

# Wright Transportation Inc.

2300 Ave. I Mobile AL.  
251-432-6390 800-342-4598 Fax 251-432-5845

## Application for Employment Commercial Driver

Wright Transportation Inc. is an equal opportunity employer in compliance with all Federal and State equal employment opportunity laws. Consideration of qualified applicants for any position is made without regard to the applicant's sex, race, color, national origin, marital status, age, religion or non-job related disability.

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

Position Applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
(Go back 3 years) Street City State Zip

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip

Can you legally be employed in the United States? Yes  No

Do you have proof of age? Yes  No

Has this company before ever employed you? Yes  No  If so, When? \_\_\_\_\_

What was your rate of pay? \_\_\_\_\_ Position held? \_\_\_\_\_

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

Currently employed? Yes  No  May we contact your present employer? Yes  No

If not, How long since you were last employed? \_\_\_\_\_ What pay rate are you expecting? \_\_\_\_\_

How did you hear about Wright Transportation? \_\_\_\_\_

After reviewing the job description, for what reasons might you be unable to perform the duties of the position for which you are applying? You may explain. \_\_\_\_\_

**WRIGHT TRANSPORTATION INC.  
EMPLOYMENT HISTORY**

**PAST 10 YEARS (D.O.T Requirement) (391.21,b,10,11)**

Please give the following information regarding your current and previous employers. Start with the most recent employer and go back 10 years. Also include any gaps in your employment history (unemployment, retirement, medical, ect.)

Employer: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date: From: Month \_\_\_\_ Year \_\_\_\_ Address: \_\_\_\_\_  
To: Month \_\_\_\_ Year \_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Salary: \_\_\_\_\_ Where you subject to \*FMCSR: Yes  No  or Alcohol/Drug Testing: Yes  No

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Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Salary: \_\_\_\_\_ Where you subject to \*FMCSR: Yes  No  or Alcohol/Drug Testing: Yes  No

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(If you need more space use back of this form) \*FMCSR= Federal Motor Carrier Safety Regulations

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To: Month \_\_\_ Year \_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Salary: \_\_\_\_\_ Where you subject to \*FMCSR: Yes  No  or Alcohol/Drug Testing: Yes  No

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Date: From: Month \_\_\_ Year \_\_\_ Address: \_\_\_\_\_

To: Month \_\_\_ Year \_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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# Wright Transportation Inc.

## DRIVERS QUALIFICATIONS AND EXPERIENCE

Licenses Held:

State: \_\_\_\_\_ License No: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
State: \_\_\_\_\_ License No: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Equipment Experience:

Equipment Class: Van  Flat  Tank  Reefer  For How Long? \_\_\_\_\_ Total Miles: \_\_\_\_\_  
(Tractor-Semi-Trailer) (Approx.)  
(Straight Truck) Van  Flat  Tank  Reefer  For How Long? \_\_\_\_\_ Total Miles: \_\_\_\_\_  
(Other) \_\_\_\_\_

In what states have you operated in the past three years? All 48  or \_\_\_\_\_

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Have you ever had your license revoked or suspended? Yes  No  If so, when and where? \_\_\_\_\_

Why? (please explain) \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  If so, when and where \_\_\_\_\_

Why? (please explain) \_\_\_\_\_

Have you tested positive for a pre-employment or random Drug or Alcohol test in the past three years?  
Yes  No

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## ACCIDENT AND VIOLATIONS

Accidents in the past three years (List most recent first – attach additional sheets if necessary)

Date: \_\_\_\_\_ Injuries? \_\_\_\_\_ Fatalities? \_\_\_\_\_ Vehicle Type: \_\_\_\_\_ Describe: \_\_\_\_\_

Date: \_\_\_\_\_ Injuries? \_\_\_\_\_ Fatalities? \_\_\_\_\_ Vehicle Type: \_\_\_\_\_ Describe: \_\_\_\_\_

Date: \_\_\_\_\_ Injuries? \_\_\_\_\_ Fatalities? \_\_\_\_\_ Vehicle Type: \_\_\_\_\_ Describe: \_\_\_\_\_

Traffic Convictions in the past three years. (Not parking violations)

Date: \_\_\_\_\_ Where? \_\_\_\_\_ Violation: \_\_\_\_\_ Penalty: \_\_\_\_\_

Date: \_\_\_\_\_ Where? \_\_\_\_\_ Violation: \_\_\_\_\_ Penalty: \_\_\_\_\_

Date: \_\_\_\_\_ Where? \_\_\_\_\_ Violation: \_\_\_\_\_ Penalty: \_\_\_\_\_

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# Wright Transportation Inc.

