

Application For Qualification
Weinrich Truck Line, Inc
27932 C 60
Hinton, IA 51024

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and Weinrich Truck Line, Inc.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None"
*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but not less than 70 years of age.

Today's Date _____ Check One: Driver Contractor
Have you ever applied to this company before? Yes No If Yes, When _____

Name _____ Date of Birth _____
(Last) (First) (Middle)

Phone Number (____) _____ Emergency Phone Number (____) _____

*Age _____ SSNumber _____ Physical Exam Expiration Date: _____

Current & Three Years Previous Addresses:

_____ From _____ To _____
_____ From _____ To _____

Education and Employment History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Post-Graduate: 1 2 3 4

Give a complete record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years. If additional pages are needed, please attach.

Mo/Yr Mo/Yr Present or last Employer:
1. From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Phone _____

Were you subject to the FMCSR's while employed here? Yes No Company DOT # _____

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Mo/Yr Present or last Employer:
2. From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Phone _____

Were you subject to the FMCSR's while employed here? Yes No Company DOT # _____

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Mo/Yr Present or last Employer:
 3. From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Phone _____

Were you subject to the FMCSR's while employed here? Yes No Company DOT # _____

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Mo/Yr Present or last Employer:
 4. From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Phone _____

Were you subject to the FMCSR's while employed here? Yes No Company DOT # _____

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Mo/Yr Present or last Employer:
 5. From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Phone _____

Were you subject to the FMCSR's while employed here? Yes No Company DOT # _____

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Driving Experience

Class of Equipment	Dates: From – To	Approximate Total Miles
Tractor and Semi-Trailer		
Dry Van		
Tanker		
Other		

List types of trucks and transmissions driven _____

List states operated in for the last five years _____

List special courses/training completed (PTD/DDC, Haz Mat, Etc.) _____

List any Safe Driving Awards you hold and from whom: _____

Accident record for past three years...if none please indicate NONE.

Date...	Nature of accident....	Location of accident.....	# of injury or fatalities	Preventable or Not

Traffic Convictions and Forfeitures for the last 5 years (other than parking tickets)

Date.....	Location.....	Charge.....	Penalty.....

Driver's license (list each driver's license held in the past three years)

State.....	License #.....	Type.....	Endorsements.....	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 convicted of a felony? Yes No
- D. Have you ever tested positive or refused a DOT Drug or Alcohol pre-employment test within the past two years from an employer who did or did not hire you? Yes No

If the answers to A, B, C or D is Yes, give details

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

How did you hear about our company and / or who referred you to our company? _____

To be read and SIGNED by Applicant

It is agreed and understood that any misrepresentations given on this application for qualification shall be considered an act of dishonesty.

I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background, I hereby release from all liability for damages the motor carrier and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ me.

It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse.

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.

Applicants Signature

Date

DO NOT WRITE BELOW THIS BOX

Remarks (for office use only)

Company official's that reviewed this application

Safety

Date

Operations

Date

Management

Date

Actual hire date of this applicant _____

Rate of pay this driver was started at: _____ *Date of next possible raise* _____

Which driver if any receives referral bonus _____ *When* _____