



# APPLICATION FOR EMPLOYMENT

Notice: Substance and Alcohol Testing is required of applicant driver.

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

Company \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_ How Long \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Addresses for Past Three Years

\_\_\_\_\_  
(Street) (City) (State) (Zip) Dates \_\_\_\_\_

\_\_\_\_\_  
(Street) (City) (State) (Zip) Dates \_\_\_\_\_

### EXPERIENCE AND QUALIFICATIONS-DRIVERS

Drivers License \_\_\_\_\_  
(State) (License Number) (Expiration Date)

### Traffic (Moving) Convictions and Forfeitures for the past 3 years (Other than Parking Violations)

\_\_\_\_\_  
(Charge) (Date) (Penalty) (Location)

\_\_\_\_\_  
(Charge) (Date) (Penalty) (Location)

\_\_\_\_\_  
(Charge) (Date) (Penalty) (Location)

Have you ever been denied a license, permit or privilege to operate a motor vehicle Yes \_\_\_\_\_ No \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

(If the answer is yes to either of the two previous questions, attach statement-giving details)

### DRIVING EXPERIENCE

Class of Equipment Type of Equipment Dates Approximate Number of Miles  
(Van, Tank, Flat, Etc.) From To (Total)

Straight Truck \_\_\_\_\_

Tractor & Semi Trailer \_\_\_\_\_

Other \_\_\_\_\_

### ACCIDENT RECORD (Past 3 years or more)

Date Nature of Accident (Head-on, Rear-end, Upset, Etc.) Fatality Injury Non-Injury

Last Accident \_\_\_\_\_

Next Previous \_\_\_\_\_

Next Previous \_\_\_\_\_

**EMPLOYMENT HISTORY**

All drivers applying to drive in intrastate or interstate commerce must provide the following information on employers during the *preceding ten years*. List mailing addresses, street number, city, state, zip code, contact name and valid telephone number.

Applicants applying to drive a “**commercial motor vehicle**” as defined by Part 383, in intrastate or interstate commerce shall provide 10 years’ information on those employers for whom the applicant driver operated such vehicle.

*(NOTE: list employers starting with most recent, add another sheet if necessary)*

Employer \_\_\_\_\_ From \_\_\_\_\_ To: \_\_\_\_\_  
*(Month & Year)*

Address \_\_\_\_\_ Position held \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Salary/Wages \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number (with area code) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\*\*\*Were you subject to the FMCSR’s while employed? Yes No

\*\*\*Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug & Alcohol Testing requirements of 49 CFR Part 40? Yes No

Employer \_\_\_\_\_ From \_\_\_\_\_ To: \_\_\_\_\_  
*(Month & Year)*

Address \_\_\_\_\_ Position held \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Salary/Wages \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number (with area code) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\*\*\*Were you subject to the FMCSR’s while employed? Yes No

\*\*\*Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug & Alcohol Testing requirements of 49 CFR Part 40? Yes No

***(ATTACH SHEET IF MORE SPACE IS NEEDED FOR EMPLOYMENT HISTORY)***

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me and that all entries on it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, health care providers and other person from all liability in responding to inquiries and releasing information in connection with my applications. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the company.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date



## **Job Description**

### **Reports To:**

WPE Commodities Manager or CEO

### **Position Summary:**

Operate various tractor-trailer combinations or a truck with a capacity of at least 26,000 pounds Gross Vehicle Weight for extended periods of time, over long distances between company/customer facilities in order to pick up, transport and deliver freight in a safe, timely and efficient manner. Truck Drivers are subject to the hours of service regulations of the United States Department of Transportation. **Commercial driver's license required.**

### **Essential Job Functions:**

- Haul loads scheduled for the week in a timely manner.
- Must be respectful to all other truck drivers, plant personnel and customers of WPT/WPE.
- All confidential information concerning WPT is to be kept confidential.
- Check vehicles to ensure that mechanical, safety, and emergency equipment is in good working order.
- Maneuver trucks into loading or unloading positions, following signals from loading crew and checking that vehicle and loading equipment are properly positioned.
- Collect delivery instructions from appropriate sources, verifying instructions and routes.
- Check all load-related documentation to ensure that it is complete and accurate.