## EDUCATION AND TRAINING

Please provide the following information about completed education, starting with the most recent.

School or University	Years Completed	Field of Study	Graduate? (yes or no)	When?

Have you ever served in the military? \_\_\_\_\_ If so, when and what branch? \_\_\_\_\_

Please list any training you have recieved that you think will benefit you in the position for which you are applying. \_\_\_\_\_

Please provide three personal references. These references should not be people related to you nor former supervisor

Name	Years Known	Phone Number

Please use the following space to list any experience or knowledge you have, not mentioned previously, special accomplishments, or comments you would like us to consider.

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**CAREFULLY READ THE  
FOLLOWING AND SIGN BELOW**

# Wright Transportation Inc.

By signing this statement, I certify that this employment application has been completed by me, and all of the entries provided are true, complete, and accurate, to the best of my knowledge. By signing below I also authorize this company to make such inquiries into my employment, financial, personal, or medical history as might be needed to make an employment decision. I understand that inquiries into my medical history are generally made after a job offer is made.

I hereby release my former employers, healthcare providers and schools from any and all liability in making response to these inquiries and from releasing the requested information.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

(Do not write below this line - Office use only)

## INTERVIEW NOTES

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

Interviewer: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICATION RESULTS

Hired or Rejected? \_\_\_\_\_ Hire Date: \_\_\_\_\_ Position: \_\_\_\_\_

If rejected, Why? \_\_\_\_\_

Date to Start: \_\_\_\_\_ Starting Pay: \_\_\_\_\_

Comments, Complaints, Etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Termination Date: \_\_\_\_\_ Quit or Dismissed? \_\_\_\_\_ Why? \_\_\_\_\_

# Wright Transportation, Inc.

## MOTOR VEHICLE REPORT CONSENT

I hereby consent and authorize Palomar Insurance Corporation, Palomar International Corporation, L.L.C and Wright Transportation to obtain a copy of my motor vehicle report (Hereinafter "MVR") from the applicable department of motor vehicles, and to use such MVR for the purpose these entities deem appropriate. I understand that the MVR obtained may or may not be used for insurance/underwriting purposes or to verify information I have provided to a potential employer. I also understand that said MVR may be obtained from a consumer-reporting agency and I so authorize such method.

## PHYSICAL & DRUG TEST EXPENSES

The pre-employment physical and drug test is an employee expense that will be advanced by the company. The employee will reimburse the company for these expenses if the employee leaves the company for any reason within the first ninety days of employment. The employee will not repay these expenses if employed beyond 91 days. In addition, the employee will be responsible for legal fees incurred as a result of collecting for pre-employment expenses.

Driver Name (Print) \_\_\_\_\_

Drivers License Number and State Issued : \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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# Wright Transportation, Inc.

## Right to Review

As per parts (390) and (391) of the FMCSR.

1. Prospective employers must make an inquiry with driver applicant's employer within the previous 3 years from the date of application. (Effective October 29, 2004)
2. The request must include:
  - General driver employment information
  - Details of DOT recordable accidents (390.5)
  - Drug and alcohol history
  - If there was a drug/alcohol violation, weather the applicant competed a substance abuse rehabilitation program.

3. The prospective employer will be required to provide the driver applicant with the records received from their previous employer within 5 days of the driver applicant's written request, or within 5 days of having received the information if the request is presented before the investigation information arrives.

As the driver applicant you have the right to review information obtained from previous employers, to correct errors in that information and rebut perceived incorrect information. You must give a written request to Wright Transportation within 30 days of being employed or of being notified of denial of employment to review past information.

The previous employer will have 15 days to respond to a driver applicant request for a correction of erroneous information.

If the driver applicant chooses to submit a rebuttal, the previous employer has 5 days to forward the rebuttal to the prospective employer and to append a copy of the rebuttal to the driver applicant permanent safety performance history.

