



WESTLAKE TRANSPORTATION INC.

**358 W. Plum Place
Saratoga Springs, Ut 84045
(801) 631-1886**

APPLICATION FOR EMPLOYMENT

Notice: Every section must be filled out completely in order to be processed. Information required on this form complies with U.S. Department of Transportation Regulations 49CFR§ 391.21. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, sexual orientation, national origin, age, marital status, or non-job related disability.

Date of Application: _____ **Position Applied For:** _____

Name: _____
Last First Middle

Current Address: _____
Street Apt. #

City State Zip Phone: _____

Previous addresses for 3 years (attach extra sheet if necessary):

Street City State/Zip How long: _____

Street City State/Zip How long: _____

Email: _____

Date of Birth: _____ Social Security No. : _____

CDL Number / State: _____

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one motor vehicle license.” I certify that I do not have more than one motor vehicle license, the information for which is listed above.

Do you have the legal right to work in the United States? Yes ____ No ____

Only U.S. Citizens or aliens who have the legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your Identity?

Have you ever been convicted of a felony: Yes ____ No ____

Note: A conviction will not necessarily disqualify you from employment.

IMPORTANT.....IN CASE OF EMERGENCY, NOTIFY:

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

EDUCATION: (CIRCLE HIGHEST GRADE COMPLETED)

HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LIST ANY DEGREES, QUALIFICATIONS, JOB RELATED SKILLS OR OTHER INFORMATION THAT SUPPORT YOUR APPLICATION (INCLUDING TRUCK DRIVING SCHOOL):

Are you currently employed? Yes ____ No ____

May we contact your present employer? Yes ____ No ____

If no, please give reason: _____

May we contact your previous employer(s)? Yes ____ No ____

If no, please give reason: _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? If yes, explain Yes ____ No ____

Has any license, permit or privilege ever been suspended or revoked? If yes, explain Yes ____ No ____

Have you ever been convicted of or are any charges pending for driving while under the influence of alcohol, a narcotic drug, amphetamines or methamphetamines or derivatives thereof? Yes ____ No ____

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes ____ No ____

If you answered yes above, can you provide/obtain proof that you Have successfully completed the DOT return to duty requirements? Yes ____ No ____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI- TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR END, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES _____ NO _____
				YES _____ NO _____
				YES _____ NO _____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

EMPLOYMENT HISTORY

PLEASE PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS DURING THE PREVIOUS THREE YEARS.

YOU MUST ALSO PROVIDE THE SAME INFORMATION ON ALL EMPLOYERS FOR WHOM YOU HAVE DRIVEN A COMMERCIAL MOTOR VEHICLE DURING THE ADDITIONAL PREVIOUS SEVEN YEARS. (UP TO A TOTAL OF 10 YEARS EMPLOYMENT HISTORY). LIST IN REVERSE ORDER, STARTING WITH MOST RECENT.

ALL INFORMATION MUST BE COMPLETED ENTIRELY!! ATTACH ADDITIONAL SHEETS IF NECESSARY!

Most recent or current Employer: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Supervisor's Name: _____ **Phone:** _____

Position Held: _____ **Start date:** _____ **End date:** _____

Rate of Pay: _____ **Reason for leaving:** _____

Explain any gap between this employer and previous employer, including dates and reasons:

**Were you subject to the Federal Motor Carrier
Safety Regulations (FMCSRs) while
employed by this employer?**

Yes _____ No _____

**Was the previous job position designated as a safety
sensitive function in any DOT regulated mode, subject
to alcohol and controlled substances testing requirements as
required by 49 CFR Part 40?**

Yes _____ No _____

Previous Employer: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Supervisor's Name: _____ **Phone:** _____

Position Held: _____ **Start date:** _____ **End date:** _____

Rate of Pay: _____ **Reason for leaving:** _____

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Yes ____ **No** ____

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to alcohol and controlled substances testing requirements as
required by 49 CFR Part 40?**

Yes ____ **No** ____

Previous Employer: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Supervisor's Name: _____ **Phone:** _____

Position Held: _____ **Start date:** _____ **End date:** _____

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Yes ____ **No** ____

This certifies that this application for Brock's Transport, Inc. (all previous pages, numbered

1-10 and also any additional sheets provided by me) 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 have attached _____ additional sheets in the following areas of this application
No. of addl. Sheets

where more space was required to provide all of the necessary information:

I authorize you to make such investigations and inquiries to 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, health care 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 may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers**
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and**
- 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.**

Applicant's Signature

Date

Print Name

Social Security Number

