

Waddell Transfer, Inc.

PO Box 168 6055 Lee Highway Atkins, VA 24311
1-800-451-7459 276-783-5207 Fax: 276-783-3057 or 276-783-5695

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Required Fields for Commercial Applicants Only:

Were you subject to the FMCSRs while employed here? Y N
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? Y N

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Required Fields for Commercial Applicants Only:

Were you subject to the FMCSRs while employed here? Y N
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? Y N

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Required Fields for Commercial Applicants Only:
Were you subject to the FMCSRs while employed here? Y N
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? Y N

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Required Fields for Commercial Applicants Only:
Were you subject to the FMCSRs while employed here? Y N
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? Y N

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Required Fields for Commercial Applicants Only:
Were you subject to the FMCSRs while employed here? Y N
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? Y N

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Commercial Driver Applicants Only

Current & Previous Addresses (3 Years):

	From _____	To _____
	From _____	To _____
	From _____	To _____
	From _____	To _____

Physical Exam Expiration Date _____

Driving Experience

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-Trailer			
Tractor & Two Trailers			
Tractor & Triple Trailers			
Other			

List of states operated in, for the last five (5) years: _____

List special Courses/training completed (PTD/DDC, HAZMAT, Etc...): _____

List any Safe Driving Awards that you may hold, and whit whom: _____

Accident Record for past three (3) years: (Attach Separate Sheet if Needed)

Date of Accident	Nature of Accident	Location of Accident	# of Fatalities	# People Injured

Traffic Convictions & Forfeitures for the last three (3) years (Other than Parking Violations)

Date	Location	Charge	Penalty

Driver's Licenses (list each driver's license held in the past three (3) years)

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor-vehicle? **Yes or No**

Has any license, permit or privilege ever been suspended or revoked? **Yes or NO**

Is there any reason you may not be able to preform the functions of the job for which you have applied? **Yes or No**

Have you ever been convicted of a felony? **Yes or NO**
 If yes, please describe (be sure to list the dates of charges) _____

Are you currently employed? **Yes or No**
 Did your previous employer utilize paper logs, electronic logs, or other?

Are you under any contractual obligations to another carrier?

Do you have a TWIC Card?

How did you hear about or company?

Who do we contact in case of an emergency?

What training course did you attend if any?

Have you been unemployed at any time during the last 5 years?

To be signed by the Applicant:

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

It is agreed and understood that the Motor Carrier or his agents may investigate the applicants background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases the employers and person named herein from all liability for any damages on account of his furnishing such information

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 investigating Consumer Report, including Information regarding my character general reputation, person characteristics, and mode of living.

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

It is agreed and understood that this Applicant in no way obligates the motor carrier to employ or hire the applicant

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time 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.

Applicant Signature: _____ **Date:** _____

Remarks (for office use only): _____

_____.