- Maintain logs of working hours or of vehicle service or repair status, according to state and federal regulations.
- Report vehicle defects, accidents, traffic violations, or damage to the vehicles.
- Maintain, Service and care for trucks and trailers.
- Make sure all cargo etc...is secure for transport.
- Obtain Receipts or signatures for delivered goods when required.
- Operate truck equipment to exchange necessary information with bases, supervisors, or other drivers.
- Perform basic vehicle maintenance tasks, such as adding oil, fuel, or radiator fluid or performing minor repairs as well as emergency roadside repairs, such as changing tires or installing light bulbs, tire chains, or spark plugs.
- Couple or uncouple trailers by changing trailer jack positions, connection or disconnection air or electrical lines, or manipulating fifth-wheel locks.
- Assists in loading and unloading truck if necessary.
- Keeps record of materials and products transported.
- As the first and only contact for a large number of WPT and WPE customers, projection of an image which exemplifies the high standards necessary to accomplish the goals and objectives of WPT is essential for this job. Neat appearance and dress are a key element of that image.
- Other duties not listed herein, but which need to be accomplished to maintain safe and timely day to day operations for the company.

## **Essential Job Requirements:**

**Education:** High school diploma preferred.

**Related Experience:** Some previous work-related skill, knowledge, or experience is needed. Requires a CDL and a clean driving record.

**Required Skills:** Operations and control, operations monitoring such as watching gauges, dials or other indicators to make sure in working order, time management, equipment repairs and maintenance and be able to use truck-mounted hydraulic lifts or other accessories.

### **Physical Requirements:**

Be able to maintain self-control, independence, attention to detail, dependable, stress tolerance, cooperation and adaptability and flexibility.

- Ability to exert maximum muscle force to lift pushes, pull or carry objects and be able to lift up to 50 pounds.
- Ability to climb ladders to inspect loads
- Ability to quickly respond with hand, finger or foot to a signal.
- Ability to see far distances and recognizes details.
- Ability to choose quickly between two or more movements in response to two or more different signals such as lights, sounds, pictures etc.
- Ability to sit for long periods of time.
- Ability to too get in and out of a truck without strain or difficulty.
- Ability to bend, twist or reach with your body, arms and/or legs.

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### **Limitations and Disclaimer**

The above job description is meant to describe the general nature and level of work being performed; it is not intended to be construed as an exhaustive list of all responsibilities, duties and skills required for the position.

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Social Security Number

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Date of Birth - used for identification purposes only

MONTH		DATE		YEAR					

First Name	Middle Name	Last Name
Other Names Used (maiden name, AKA names, etc.)		

Current Residential Address		
City	State	Zip Code

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	( )
					( )
					( )
					( )
					( )
					( )

Driver's License Number	State of Issue
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**FCRA DISCLOSURE AND ACKNOWLEDGMENT**  
**IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Western Poles Energy, LLC ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. An investigative consumer report may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. Please be advised that the nature and scope of the most common form of investigative consumer report obtained is an investigation into your education and/or employment history. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report, and to request a copy of your report.

The report may be generated by **Universal Background Screening (Post Office Box 6829 Scottsdale, AZ 85261, 1-877-261-8833, [www.universalbackground.com](http://www.universalbackground.com))** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York and Maine applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

**New York applicants or employees only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Oregon applicants or employees only:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

**Washington State applicants or employees only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and, if I am hired, throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Universal Background Screening**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Full Name (First/Middle/Last) \_\_\_\_\_

Social Security Number (SSN)\* \_\_\_\_\_

Driver License State / Number \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

\*SSN and DOB information will be used for identification purposes and will not be used as hiring criteria.

FCRA/EMPLOYMENT/06/20/02/119

**I. Requester's Information:** (Providing daytime phone number is optional.)

Requester's Name: \_\_\_\_\_  
 Organization (if applicable): \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Daytime Phone #: (\_\_\_\_) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Record you are requesting: Provide as much information as possible.** (See page two, instruction number 2.)

