



# Driver Employment Application

We are an equal opportunity employer. As required by law, we do not discriminate on the basis of race, color, creed, religion, age, sex, national origin, disability, ancestry or any other trait protected by law. If you need accommodation in the application process, please contact our Human Resource Analyst at resume@mail.wallisco.com.

## Application Information

Date \_\_\_\_\_

How did you learn about us? (Please check, as applicable and explain):

Ad \_\_\_\_\_  Website \_\_\_\_\_  Employee Referral \_\_\_\_\_  Agency \_\_\_\_\_  
 School \_\_\_\_\_  Professional Assoc. \_\_\_\_\_  Other \_\_\_\_\_

Full Name \_\_\_\_\_  
(Please print) Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_ Primary Telephone Number ( ) \_\_\_\_\_

Cell/Pager/Other number ( ) \_\_\_\_\_ Social Security #: \_\_\_\_\_

Are you at least 18 years of age?  Yes  No Can you provide proof?  Yes  No

Have you ever worked for or applied to Wallis Companies?  Yes  No  
If yes, please explain and provide date(s) \_\_\_\_\_

Do you know any Wallis Company employees?  Yes  No  
If yes, please give name(s) and relationship to you \_\_\_\_\_

Can you provide required verification of your eligibility to work in the United States?  Yes  No

Have you ever been convicted of, plead guilty, nolo contendere or no contest to, or otherwise been found guilty (including a suspended imposition of sentence) of, any criminal offense?  Yes  No  
If yes, please explain: \_\_\_\_\_  
(Answering yes is not automatic disqualification from consideration from employment)

Minimum Salary Requirement: \$ \_\_\_\_\_  Hour  Week  Year for a  Full-time  Part-time position

## Availability

If you were offered a position, what date would you be available to start work? \_\_\_\_\_

Are there any specific days or times that you could not work?  Yes  No  
If yes, please list days/times you could not work: \_\_\_\_\_

Wallis Companies expects all employees to work as scheduled. Can you, with or without reasonable accommodation of any disability, satisfy this requirement?  Yes  No

Can you work "on call" or overtime if it is required?  Yes  No

# Record of Employment

All applicants for a driver position involving driving in interstate commerce must provide the following information on all employers during the last 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 must also provide an additional 7 years' information on those employers for whom the applicant operated such a vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

<i>(Include Military Service)</i>		May we contact your current employer?		Yes	No
<b>Current or Last Employer</b>			Telephone		
Address		City		State	Zip
Date Started	Starting Base Salary \$	Starting Position			
Date Left	Ending Base Salary \$	Ending Position			
Name and Title of Supervisor					
Were you subject to the FMCSRs* * while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Reason for Leaving	
In your job, were you subject to drug and alcohol testing required by the U.S. Dept. of Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Previous Employer</b>			Telephone		
Address		City		State	Zip
Date Started	Starting Base Salary \$	Starting Position			
Date Left	Ending Base Salary \$	Ending Position			
Name and Title of Supervisor					
Were you subject to the FMCSRs* * while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Reason for Leaving	
In your job, were you subject to drug and alcohol testing required by the U.S. Dept. of Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Previous Employer</b>			Telephone		
Address		City		State	Zip
Date Started	Starting Base Salary \$	Starting Position			
Date Left	Ending Base Salary \$	Ending Position			
Name and Title of Supervisor					
Were you subject to the FMCSRs* * while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Reason for Leaving	
In your job, were you subject to drug and alcohol testing required by the U.S. Dept. of Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Check if additional paid or unpaid work experience is attached  
*(Omit any volunteer work that would indicate your race, color, creed, religion, age, sex, ancestry or disabilities)*

Please explain any gaps in work history: \_\_\_\_\_  
 Have you ever been discharged or asked to resign from a job?  Yes  No  
 If yes, please explain: \_\_\_\_\_

\*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 placards.

\* \* The Federal Motor Carrier Safety Regulations (FMCSRs) 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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placards.