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Applicant name (Print)

Date

Signature

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To: Drug Records Dept / 800-322-5298

From:

(Company Contact Name)

WRIGHT TRANSPORTATION

(Company Name)



Use Fax # 800-267-4093 (Manual Service)

Fax #: (251) 432 - 5845

Use Fax # 800-257-8069 (If Database Retrieval)

USIS Customer #: 3415 USIS Sub-account: \_\_\_\_\_

**PART I - DOT DRUG AND ALCOHOL RELEASE**

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to USIS for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized USIS to review involves tests required by DOT. If any carrier (company/school) listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Company	City	State	Phone Number
_____	_____	_____	( ) _____ - _____
_____	_____	_____	( ) _____ - _____
_____	_____	_____	( ) _____ - _____
_____	_____	_____	( ) _____ - _____

(Attach additional forms for additional past employers. That form must also include the individual's signature and social security number.)

Print Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II - CONSUMER REPORT DISCLOSURE AND RELEASE**

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the three-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

**I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.**

I hereby consent to your obtaining the above information from USIS, and I agree that such information which USIS has or obtains, and my employment history (not DOT Drug and Alcohol information without a specific consent by me) with you if I am hired, will be supplied by USIS to other companies which subscribe to USIS. I hereby authorize procurement of consumer report(s). If hired or contracted this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Print Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

**Notice to California Applicants**

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person or by mail. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box.  (California applicants only)

**REQUEST AND CONSENT FOR INFORMATION  
FROM PREVIOUS EMPLOYER**

P-1 of 1

**Wright Transportation, Inc.  
2300 Ave I Mobile AL 36615**

**800-342-4598**

**251-432-6390**

**Fax 251-432-5845**

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By signing below I authorize my former employer listed hereafter to release the information requested in regard to my employment to Wright Transportation Inc. as dictated by the FMCSR and DOT (391.53), (391.23), (390.5) and (390.15) or other applicable DOT agency regulations. As my former employer I release you from any liability which might be the result of providing this information.

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\_\_\_\_\_  
(Please Print) Driver's Name

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

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**INFORMATION REQUESTED FROM:**

Previous Employer's

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

To whom it may concern:

The person named below has, while seeking employment with this company as \_\_\_\_\_ stated that he/she held a position with your company as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Your time in answering the questions in the form below is great appreciated. Be assured that you provide this information in confidence to assist in this company's hiring process. Thank you for your assistance.

Director Personnel and Safety \_\_\_\_\_

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Please answer the following questions about:

During what time period was this individual employed with you? \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Did the individual operate a motor vehicle? Yes  No  If so, what type? Tractor -Trailer

Flatbed  Straight Truck  Other (please explain) \_\_\_\_\_

How would you explain his/her conduct? Good  Fair  Poor

Did this individual perform their duties safely? Good  Fair  Poor

At what wage or salary was he/she employed? \_\_\_\_\_

Under what circumstances did the individual leave your employ? \_\_\_\_\_

Was this individual involved in any DOT recordable (390.5) or non-recordable accidents or incidents?

Yes  No  (If "yes" please answer the below questions)

Number of recordable accidents: \_\_\_\_\_ Number of non-recordable accidents/incidents: \_\_\_\_\_

May Wright Transportation, Inc. contact \_\_\_\_\_ for further information about the individual accidents/incidents. Yes  No

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**Please fax (or mail) this completed form to Wright Transportation Fax 251-432-5845**

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION  
**SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

P-1 OF 1

I, (Print Name) \_\_\_\_\_  
First, M.I., Last \_\_\_\_\_ Social Security Number \_\_\_\_\_  
hereby authorize that:

Previous Employer: \_\_\_\_\_

Street: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

may release and forward information requested by section 2 (below) of this document concerning my past Alcohol and Controlled substances Testing records for the past three years to:

Prospective Employer: **Wright Transportation Inc.**

Attention:

Street: **2300 Ave I**

Telephone: **251-432-6390**

City, State, Zip: **Mobile AL**

Fax No.: **251-432-5845**

In compliance with (382.413), (40.25) and (391.23), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

Prospective employer's e-mail address: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

This information is being requested in compliance with (382.413), (40.25) and (391.23).

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**SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , sign Below, and return.

Under Department of Transportation testing requirements:

**YES NO**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person had a verified positive drug test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable.) | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any drug or alcohol testing information obtained from previous employers under (382.413), (40.25) and (391.23) or other applicable DOT agency regulations.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 2 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

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**SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)  Faxed to previous employer.  Mailed.

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

Completed below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  E-mail

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