



EMPLOYMENT APPLICATION FOR DRIVERS

4129 W. Cheyenne Avenue
North Las Vegas, Nevada 89032

Western States Companies is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

Date: _____ Social Security# _____

Name: _____
First Name Middle Last Name

List your addresses of residency for the past 3 years.

Current Address:

_____ How long? _____
Street Apt# City State Zip Code

Home Phone # _____ ALT Phone # _____

Previous Addresses:

_____ How long? _____
Street Apt# City State Zip Code

_____ How long? _____
Street Apt# City State Zip Code

_____ How long? _____
Street Apt# City State Zip Code

If applying for a position where you will operate a commercial motor vehicle please provide the following:

Date of Birth ____/____/____ Issuing State of License _____ Endorsements _____

License Number _____ Expiration date _____ Restrictions _____

List all motor vehicle accidents that you were involved in during the previous 3 years from today. If no accidents have occurred, please state NONE.

Date: Nature of accident: Number injuries: Number fatalities:

List all motor vehicle violations (other than parking) where you were convicted, forfeited bond or collateral during the previous 3 years from today. **If no violations have occurred, please state NONE.**

Date: _____ Nature of citation: _____

List the details, facts and circumstances of any denial, revocation or suspension of any motor vehicle license, permit or privilege to drive. **If no denial, revocation or suspension has occurred, please state NONE.**

Position Applying for: 1st _____ 2nd _____

Wage desired: \$ _____ Date available to work? _____ Full-time Part-time

Are you willing to work overtime as required? YES NO

How did you hear about us?

Newspaper Ad Employment Agency Current Employee (Name) _____
 Other please specify: _____

Are you legally eligible to work in the United States? YES NO
(Proof of eligibility will be required upon offer of employment)

Are you over the age of 18 years? YES NO
(If no, you may be required to provide authorization)

Can you with or without reasonable accommodation perform the essential functions of this job? YES NO
(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)

Have you ever worked for Western States Companies before? YES NO
(If yes, please give date) _____

Have you ever been convicted of a felony or misdemeanor? YES NO
(A conviction will not necessarily disqualify you)
If yes, please explain: _____

Is anyone related to you employed by Western States Companies? YES NO
 If yes, please give their name and relationship to you _____

Employment History (begin with current or most recent employer).
This must cover the period of 10 years from today:

Company Name	Employment Dates From _____ month/year To _____ month/year	Starting Pay \$ _____ Ending Pay \$ _____	Name of Supervisor
Address	Describe your duties:		
Phone () _____			
Reason for leaving:			
<p>Was this position subject to FMCSR regulations? YES NO</p> <p>Were you in an active drug and alcohol testing program? YES NO</p>			

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Reason for leaving:			
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Education

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/Degree
High School				
College				
Technical or Other				

Driving Experience

Class of Equipment (check yes or no)	Type of Equipment (circle type)	Dates From (mo/yr) To (mo/yr)	Approx # of Miles (total)
Straight Truck	<input type="checkbox"/> Yes <input type="checkbox"/> No Van Tank Flat Dump Refer	_____ / _____	_____
Tractor & Semi-trailer	<input type="checkbox"/> Yes <input type="checkbox"/> No Van Tank Flat Dump Refer	_____ / _____	_____
Tractor – Two trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No Van Tank Flat Dump Refer	_____ / _____	_____
Tractor – Three trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No Van Tank Flat Dump Refer	_____ / _____	_____
Motorcoach/School Bus	<input type="checkbox"/> Yes <input type="checkbox"/> No Van Tank Flat Dump Refer	_____ / _____	_____
Other: _____	Van Tank Flat Dump Refer	_____ / _____	_____

List states operated in for last five years: _____

List special courses or training **you have completed** that will help you as a driver:

Which safe driving awards do you hold and from whom?

Equipment Experience (yrs)

- Trackhoe – exp _____
- Front Loader – exp _____
- CAT D5 – exp _____
- Komatsu 475 – exp _____
- Welding – exp _____
- Excavator – exp _____
- CAT D8 – exp _____
- Dump truck – exp _____
- Backhoe – exp _____
- Skidsteer – exp _____
- CAT D9 – exp _____
- Trencher – exp _____
- Grader – exp _____
- Scraper – exp _____
- CAT D11 – exp _____
- Fuel truck – exp _____

Project Experience (yrs)

- Wellsite pad prep _____
- Pipeline crossings _____
- Water/sewer pipe _____
- Utility trench _____

****PLEASE READ CAREFULLY BEFORE SIGNING****

I understand that submission of this application does not guarantee employment. I further understand that, should an offer of employment be extended by Western States Companies (hereinafter referred to as "Western States") that such employment with Western States is at will, for no specified duration and may be terminated by either Western States or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Western States or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Western States except the President or CEO has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President or CEO of Western States. _____initial

In consideration for employment with Western States, if employed, I agree to conform to the rules, regulations, policies and procedures of Western States at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Western States business, attendance and punctuality are considered essential requirements of every job at Western States and that poor attendance or tardiness will result in disciplinary action. _____initial

I understand that if offered a position with Western States, I may be required to submit to a DOT pre-employment medical examination and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. _____initial

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Western States and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information. _____initial

I understand that information I provide regarding current and/or previous employers may be used and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

Pursuant to 49 CFR, part 391.23(j), you have the following rights regarding investigative information:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. _____initial

I hereby certify that this application has been completed by me, and that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. _____initial

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature of Applicant

Date