



# Application for Employment

**West Logistics, Inc.**  
**P.O. Box 21019**  
**Durham, North Carolina 27703**

Date \_\_\_\_\_ Primary Phone (\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

\*Current Address \_\_\_\_\_

Street City State/County Zip Code

\*If at the above residence less than seven years, list below all residences for the past seven years. Attach a separate sheet if necessary.

Street City State/County Zip Code

Street City State/County Zip Code

Position applying for \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Month/Year Month/Year

Where? \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Names of any relatives employed by this company \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

## EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended \_\_\_\_\_  
Name Address

## GENERAL

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Have you ever worked for this company under another name? \_\_\_\_\_ If so, under what name? \_\_\_\_\_

**Driver Experience & Qualification**  
**Answer the questions in this section only if applying for driver position**

Date of Birth: \_\_\_\_\_  
Month/Day/Year

The U.S. Department of Transportation requires that driver applicants state their date of birth {391.21(b)(2)}

**Driver Experience & Qualification** (Cont'd) Answer the questions in this section only if applying for a driver position

**Licenses**

Driver Licenses held in the past three (3) years must be shown	State	License No.	Class	Endorsement(s)	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 \_\_\_\_\_  
 C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If you answered "yes" to A, B, C, attach a statement giving details.

**Driving Experience**

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	

List states operated in during last five years \_\_\_\_\_

List special courses or training that will help you as a driver \_\_\_\_\_  
 List driving awards held and who awards were presented by \_\_\_\_\_

**Accident Review for past 3 years** (Attach separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-on, Rear-End, Overturn)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

**Traffic Convictions and Forfeitures for the past 3 years other than parking violations**

Location	Date	Charge	Penalty

In the last 10 years, have you ever been convicted of a DUI, DWI, or Careless/Reckless Driving? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain if yes: \_\_\_\_\_

**Employment Record**

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the seven years immediately preceding this three year period. {391.21(b)(10),(11)}

Start with the last or current position, including military experience, and work back (Continue on Page 3 if necessary)

Current Employer: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Full Address: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Month/year Month/Year Salary: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Full Address: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Month/year Month/Year Salary: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

## Employment Record (Continued)

Company: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
To: \_\_\_\_\_ Month/year \_\_\_\_\_ Month/Year \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
To: \_\_\_\_\_ Month/year \_\_\_\_\_ Month/Year \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
To: \_\_\_\_\_ Month/year \_\_\_\_\_ Month/Year \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
To: \_\_\_\_\_ Month/year \_\_\_\_\_ Month/Year \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
To: \_\_\_\_\_ Month/year \_\_\_\_\_ Month/Year \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
To: \_\_\_\_\_ Month/year \_\_\_\_\_ Month/Year \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
To: \_\_\_\_\_ Month/year \_\_\_\_\_ Month/Year \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

## Maintenance Experience & Qualifications

### Job Function

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning (Cab)			Inspections (State/Federal)		
Refrigeration (Cargo)			General Car Repair		

List courses and training in maintenance / Body / Paint work:


### Shop Equipment

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Diagnostic Equipment (Types)			Tire Servicing		
Sheet Metal Equipment			Wheel & Tire Balancing Machine		
Frame & Axle Straightening Equipment			Tire Recapping		
Engine Rebuilding			Engine Dynamometer		
Diesel Injection Equipment			Chassis Dynamometer		
Electric Welder			Magnetic Crack Detector		
Oxyacetylene Welder			Engine Analyzer		
Paint Spray Gun			Noise Measuring Equipment		
Air Conditioning (Cab)			Emissions/Smoke Testing		
Refrigeration (Cargo)			Inspections (State/Federal)		
			General Car Repair		

**ASE Certification(s) – Please Specify:**


### Tools:

Do you own a set of tools? \_\_\_\_\_

Dollar Value of tools: \$ \_\_\_\_\_

### CDL License:

Do you have a CDL License? \_\_\_\_\_ If yes, please circle: Class A      Class B

License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Endorsement(s) \_\_\_\_\_

## Clerical Experience & Qualifications

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Shorthand (wpm)			Bookkeeping machine		
Billing			Switchboard Equipment (indicate type)		
Filing			Tabulator		
Computers (list software below)			Accounting		
Word Processing equipment			OS&D		
Key Punch			Interline		
Calculator			Claims		
Adding Machine			Cashier		
Telecopier			Dispatcher		
Photocopier			Rate Clerk		

### Computers (List Software Programs)


List courses and training in office work:


## Forklift Experience & Qualifications

List equipment you can operate:

Number of years experience:


List courses or training:

Date:


Have you ever been forklift certified? \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICANT MUST READ AND SIGN**

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reasons.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date