

LONGWALL WEST, INC

Applications are held for 90 days. Applications are considered for position without regard to race, creed, color, sex, religion, age (other than minimum requirements), disability, marital status, or national origin.

Application for Authorization to Drive

Please print/type plainly in ink and all blanks must be completed

Date of Application: _____ Home Phone #: _____ Alt. Phone #: _____

Position Applied for: Company Driver Contractor Driver for Contractor

Full-time Part-time Specify what days and hours: _____

Name: _____
First Middle Last Previously Used Names

Address: _____
Street City State Zip How Long?

Current Address: _____
Street City State Zip How Long?

List all Previous addresses for past 3 years:

Street City State Zip How Long?

Street City State Zip How Long?

SS#: _____ Drivers License #: _____ State: _____ Class: _____

Date of Birth: _____, if you are applying for a job as a commercial truck driver.

In case of emergency, whom should we contact?

Name Phone Number Relationship

Name Phone Number Relationship

Have you ever failed or refused a pre-employment drug/alcohol test given by a company where you never accepted employment? Yes No

Have you worked for this company before? Yes No Dates: _____

Reason for leaving: _____

Do you have any relatives working for this company? Yes No If "yes" to this answer:

Name: _____ Relationship: _____

EMPLOYMENT RECORD FOR THE PAST TEN (10) YEARS

Begin with you present or most recent job and work backward in order. First list all of your employers for the last 3 years including all full and part time employment. **Then list all Commercial Driving Employers for the past 4 to 10 years.** All times must be accounted for including military service, self employment, and periods of unemployment. Use supplementary sheet if necessary.

WE MUST HAVE TELEPHONE NUMBERS. INCLUDE PERIODS OF UNEMPLOYMENT

Are you presently employed? Yes No May we contact your current employer? Yes No

Previous Employer

Dates of Employment
To _____
(Month, Year)
From _____
(Month, Year)

Name: _____ Supervisor: _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip Code: _____
Position Held: _____ Rate of Pay: _____
Driving Experience: All 48 Midwest South East West Northwest Mountains
Average Number of Miles Per Week: _____ Days out per Trip: _____
Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump
 Flatbed Tanker Autohauler Doubles Trailer _____ Ft. Logbook required: _____
Reason for Leaving: Quit Fired Lay off Other
Explain Circumstances: _____

Second Last Employer

Dates of Employment
To _____
(Month, Year)
From _____
(Month, Year)

Name: _____ Supervisor: _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip Code: _____
Position Held: _____ Rate of Pay: _____
Driving Experience: All 48 Midwest South East West Northwest Mountains
Average Number of Miles Per Week: _____ Days out per Trip: _____
Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump
 Flatbed Tanker Autohauler Doubles Trailer _____ Ft. Logbook required: _____
Reason for Leaving: Quit Fired Lay off Other
Explain Circumstances: _____

Third Last Employer

Dates of Employment
To _____
(Month, Year)
From _____
(Month, Year)

Name: _____ Supervisor: _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip Code: _____
Position Held: _____ Rate of Pay: _____
Driving Experience: All 48 Midwest South East West Northwest Mountains
Average Number of Miles Per Week: _____ Days out per Trip: _____
Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump
 Flatbed Tanker Autohauler Doubles Trailer _____ Ft. Logbook required: _____
Approximate Total Number of Miles Driven for this Employer: _____
Reason for Leaving: Quit Fired Lay off Other
Explain Circumstances: _____

Fourth Last Employer

Dates of Employment

To _____
(Month, Year)

From _____
(Month, Year)

Name: _____ Supervisor: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ Rate of Pay: _____

Driving Experience: All 48 Midwest South East West Northwest Mountains

Average Number of Miles Per Week: _____ Days out per Trip: _____

Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump
 Flatbed Tanker Autohauler Doubles Trailer _____ Ft. Logbook required: _____

Approximate Total Number of Miles Driven for this Employer: _____

Reason for Leaving: Quit Fired Lay off Other

Explain Circumstances: _____

Fifth Last Employer

Dates of Employment

To _____
(Month, Year)

From _____
(Month, Year)

Name: _____ Supervisor: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ Rate of Pay: _____

Driving Experience: All 48 Midwest South East West Northwest Mountains

Average Number of Miles Per Week: _____ Days out per Trip: _____

Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump
 Flatbed Tanker Autohauler Doubles Trailer _____ Ft. Logbook required: _____

