



7439 Sheridan Road
 Flushing, MI 48433
 Phone: (810) 638-5900
 Fax: (810) 638-7777

Type of Work Desired	
<input type="checkbox"/>	Company Driver
<input type="checkbox"/>	Owner/ Operator
<input type="checkbox"/>	Mechanical
<input type="checkbox"/>	Yard (General)
<input type="checkbox"/>	Clerical / Office

**APPLICATION
PLEASE PRINT!**

Full Name _____
 (Last) (First) (Middle)

Date: ____ / ____ / ____

Date of Birth ____ / ____ / ____

Social Security Number ____ - ____ - ____

Mailing Address _____

Alternate Address _____

_____ Zip _____

_____ Zip _____

Telephone (____) _____ (home) (____) _____ (cell)

List Other Residence(s) for three (3) years prior to application:

Address _____

Address _____

_____ Zip _____

_____ Zip _____

Do you have a legal right to be employed in the United States? ___ Yes ___ No

If no and offered a position, the Immigration Reform & Control Act of 1986 requires that you furnish satisfactory proof of employment authorization and identification within three (3) days of being hired.

Date available for employment _____

Expected Salary _____

Location Preference _____

Have you worked for this company before? ___ Yes ___ No

Dates: From _____ to _____ Reason for leaving _____

EDUCATION

School	Name and Location	Course of Study	Circle Last Year Completed	Did you Graduate?	Degree or Diploma/Date Received
High School		Major	1 2 3 4		
		Minor	1 2 3 4		
College		Major	1 2 3 4		
		Minor	1 2 3 4		
College		Major	1 2 3 4		
		Minor	1 2 3 4		
Other		Major	1 2 3 4		
		Minor	1 2 3 4		
Truck Driving School		Is School PTDIA Certified?			

Special Training Course(s):

EMPLOYMENT HISTORY

Give a complete record of **all employment during the past 10 years**, including but not limited to positions in which you operated a commercial motor vehicle, and military service. Include reasons for each period of unemployment. If you have been self-employed, list up to five of your major clients. List employers in reverse order, starting with the current or most recent. Add another sheet if necessary. **EVERY QUESTION MUST BE ANSWERED. BLANK OR "SEE RESUME" RESPONSES WILL NOT BE ACCEPTED.**

Are you employed now? Yes No May we contact your current employer at this time? Yes No
NOTE: It will be necessary to contact your current employer before an offer of employment can be extended.

Employer: _____ Supervisor: _____

Company Phone: _____ Address: _____
Street City, State Zip

Title: _____ Wage/salary: _____ Full Time Part time Contract

Start Date: _____ Termination Date: _____ Reason for Leaving: _____

Did you operate a commercial vehicle for this employer? Yes No

Were you subject to the FMCSR's during this employment? Yes No

Was this position designated as a safety sensitive function in a DOT-regulated mode subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes No

Employer: _____ Supervisor: _____

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Street City, State Zip

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EXPERIENCE AND QUALIFICATIONS (must be completed by all applicants)

List ALL states in which you are currently licensed or have been licensed within the past five (5) years

	State	License Number	Type	Expiration Date
Driver's License	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____
- B. Has any license, permit, or privilege ever been suspended or revoked? _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS:

DRIVING EXPERIENCE

Class or Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. Number of Miles (Total)
		From	To	
Straight Truck _____	_____	_____	_____	_____
Tractor & Semi-Trailer _____	_____	_____	_____	_____
Tractor-Two Trailers _____	_____	_____	_____	_____
Auto Transport _____	_____	_____	_____	_____

Total number of years of Commercial Tractor Trailer driving experience _____

List states operated in for last five (5) years _____

List special courses or training that will help you in desired work _____

Which safe driving awards do you hold and from whom _____

Before completing the following section, please be aware that a MVR will be obtained from every state you are now or have been licensed in for the past five (5) years

HAVE YOU BEEN INVOLVED IN ANY ACCIDENTS WITHIN THE PAST FIVE (5) YEARS? _____ If yes, complete below

Dates	Location	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Injuries or Fatalities	Amount of Property Damage
Last Accident _____	_____	_____	_____	_____
Next Previous _____	_____	_____	_____	_____
Next Previous _____	_____	_____	_____	_____

HAVE YOU RECEIVED ANY TRAFFIC VIOLATIONS, CONVICTIONS, OR FORFEITURES IN THE PAST THREE (3) YEARS? _____

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever tested positive, or refused to test, on any employment drug or alcohol test administered by an employer?

Yes No

Have you been convicted of a felony? Yes No Court Martialled? Yes No
 (An affirmative response will not automatically disqualify you from being a candidate for employment)

If yes, give date and details:

Do you have friends or relatives employed by this company? Yes No (If yes, indicate below)

Name _____ Location _____

Name _____ Location _____

EXPERIENCE AND QUALIFICATIONS – MAINTENANCE POSITIONS ONLY

Indicate types of maintenance and years of each

Experience	Check	Years' Experience	Experience	Check	Years' Experience
Hydraulics			Transmission Replacement		
Clutch Replacement			Front End Work		
Differential Replacement			Air Conditioner Repair		
Air Brakes and Valves			Chassis Dynamometer		
DDEC Experience			Air Ride Suspensions		
Electrical and Component Repair			Vehicle Inspection		
Engine and Accessory			Detroit (GMC) Diesel		
Aluminum Welding			Cummins Diesel Experience		
Electric Welder					
Oxyacetylene Welder			Other		

List courses and training in maintenance work:

I hereby certify that I have personally completed this application. I further certify that I have not knowingly withheld any information and that the answers given by me are true and correct to the best of my knowledge. I understand that the information I have provided on this application will be used to contact prior employers for purposes of investigating my background as required by 391.23 of the Motor Carrier Safety Regulations. I understand that any omission or misstatement of material facts is grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I understand that I have the right to review information provided by previous employers, and the right to have errors in that information corrected, and resent by a previous employer to prospective employer. I understand that I also have 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.

I hereby authorize Wheeler Trucking, Inc. to thoroughly investigate my work record, experience, references, and other matters related to my suitability and qualifications for employment. I authorize the previous employers and references I have listed to disclose to Wheeler Trucking, Inc. any and all information related to my work record. I hereby release Wheeler Trucking, Inc. and former employers, persons, companies, or corporations supplying such information from all liability arising out of such investigations and disclosures. I agree to submit to a pre-employment drug screening and random drug testing as required by law if offered a position with the Company.

I understand that nothing contained in the application or conveyed during an interview is intended to create an employment contract between the Company and me. This application does not obligate the Company to hire me.

I understand that the prospective employer must notify me in writing of his/her due process rights as specified in 391.23(i) regarding information received as a result of these investigations.

Applicant's Signature _____

Date _____