# Education/Training

## DRIVING RECORD

**Accident Record** for past 3 years. (Attach sheet if more space is needed.) If none, write **NONE**.

Dates	Nature of accident (head-on, rear-end, upset, etc)	Fatalities	Injuries	Hazardous Material Spill
Last accident				
Next previous				
Next previous				

**Traffic Convictions and Forfeitures** for the past 3 years (other than parking violations). (Attach sheet if more space is needed). If none, write **NONE**.

Location	Date	Charge	Penalty

## DRIVING EXPERIENCE AND QUALIFICATIONS

**Driver Licenses** or permits held in the past 3 years

Driver Licenses	State	License No.	Type	Expiration Date

- 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, GIVE DETAILS. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Driving Experience

Class of Equipment	Circle Type of Equipment	Date		Approx. No. of miles (total)
		From (M/Y)	To (M/Y)	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)			
Tractor and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)			
Tractor – Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)			
Tractor – Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)			
Motorcoach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No More than 7 passengers	---			
Motorcoach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No More than 15 passengers	---			
Other _____				

### Other Experience

List states operated in for last five years: \_\_\_\_\_

List special courses or training that will help you as a driver: \_\_\_\_\_

If you have any safe driving awards, what and from whom? \_\_\_\_\_

List any trucking, transportation or other experience that may help in the job you are applying for.  
 \_\_\_\_\_  
 \_\_\_\_\_

List courses and training other than shown elsewhere in this application.  
 \_\_\_\_\_  
 \_\_\_\_\_

List special equipment or technical materials you can work with (other than those already shown)  
 \_\_\_\_\_  
 \_\_\_\_\_

## EDUCATION

### High School

Number of Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>OR</b> GED: <input type="checkbox"/> Yes <input type="checkbox"/> No
School	City/State

### College and/or Vocational Schools

Number of Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> More than 4	Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>OR</b> GED: <input type="checkbox"/> Yes <input type="checkbox"/> No
School	City/State
Major	Degree Earned <span style="float: right;">Date</span>

College and/or Vocational Schools (cont.)

Number of Years Completed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> More than 4	Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>OR</b>	GED: <input type="checkbox"/> Yes <input type="checkbox"/> No
School	City/State			
Major	Degree Earned	Date		

Other Degree, Diploma or Certification

School	City/State			
Course	Degree/Diploma/Certificate	Date:		

**References**

Please provide contact information on three individuals, other than family members, who could tell us something about your suitability for work (*examples: supervisors or co-workers, teachers, counselors, community or other volunteer service leaders, colleagues, etc.*)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_ How long have you known? \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_ How long have you known? \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_ How long have you known? \_\_\_\_\_

***Skill tests, personality, integrity or other assessments, background checks and a drug test may be required.***

## Certification and Authorization

By submitting this application, I certify that the information on this application is true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission on this application may result in either rejection of my application or, if hired, dismissal whenever it is discovered. I authorize Wallis Companies and/or its agents to investigate, directly or indirectly, all statements contained on this application. I also authorize the references, employers, educational institutions, others listed and any other person/entity with any information about me to release any such information to Wallis Companies and/or its agents. I also release all such parties as well as Wallis Companies and its agents from any and all liability or damage that may result from seeking, furnishing or using such information in connection with my applying for employment, employment with Wallis Companies, or any legal obligation. I understand and agree that, if I am hired, I must comply with the rules and policies of Wallis Companies which exist when I am hired or which may come into existence during the course of my employment. I also understand and agree that, if I am hired, my employment will be for no definite period and may, regardless of the date of payment of my compensation, be terminated by me or Wallis Companies at any time, for any or no reason, with or without notice. No representation to the contrary is valid unless in writing, setting a definite term of employment, and signed by the President of Wallis Companies.

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. I understand that I have the right to:

- Review information provided by 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 employers; and
- Have rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I have been advised that any offer I may receive will be conditioned on my passing, to Wallis Companies satisfaction, a pre-employment physical and drug/alcohol test. I have also been advised and agree that no handbook, manual, policy and/or procedure of Wallis Companies is intended or should be construed as contractual in nature.

I certify that I have read, understand and will adhere to the foregoing statements.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_