Approximate Total Number of Miles Driven for this Employer: _____

Reason for Leaving: Quit Fired Lay off Other

Explain Circumstances: _____

Sixth Last Employer

Dates of Employment

To _____
(Month, Year)

From _____
(Month, Year)

Name: _____ Supervisor: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ Rate of Pay: _____

Driving Experience: All 48 Midwest South East West Northwest Mountains

Average Number of Miles Per Week: _____ Days out per Trip: _____

Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump
 Flatbed Tanker Autohauler Doubles Trailer _____ Ft. Logbook required: _____

Approximate Total Number of Miles Driven for this Employer: _____

Reason for Leaving: Quit Fired Lay off Other

Explain Circumstances: _____

Seventh Last Employer

Dates of Employment

To _____
(Month, Year)

From _____
(Month, Year)

Name: _____ Supervisor: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ Rate of Pay: _____

Driving Experience: All 48 Midwest South East West Northwest Mountains

Average Number of Miles Per Week: _____ Days out per Trip: _____

Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump
 Flatbed Tanker Autohauler Doubles Trailer _____ Ft. Logbook required: _____

Approximate Total Number of Miles Driven for this Employer: _____

Reason for Leaving: Quit Fired Lay off Other

Explain Circumstances: _____

Please answer the following questions with a "YES" or "NO"

1. Are you a U.S. Citizen or otherwiselawfully authorized to work in this country? Yes No
2. Have you ever been convicted of a felony? Yes No
- If Yes, WHEN _____ ***A conviction record will not necessarily bar you from employment. Such factors as age and time of the offense, seriousness, and nature of the violation will be taken into account.***

3. **Is there any reason that you might be unable to perform the functions of the job, for which you have applied, (Truck Driver), i.e. : but not limited to lifting, loading, unloading, minor maintenance, tarping, and securement of loads, Fueling, and driving?** Yes No

If yes, explain: _____

4. Have you been convicted for driving while intoxicated or driving while under the influence of drugs Yes No within the last five (5) years?
5. Are you familiar with the Federal Motor Carrier Safety Regulations? Yes No
6. Have you ever been denied a bond? Yes No
7. Have you ever had your drivers' license suspended or revoked? Yes No

If yes to 4-7 above, explain:

License Information (You must have a valid CDL)

List all licenses held in the past 3 years

Issuing State	License Number	Type	Expiration Date	Restrictions	Turned In?

Military Status

Have you served in the United States Armed Forces? Yes No

Branch of Service: Dates: From _____ To _____

Reason for Leaving: _____

Honorable Discharge? Yes No, Explain _____

Are you currently involved in the National Guard or Reserves? Yes No

How long are you willing to be away from home?

How much home time will you need when you return?

How many miles or hours are you expecting to work per week?

How much do you expect to make per week, (gross)?

When are you available to start work for this Company?

I hereby acknowledge that prior to submitting this application, I have been informed that the information provided herein may be used to conduct current and previous employer's references or any other individuals this Company considers necessary.

I hereby authorize my current and previous employers, references and any other individuals contacted by this company to release any past or present information requested, including but not limited to past drug and alcohol test results, and I release all providers of said information from any liability stemming from release of same information.

In connection with my application for employment with this Company, I understand that I have the right to review, correct or rebut any information obtained from former employers requested by this Company.

I understand that any false, misleading, or incomplete answers or statements shall be considered sufficient cause for denial or termination of employment and/or authorization to drive.

I understand that nothing contained in this application or in the granting of an interview or a road test is intended to create an employment contract between this Company and myself, for either employment, authorization to drive, or for the providing of any benefits. No promises regarding employment or authorization to drive have been made to me, and no such promises exist unless specifically made by this Company in writing. If an employment relationship is established, I understand that, as an employee at will, I have the right to terminate my employment at any time, and this Company has the same right.

Print Name

Social Security Number

Applicants Signature

Date

Driver Application

If you are applying for a driver position with this company, you are required to provide a copy of the following:

- Motor Vehicle Report - You can obtain this record from the Driver's License Division - 940 S Carbon Avenue in Price.
- Copy of your Driver's License.
- Copy of your medical card. (If you are a CDL driver)
- Signed form for prospective employer to check Pre-employment Screening Program (PSP). Please see attached.

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

In connection with your application for employment with _____ ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

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