# **COMMERCIAL DRIVER APPLICATION**

# $\begin{array}{c} \textbf{Company} \quad \underline{\textbf{WEST VIRGINIA STEEL CORPORATION}} \\ \textbf{Address} \quad \underline{\textbf{327 GLASS ADDITION ROAD}} \end{array}$

City POCA State WV Zip 25159

### APPLICANT INFORMATION

DATE		Position applying for:	Driver		
PHONE (	)	EMERGEN	CY PHONE	()	
AGE	DAT	E OF BIRTH		_SS#	
(The Age Discriming but less than 70 year)	nation of Employmer	at Act of 1967 prohibits discrimination o	on the basis of age v	vith respect to individuals	who are at least 40
PHYSICAL EX	AM EXPIRATION	ON DATE			
CURRENT & P	REVIOUS THR	EE YEARS ADDRESSES:			
				TO	
		t 	'ROM	TO	
			'KOM	10	
If yes, give date	s: From	HIS COMPANY BEFORE? To			
	N HISTORY highest grade co		Post Grad		
employment per Mo/Yr	riods, and all con Mo/Yr	of all employment for the past the numercial driving experience for to the present or Last EmployerNameName	the past ten (10)	years.	
Position Held		Address			
Was your job de	esignated as a saf	s while employed here?ety-sensitive function in any DCPart 40?Y	OT- regulated mo	ode subject to the drug	g and alcohol
Mo/Yr From		Present or Last Employer Name			
		Address			
Reason for leave Were you subject Was your job de	ing ct to the FMCSR	s while employed here? ety-sensitive function in any DC	Compan Yes DT- regulated mo	y phone ( )No No ode subject to the drug	

Mo/Yr From	Mo/Yr To	Present or Last Employer Name	
Position Held		Address	
Reason for leavi	ing		Company phone ( )
Was your job de	esignated as a sa	Rs while employed here? fety-sensitive function in any DOT- Part 40?Yes	- regulated mode subject to the drug and alcohol
Mo/Yr From	Mo/Yr To	Present or Last Employer Name	
Position Held		Address	
Reason for leavi	ing		Company phone ( )
Was your job de	esignated as a sa	Rs while employed here?	- regulated mode subject to the drug and alcohol
Mo/Yr From	Mo/Yr To	Present or Last Employer _Name_	
Position Held		Address	
Reason for leavi	ing		Company phone ( )
Was your job de	esignated as a sa	Rs while employed here?	- regulated mode subject to the drug and alcohol
Mo/Yr From	Mo/Yr To	Present or Last Employer Name	
Position Held		Address	
Reason for leavi	ing		Company phone ( )
Was your job de	esignated as a sa	Rs while employed here?	- regulated mode subject to the drug and alcohol
Mo/Yr From	Mo/Yr To	Present or Last Employer Name	
Position Held		Address	
Reason for leavi	ing		Company phone ( )
Was your job de testing requirem	esignated as a sa ents of 49 CFR	fety-sensitive function in any DOT-	YesNo - regulated mode subject to the drug and alcoholNo

#### **DRIVING EXPERIENCE**

Class of Equipment	From	То	Approximate Num	ber of Miles
Straight Truck				
Tractor & Semi-				
trailer				
Tractor & two trailers				
Tractor & triple				
trailers				
Other				
Tiet etete en en tellin Cond	l (C)			
List states operated in, for th	ne last five (5) years:			
List special courses/training	completed (PTD/DDC, HAZ	ZMAT, ETC)		
List any Safa Driving Aven	ds you hold and from whom:			
List ally Safe Driving Awar	us you note and from whom:	<u> </u>		
Accident Record for past t	three (3) years: (attach shee			
Date of Assidant No	ature of Appidants	Location of	# of	# of Doople Injure
	ature of Accidents lead on, rear end, etc)	Accident	Fatalities	# of People Injure
(П	iedu on, redi enu, etc)			
	orfeitures for the last three ocation		parking violations):  Penalty	
Date Lo	Jeanon	Charge	Penalty	
		• (5)		
, ,	driver's license held in the	* ' ' '	Endorcomento	Evpiration Data
State Lie	cense	Туре	Endorsements	Expiration Date
		•	•	•
	a license, permit or privilege			No
Has any license, permit or p		l or revoked?	Yes	
le there any reason you mid			which you have appli	ad (se described in
	ht be unable to perform the f			
Is there any reason you migl the job description)?			which you have appli Yes	

# **Job References**

List three (3) persons for ref	ferences, other than family members, who have	e knowledge of your safety habits.
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
To Be Read and Signe	ed by Applicant:	
It is agreed and understood dishonesty.	that any misrepresentation given on this appli	cation shall be considered an act of
any and all information of c	that the motor carrier or his agents may inves concern to applicant's record, whether same is ad herein from all liability for any damages on	of record or not, and applicant releases
investigation may include a	stood that under the Fair Credit Reporting Act, in investigating Consumer Report, including in pateristics, and mode of living.	
I agree to furnish such addi application file.	tional information and complete such examina	tions as may be required to complete my
It is agreed and understood	that this Application in no way obligates the n	notor carrier to employ or hire the applicant.
It is agreed and understood disqualified without recours	that if qualified and hired, I may be on a prob se.	ationary period during which time I may be
This certifies that this applied complete to the best of my k	cation was completed by me, and that all entrid nowledge.	es on it and information in it are true and
Applicant Signature		Date
Remarks: (For office use of	only)	