

Williams Logistics, Inc.

Driver's Application for Employment

Williams Logistics, Inc. is an Equal Opportunity Employer

We consider applicants without regard to race, color, religion, sex, national origin, age, veteran status, disability, or any other protected status.

Date of Application ____ / ____ / ____

Name

First Middle Last

Phone () ____ - ____ Email _____

Do you have legal right to work in the United States? _____

Have you worked for Williams Logistics, Inc. before? No ____ Yes ____ Dates ____ to ____
Position Held _____ Reason for Leaving _____

Are you currently employed? _____ If not, how long since last employment? _____

When are you available to begin work? _____

How did you learn about Williams Logistics, Inc. and this position? _____

Is there any reason that might prevent you from performing the tasks and duties of the position for which you are applying? If yes, explain

Addresses for the past three years

Current

Street City State, Zip How Long?

Previous

Street City State, Zip How Long?

Previous

Street City State, Zip How Long?

Education & Training

<u>Name and Location</u>	<u>Years Completed</u>	<u>Dates</u>	<u>Graduate</u>
High School _____	_____	_____ to _____	Y__ N__
College _____	_____	_____ to _____	Y__ N__
Tech (Driving) _____	_____	_____ to _____	Y__ N__
Other _____	_____	_____ to _____	Y__ N__

Required for all DOT qualified Over-the-Road and Local Drivers:

Social Security Number ____ / ____ / ____ Date of Birth ____ / ____ / ____

Driver's Licenses held in past three years:

Current _____	Number	State	Class	Expiration Date
Previous _____	Number	State	Class	Expiration Date
Previous _____	Number	State	Class	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle:

No ____ Yes ____ Explain _____

Has any license, permit, or privilege ever been suspended or revoked?

No ____ Yes ____ Explain _____

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?

No ____ Yes ____ Explain _____

Have you ever been convicted of any alcohol or drug related driving offenses?

No ____ Yes ____ Explain _____

Driving Experience

<u>Class of Equipment</u>	<u>Equipment Type (Van, reefer, flat, etc.)</u>	<u>Dates Driving</u>	<u>Approximate Miles</u>
Straight Truck	_____	_____ to _____	_____
Tractor & Trailer	_____	_____ to _____	_____
Twin Trailers	_____	_____ to _____	_____
Other	_____	_____ to _____	_____

List any trucking, transportation, or other experience that may help working for Williams Logistics, Inc.

List special equipment or technical materials you can work with.

List the states you operated in during the last five years.

Accident Record for the Past 3 Years

<u>Date</u>	<u>Nature of Accident (head-on, rear end, upset, etc.)</u>	<u>Fatalities</u>	<u>Injuries</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check if None _____

Traffic Convictions and Forfeitures for the Past 3 Years

<u>Date</u>	<u>Violation (other than Parking)</u>	<u>Location</u>	<u>Penalty</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check if None _____

Documentation of Pre-Employment Testing Information

During the past three years, have you tested positive on a pre-employment drug or alcohol test administered by a prospective employer, but were not hired for safety sensitive work covered by the Department of Transportation Drug and Alcohol Testing Rules? ____ Yes ____ No

During the past three years, have you refused to test on a pre-employment drug or alcohol test administered by a prospective employer, but were not hired for safety sensitive work covered by the Department of Transportation Drug and Alcohol Testing Rules? ____ Yes ____ No

If you answered YES to either of the questions above, please explain the circumstances and provide documentation of your successful completion of the Return-to-Duty process:

Employment History

All driver applicants to drive interstate commerce must provide information on all employers during the preceding 3 years, and applicants to drive a commercial vehicle in intrastate or interstate commerce must also provide an additional 7 years information on those employers for whom they worked.

NOTE: List employers in reverse order, starting with the current or most recent.

Company Name: _____ Dates Employed: ____ / ____ / ____ to ____ / ____ / ____

Address: _____

Street City State Zip

Phone Number: (____) _____ Contact: _____

Position: _____ Salary: _____

Equipment Driven: _____ Reason for Leaving: _____

Was the job designated as a safety sensitive function subject to DOT Drug & Alcohol Testing? Y N
Were you subject to the Federal Motor Carrier Safety Regulations? Y N

Company Name: _____ Dates Employed: ____ / ____ / ____ to ____ / ____ / ____

Address: _____

Street	City	State	Zip
Phone Number: (____) _____	Contact: _____		
Position: _____	Salary: _____		
Equipment Driven: _____	Reason for Leaving: _____		

Was the job designated as a safety sensitive function subject to DOT Drug & Alcohol Testing? Y N
Were you subject to the Federal Motor Carrier Safety Regulations? Y N

Company Name: _____ Dates Employed: ____ / ____ / ____ to ____ / ____ / ____
Address: _____
Street City State Zip
Phone Number: (____) _____ Contact: _____
Position: _____ Salary: _____
Equipment Driven: _____ Reason for Leaving: _____

Was the job designated as a safety sensitive function subject to DOT Drug & Alcohol Testing? Y N
Were you subject to the Federal Motor Carrier Safety Regulations? Y N

Company Name: _____ Dates Employed: ____ / ____ / ____ to ____ / ____ / ____

Address: _____

Street City State Zip

Phone Number: (____) _____ Contact: _____

Position: _____ Salary: _____

Equipment Driven: _____ Reason for Leaving: _____

Was the job designated as a safety sensitive function subject to DOT Drug & Alcohol Testing? Y N
Were you subject to the Federal Motor Carrier Safety Regulations? Y N



Company Name: _____ Dates Employed: ____/____/____ to ____/____/____
Address: _____
Street City State Zip
Phone Number: (____) _____ Contact: _____
Position: _____ Salary: _____
Equipment Driven: _____ Reason for Leaving: _____

Was the job designated as a safety sensitive function subject to DOT Drug & Alcohol Testing? __Y__N
Were you subject to the Federal Motor Carrier Safety Regulations? __Y__N

Company Name: _____ Dates Employed: ____/____/____ to ____/____/____
Address: _____
Street City State Zip
Phone Number: (____) _____ Contact: _____
Position: _____ Salary: _____
Equipment Driven: _____ Reason for Leaving: _____

Was the job designated as a safety sensitive function subject to DOT Drug & Alcohol Testing? __Y__N
Were you subject to the Federal Motor Carrier Safety Regulations? __Y__N

Company Name: _____ Dates Employed: ____/____/____ to ____/____/____
Address: _____
Street City State Zip
Phone Number: (____) _____ Contact: _____
Position: _____ Salary: _____
Equipment Driven: _____ Reason for Leaving: _____

Was the job designated as a safety sensitive function subject to DOT Drug & Alcohol Testing? __Y__N
Were you subject to the Federal Motor Carrier Safety Regulations? __Y__N

Company Name: _____ Dates Employed: ____/____/____ to ____/____/____
Address: _____
Street City State Zip
Phone Number: (____) _____ Contact: _____
Position: _____ Salary: _____
Equipment Driven: _____ Reason for Leaving: _____

Was the job designated as a safety sensitive function subject to DOT Drug & Alcohol Testing? __Y__N
Were you subject to the Federal Motor Carrier Safety Regulations? __Y__N

Company Name: _____ Dates Employed: ____/____/____ to ____/____/____
Address: _____
Street City State Zip
Phone Number: (____) _____ Contact: _____
Position: _____ Salary: _____
Equipment Driven: _____ Reason for Leaving: _____

Was the job designated as a safety sensitive function subject to DOT Drug & Alcohol Testing? __Y__N
Were you subject to the Federal Motor Carrier Safety Regulations? __Y__N