

WH TRANSIT

EXPRESS, INC.

W.H. Transit Express, Inc.
 23865 Bat Cave Rd., San Antonio, TX 78266 Phone (830) 626-6326 Fax (830) 626-0443
 Email Address whtransit@hotmail.com

APPLICANT'S NAME: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

ADDRESS (Street, City, State & Zip Code): _____

PREVIOUS ADDRESS (Street, City, State & Zip Code): _____

PHONE NUMBER: () _____ DATE OF BIRTH: ____ / ____ / ____

Are you either an U.S. Citizen or an Alien authorized to work in the United States? YES / NO

QUALIFICATIONS

	STATE	LICENCE NUMBER	TYPE OF LICENSE	EXPIRATION DATE
OPERATOR LICENSE				
OPERATOR LICENSE				
OPERATOR LICENSE				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT)	DATE		APPROXIMATE NUMBER OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST THREE (3) YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (Head-On, Rear-end, etc.)	FATALITIES YES / NO	INJURIES YES / NO

VIOLATION OF MOTOR VEHICLE LAWS/ORDINANCES FOR THE PAST THREE (3) YEARS

LOCATION (City, State, County)	DATE	VIOLATION	DISPOSITION (PENALTY)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES / NO

B. Has any license, permit or privilege ever been suspended or revoked? YES / NO

IF THE ANSWER TO EITHER "A" OR "B" IS "YES", ATTACH STATEMENT GIVING DETAILS.

EMPLOYMENT RECORD FOR PAST 10 YEARS

BEGINNING WITH MOST RECENTLY HELD JOB:

1. EMPLOYER: _____ SUPERVISOR'S NAME: _____

ADDRESS: _____ PHONE: () _____ FAX: () _____

POSITION HELD: _____ FROM ___ / ___ / ___ TO ___ / ___ / ___ SALARY: _____

REASON FOR LEAVING: _____

2. EMPLOYER: _____ SUPERVISOR'S NAME: _____

ADDRESS: _____ PHONE: () _____ FAX: () _____

POSITION HELD: _____ FROM ___ / ___ / ___ TO ___ / ___ / ___ SALARY: _____

REASON FOR LEAVING: _____

3. EMPLOYER: _____ SUPERVISOR'S NAME: _____

ADDRESS: _____ PHONE: () _____ FAX: () _____

POSITION HELD: _____ FROM ___ / ___ / ___ TO ___ / ___ / ___ SALARY: _____

REASON FOR LEAVING: _____

4. EMPLOYER: _____ SUPERVISOR'S NAME: _____

ADDRESS: _____ PHONE: () _____ FAX: () _____

POSITION HELD: _____ FROM ___ / ___ / ___ TO ___ / ___ / ___ SALARY: _____

REASON FOR LEAVING: _____

5. EMPLOYER: _____ SUPERVISOR'S NAME: _____

ADDRESS: _____ PHONE: () _____ FAX: () _____

POSITION HELD: _____ FROM ___ / ___ / ___ TO ___ / ___ / ___ SALARY: _____

REASON FOR LEAVING: _____

6. EMPLOYER: _____ SUPERVISOR'S NAME: _____

ADDRESS: _____ PHONE: () _____ FAX: () _____

POSITION HELD: _____ FROM ___ / ___ / ___ TO ___ / ___ / ___ SALARY: _____

REASON FOR LEAVING: _____

7. EMPLOYER: _____ SUPERVISOR'S NAME: _____

ADDRESS: _____ PHONE: () _____ FAX: () _____

POSITION HELD: _____ FROM ___/___/___ TO ___/___/___ SALARY: _____

REASON FOR LEAVING: _____

8. EMPLOYER: _____ SUPERVISOR'S NAME: _____

ADDRESS: _____ PHONE: () _____ FAX: () _____

POSITION HELD: _____ FROM ___/___/___ TO ___/___/___ SALARY: _____

REASON FOR LEAVING: _____

9. EMPLOYER: _____ SUPERVISOR'S NAME: _____

ADDRESS: _____ PHONE: () _____ FAX: () _____

POSITION HELD: _____ FROM ___/___/___ TO ___/___/___ SALARY: _____

REASON FOR LEAVING: _____

10. EMPLOYER: _____ SUPERVISOR'S NAME: _____

ADDRESS: _____ PHONE: () _____ FAX: () _____

POSITION HELD: _____ FROM ___/___/___ TO ___/___/___ SALARY: _____

REASON FOR LEAVING: _____

READ AND SIGN BEFORE SUBMITTING THIS APPLICATION CERTIFICATION:

I certify that this application was completed by me and that all entries on it and information in it are true and correct to the best of my knowledge and belief and I hereby grant the Company permission to verify such answers. I understand that any false statement on this application or at any time during the selection process including interviews, physical examination, etc., may be considered as sufficient cause for rejection of my employment. I hereby authorize the Company to conduct an investigative character, general reputation, personal characteristics, and mode of living. I understand if any inquiry is made the nature of and scope of the information will be supplied to me upon written request. I also understand that, if the position for which I am Applying requires a physical exam, the exam includes a screen for drugs*. If I am employed, I agree to abide by and comply with all rules of this Company. I further understand and agree that, if I am employed, my employment is for no definite period and may be terminated at any time by either the Company or me.

