checkbox"/>	<input type="checkbox"/>
27. If yes, has the medical advisor indicated that the prescribed drug/substance will not adversely affect your ability to safely operate equipment?	<input type="checkbox"/>	<input type="checkbox"/>

*NOTE: Applicants who are clinically diagnosed with alcoholism or drug addiction or who have pled guilty to or have been convicted of a criminal offense will not automatically be denied employment. However, the nature, date, surrounding circumstances and the relevance to the position applied for may be considered.

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.

SIGNATURE OF APPLICANT DATE