<p><input type="checkbox"/> Vehicle registration/title information</p> <p>Name: _____                  Address: _____                  City: _____ State: _____                  Make/Model: _____                  Year: _____ Plate No: _____                  VIN: _____</p>	<p><input type="checkbox"/> Driver's License information</p> <p>Name: _____                  Address: _____                  City: _____ State: _____                  DL No: _____                  Date of Birth: _____</p>
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**III. Fees: Please submit your payment with this form.** (Include a check or money order.)

	(FEE)		(FEE)
<input type="checkbox"/> Vehicle Registration Record	\$10.00	<input type="checkbox"/> Motor Vehicle Record	\$10.00
<input type="checkbox"/> Vehicle Title History (microfilm review)	\$25.00	<input type="checkbox"/> Certified Motor Vehicle Record	\$15.00
<input type="checkbox"/> Certified Title History (microfilm review)	\$30.00	<input type="checkbox"/> Clearance Letters	\$15.00
<input type="checkbox"/> Vehicle Information for Dealers	\$1.00 per page	<input type="checkbox"/> Drivers License Folders	\$20.00
		<input type="checkbox"/> Certified Driver's License Folders	\$25.00

**IV. Verification of your eligibility to receive the requested records.**

Please review the exceptions listed on the back of this form and fill in the code that corresponds with your request.

Code: \_\_\_\_\_  
 If you have selected code "J", indicate the second code that would make you eligible to receive this information. *(A licensed private investigative agency or security service can obtain DMV records as long as the request falls within one of the other exceptions listed.)*  
 Second Code: \_\_\_\_\_  
 If you have selected code "M", indicate the intended use of the requested record(s). *(Anyone can obtain DMV records if the intended use is specifically authorized by Kansas law and is related to the operation of a motor vehicle or public safety.)*

**V. Signature – Before signing this document, read this section carefully.**

Under the Drivers' Privacy Protection Act of 1994, as amended (18 U.S.C. § 2721), personal information obtained by the Kansas Department of Revenue cannot be released unless the request for information falls within one of the exceptions in the Act. Those exceptions are listed on the back of this form.

It is unlawful for personal information to be used for any purpose not permitted under these exceptions. Furthermore, it is unlawful for any person to make false representation in order to obtain personal information from DMV records.

Civil action may be brought against you by the owner of the personal information released. Should this happen, the court may award the following: actual damages of not less than \$2,500.00, punitive damages, reasonable attorney fees, other litigation costs and other preliminary and equitable relief as the court determines to be appropriate.

In addition, Kansas law (K.S.A. 21-3914 and K.S.A. 45-220(c)(2)) prohibits any list of names and addresses derived from public records to be sold, given or received for the purpose of selling or offering for sale any property or service.

*I declare that I am eligible and have the express authority to sign for and receive the requested information pursuant to the Federal Drivers' Privacy Protection Act of 1994, as amended. I further declare that any personal information I receive will not be used to sell or offer for sale any property or service.*

Requester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CARRIERS DRIVER STATEMENT OF ON-DUTY HOURS  
(For Newly - Hired or Intermittent Drivers)**

**INSTRUCTIONS:** Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total on-duty time during the immediately preceding seven days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations.

**NOTE:** Hours for any compensation work during the preceding seven days, include work for a non-motor carrier entity, must be recorded on this form.

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

Social Security Number \_\_\_\_\_

Motor Vehicle Operator's License Number \_\_\_\_\_

Type of License Issuing \_\_\_\_\_ State \_\_\_\_\_

**Compensated work time (prior 7 days)**

1	2	3	4	5	6	7

\_\_\_\_\_ **Total Hours**

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

\_\_\_\_\_ (A.M.) (P.M.) ON \_\_\_\_\_  
**TIME DAY MONTH YEAR**

Are you currently working for another employer? (Yes) (No)

At this time do you intend to work for another person while still employed by this company? (Yes) (No)

I hereby certify that the information given above is true and I understand that once I become employed with the company, if I begin work for any additional employer(s) for compensation that I must inform this company immediately of such employment activity. (395.2 (8) and (9))

\_\_\_\_\_  
**Driver Signature Date**

**Witness:** \_\_\_\_\_  
**Company Date**