I understand that the information in this application will be used and that prior employers will be contacted for purpose of investigation as required by Section 391.23 of the Motor Carriers Safety Regulations.

APPLICANT'S SIGNATURE: _____ DATE: _____

In case of an emergency, please notify: _____ Relationship: _____ Phone #: () _____



MOTOR VEHICLE REPORT REQUEST

Requested By: Personnel Department

Please provide the following Information:

Name: _____

TX Drivers License #: _____

Date of Birth: _____

Social Security #: _____

Driver Signature: _____

This information will be used to obtain a motor vehicle report from the State of Texas.

VIOLATION AND REVIEW RECORD

Driver's Name: _____
Last, First Middle DOB _____ TDL: _____
Type (circle): CDL or NON-CDL

I. CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past twelve (12) months.

<u>Date of Offense</u>	<u>Offense</u>	<u>Location</u>	<u>Type of Vehicle Operated</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past twelve (12) months. In this regard, I consent to my employer's request and review of my Motor Vehicle Request.

Driver's Signature Date of Certification

W H TRANSIT EXPRESS, INC., 23865 Bat Cave Rd., San Antonio, TX 78266
Motor Carrier's Name & Address

Reviewed by: (Signature) Title

II. REVIEW AND EVALUATION OF DRIVER'S RECORD:

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past twelve (12) months.

Action taken: _____

Reviewed by (signature) Title Date
WH Transit Express, Inc., 23865 Bat Cave Rd., San Antonio, TX 78266



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.
2. Deliver or mail the completed form to:

**Texas Department of Public Safety
Motor Carrier Bureau, MSC# 0522
6200 Guadalupe, Building P
Austin, Texas 78752-4019**

I, _____ ,
Print Name of CDL Holder

of _____ ,
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to _____ ,
W. H. Transit Express, Inc.
Print Name

of _____ ,
23865 Bat Cave Rd., San Antonio, TX 78266
Print Address

Driver License Number: _____ State: _____ Date of Birth: _____

Signature of Driver:

Date:

X

DO NOT SEND THIS FORM BY FACSIMILE

MCS-21 (REV 09/01/05)

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: WH Transit Express Contact Person: William Hamilton
 Address: 23865 Bat Cave Rd. City, State, Zip: San Antonio, TX 78266
 Phone #: 830-626-6326 Confidential Fax #: 830-626-0443

Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, *within the past three years*, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I _____, hereby authorize this company to release all records of employment, including assessments
 Print Name

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: _____ Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

I worked for this company from the dates of ___/___/___ to ___/___/___

Applicant's Signature

SSN or ID Number

D.O.B.

Today's Date

SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Any alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any refusals to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.* | | |

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (please give city/town, or most near and state)	Any Vehicles Towed?	HazMat Spill?	# of Fatalities?	# of Injuries?

SECTION III– Past Employer to Complete >> WORK HISTORY INFORMATION

Please provide the following information on the above-name driver/applicant;

He/She was employed for you as a: _____ from ____ / ____ / ____ to ____ / ____ / ____

> If employed as a driver, what type of equipment did he/she operate?

Straight Trucks Tractor/Trailer Doubles Triples Other

Explain: _____

Type of trailer(s) pulled: _____

Was he /she a: Company Driver? Yes No Contractor? Yes No

Contractor's Driver? Yes No Other? Yes No

General area traveled: _____ Commodities transport: _____

> While under your employment was he/she:

a. Bonded: Yes No

b. Convicted of any traffic violations: Yes No

If yes, please list all, including date and type: _____

c. License(s) suspended, revoked or denied: Yes No

If yes, please explain: _____

> Reason for leaving: _____

> Would you re-employ this person: Yes No Upon Review

Please explain: _____

Additional Comments: _____

Previous Employer Representative Supplying Information:

Print Name Title

Signature Date

Please remember to retain a copy for your records; your timely response is appreciated.

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with W H TRANSIT EXPRESS, INC. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize W H TRANSIT EXPRESS, INC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015