



Ward Timber, LTD.

P.O. Box 360

Linden, Texas 75563

Driver Applicants,

Please fill out application completely.

You may fax to 903-756-8626 email to linda.price@wardtimber.com or delivery it to

1101 Hwy 59 South

Linden, TX 75563

Thank you,

Linda Price

Office 903-756-3836

Fax: 903-756-8626

Cell: 903-720-8729

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

Applicant / Employee Permission to Acquire Personal Information

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol testing results, and your driving records may be obtained for employment purposes. Your employer or prospective employer may obtain this information from Accufax, Equifax, Transunion, Experion, or other vendors of such information services.

You should also be aware that, as a condition of your application for employment or continued employment, your employer or prospective employer may acquire your criminal background records by means of employing a service that specialized in obtaining such records via electronic interface with local, state, and federal municipalities, law enforcement agencies, bureaus, or other sources of such criminal and court records.

Lastly, you should be aware that your employer or prospective employer may utilize the FMCSA's Pre-Employment Screening (PSP) system in order to obtain your previous DOT roadside inspection and crash records for review.

Your signature on this form constitutes your acknowledgement of full understanding of the information presented above, and the granting of your permission for your employer or perspective employer to obtain any and all such records as are referred to within the information presented above.

Applicant / Employee Signature

Date of signature

Printed name of applicant / employee

Social Security Number

Employer Witness

Company Name

DRIVER'S APPLICATION FOR EMPLOYMENT

WARD TIMBER LTD. ----- PO BOX 360 -----LINDEN, TX. 75563

CONTACT PERSON: LINDA PRICE -----903-756-3836 OR 903-720-8729 FAX: 903-756-8626

EMAIL: linda.price@wardtimber.com

*****PLEASE PRINT*****

Date of Application _____ Applicant's Phone () _____ - _____

Position(s) Applied for _____

NAME _____ SOCIAL SECURITY NO. _____
(Last) (First) (Middle)

DATE OF BIRTH _____ Can You Provide Proof of Age? _____

CURRENT ADDRESS _____ How Long? _____
(Street) (City) (State & Zip Code)

ADDRESS } FOR PAST THREE YEARS }	_____ How Long? _____
	<small>(Street) (City) (State & Zip Code)</small>
	_____ How Long? _____
	<small>(Street) (City) (State & Zip Code)</small>
	_____ How Long? _____
<small>(Street) (City) (State & Zip Code)</small>	

(Attach Sheet if More Space is Needed)

Do you have the legal right to work in the United States? _____

Are you presently employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSE NO. _____ EXPIRATION DATE _____

STATE _____ TYPE _____

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 QUESTION ABOVE, PLEASE ATTACH STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE IF NONE, WRITE NONE.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT <small>(Van, Tank, Flat, Etc.)</small>	DATES		APPROX. NO. OF MILES <small>(Total)</small>
		From	To	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH – SCHOOL BUS				
OTHER				



ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach Sheet if More Space is Needed) IF NO ACCIDENTS, WRITE NONE.

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, etc.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other than Parking Violations) IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(Name) (City)

EMPLOYMENT RECORD

(Attach Sheet if More Space is Needed)

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown.

*****Please List Employment Beginning with Most Recent Employment.*****

EMPLOYER: Name _____
 Address _____
 Position Held _____ From _____ to _____ Salary _____
 Reasons for Leaving _____
 Contact Person _____ Phone Number _____

EMPLOYER: Name _____
 Address _____
 Position Held _____ From _____ to _____ Salary _____
 Reasons for Leaving _____
 Contact Person _____ Phone Number _____



EMPLOYER: Name _____
Address _____
Position Held _____ From _____ to _____ Salary _____
Reasons for Leaving _____
Contact Person _____ Phone Number _____

EMPLOYER: Name _____
Address _____
Position Held _____ From _____ to _____ Salary _____
Reasons for Leaving _____
Contact Person _____ Phone Number _____

EMPLOYER: Name _____
Address _____
Position Held _____ From _____ to _____ Salary _____
Reasons for Leaving _____
Contact Person _____ Phone Number _____

EMPLOYER: Name _____
Address _____
Position Held _____ From _____ to _____ Salary _____
Reasons for Leaving _____
Contact Person _____ Phone Number _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature



REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following requested information to:

_____ for the purposes of investigation *as required by Section 391.23 of the Federal Motor Carrier Safety Regulations*. You are released from any and all liability which may result from providing such information.

(Date) _____
(Applicant's Signature)

Mail or Fax To:

(Previous Employer Name): _____	<input type="checkbox"/> First Request
(Attention): _____	Date _____
(Phone): _____	<input type="checkbox"/> Second Request
(Fax): _____	Date _____

To Whom It May Concern:

The individual named below has made application to this company for a position as a driver and states that he/she was employed by you as a driver from _____ to _____
(date of termination) (date of hire)

We do appreciate your time in completing, in confidence, the information requested below. A business reply envelope has been enclosed (if mailed to you) for your convenience, or you may return the information via email to the attention of _____ at _____. Thank you for your cooperation.

Sincerely,

Name: _____ Phone: _____

Title: _____ Fax: _____

NAME OF APPLICANT: _____ **SSN:** _____

1. Employed from _____ to _____ as _____ at salary or wage of \$ _____.
2. Did he/she drive a motor vehicle for you? Yes ___ No ___, Straight Truck? Yes ___ No ___, Tractor-Semitrailer? Yes ___ No ___
Bus? Yes ___ No ___. Other? (Specify) _____
3. Was he/she efficient and a safe driver? Yes ___ No ___
4. Was his/her general conduct satisfactory? Yes ___ No ___
5. Reason he/she left your company: Discharged ___; Resignation ___; Lay Off ___; Military Duty ___
6. Please advise history of past driving record, if available, for past three years. _____

Please indicate your opinion by placing a checkmark in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Additional comments _____

Request for Information Related to Alcohol & Controlled Substances Testing

During our employment, the above named applicant:

- Had no violations to our alcohol and controlled substances policy.
- Had confirmed positive controlled substance test(s).
- Had confirmed blood alcohol test(s) resulting in a blood alcohol concentration greater than .04 (BrAC).
- Refused to submit to an alcohol or controlled substance test.

Signature of Previous Employer Representative _____

Title of Previous Employer Representative _____

Date _____