



WESTCOAST
TRUCKING
100 West Manville Street
Compton/Rancho Dominguez,
California 90220

P: 310-635-9938 F: 310-635-9738
WWW.WESTCOASTWAREHOUSE.COM

It is understood that my job position requires or may require me to drive either a company owned vehicle or my own vehicle on company business. I understand the insurance company writing your automobile insurance required a copy of my driving record to assess my insurability, I also understand that I have the right to see a copy of my Motor Vehicle record.

By this letter, I hereby authorize the insurance company and or its agent to obtain the necessary Motor vehicle records and authorize them to send a copy of my Motor Vehicle record to my Employer.

Employee Signature

Date

Employee Name As it Appears On License

Class A driver license experience (Years)

Date of Birth

***Please provide any additional information that may be useful if ordering an out of state license.**



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CONSENT FOR THE RELEASE OR OBTAINING OF CONFIDENTIAL INFORMATION

The state of California and the Federal Trade Commission (FTC), require that all inquiries to the DMV about a person's driving record follow the guidelines as set forth in the Fair Credit Reporting Act (FCRA). It requires approval, in advance, by that person, 604 (a) (2). By completing the Driving Record Request Form, below the requestor gives his/her consent to Insurance Service to request an MVR and to release or share the information only with prospective insurance carriers, for the sole purpose of determining eligibility for insurance coverage. Only the fact that the driving history does or does not meet the insurance company's underwriting guidelines will be shared with the policyholder or prospective policyholder. (If the employer wishes to obtain a copy of an MVR they will be instructed to contact a credit-reporting agency directly per 60 (a)(3)(B)

This consent will expire on the date of termination from employment or once a decision has been reached not to hire prospective employee. A copy of this authorization is available upon request.

DRIVING RECORD REQUEST FORM

Date/Fecha: _____

Last Name/ Apellido: _____ First Name/ Nombre: _____

Middle/ Segundo Nombre: _____ Date of Birth/ Fecha de Nacimiento: _____

Drivers License Number/ Número de Licencia: _____

Expiration Date/ Fecha de Expiración: _____

TWIC Card Number/Número de Tarjeta TWIC: _____

DMV Points (Optional)/Puntos del DMV (opcional): _____

Telephone Number/ Número de Teléfono: _____

(Prefer/Prefiere) Day/Día: _____ Night/Noche: _____

Consent: I have read the conditions under which the requested information may be used, and I understand that by filling out the Driving Record Request Form above, writing the statement below and signing my name below that, I am authorizing FIS to run an MVR on my driving record, and to share the results as strictly outlined above.

HAVE THE REQUESTOR HANDWRITE- "I have read and understand the use of the MVR and I do read English"

Signature of Employee/Prospective Employee

DRIVER EMPLOYMENT APPLICATION

WESTCOAST TRUCKING Inc.

An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

| APPLICANT INFORMATION | | | | | |
|-----------------------|--|----------------------|--|-------------------------|--|
| FIRST NAME | | MIDDLE NAME | | LAST NAME | |
| PHONE | | EMAIL | | | |
| DATE OF APPLICATION | | POSITION APPLIED FOR | | DATE AVAILABLE FOR WORK | |

Do you have legal right to work in the United States as a commercial driver under 49 CFR? YES NO

| PREVIOUS THREE YEARS RESIDENCY | | | | | |
|--|--------|------|-------|----------|-----------------------|
| <i>Attach additional sheet if more space is needed</i> | | | | | |
| | STREET | CITY | STATE | ZIP CODE | # OF YEARS AT ADDRESS |
| CURRENT | | | | | |
| MAILING | | | | | |
| PREVIOUS | | | | | |
| PREVIOUS | | | | | |
| PREVIOUS | | | | | |

| LICENSE INFORMATION | | | | |
|---|-----------|------------|--------------|-----------------|
| No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed. | | | | |
| STATE | LICENSE # | TYPE/CLASS | ENDORSEMENTS | EXPIRATION DATE |
| | | | | |
| PREVIOUSLY HELD LICENSES | | | | |
| | | | | |
| | | | | |

| DRIVING EXPERIENCE | | | | |
|------------------------|---|-----------|---------|---------------------------|
| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, DUMP REFER ETC.) | DATE FROM | DATE TO | APPROX # OF MILES (TOTAL) |
| STRAIGHT TRUCK | | | | |
| TRACTOR & SEMI-TRAILER | | | | |

| | | | | |
|----------------------|--|--|--|--|
| TRACTOR & TRAILERS 2 | | | | |
| TRACTOR & TANKER | | | | |
| OTHER | | | | |

| ACCIDENT RECORD FOR THE PAST 3 YEARS | | | | |
|---|---|--------------|------------|--------------------------|
| <i>Attach additional sheet if more space is needed. Check this box if none</i> <input type="checkbox"/> | | | | |
| DATES (List most recent first) | NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.) | # FATALITIES | # INJURIES | CHEMICAL SPILLS (Y/N) |
| | | | | |
| | | | | |
| | | | | |

| TRAFFIC VIOLATIONS AND OR FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) | | | |
|---|-----------|--------------------|--|
| <i>Attach additional sheet if more space is needed. Check this box if none</i> <input type="checkbox"/> | | | |
| DATE (Month/Year) | VIOLATION | STATE OF VIOLATION | PENALTY (Forfeited bond, collateral and/or points) |
| | | | |
| | | | |
| | | | |
| | | | |

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

If yes, explain

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

If yes, explain

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. *In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.*

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

***Includes vehicles having GVWR or GCVWR of 26,001 lbs. or more or designed to transport 15 or more passengers, or any size vehicle to transport hazardous materials of a type or quality requiring placarding of the vehicle.**

| CURRENT (MOST RECENT) EMPLOYER | | | | | |
|---|--|---------------|--|-------------|--|
| NAME | | PHONE | | | |
| ADDRESS | | | | | |
| POSITION HELD | | FROM MO/YR | | TO MO/YR | |
| REASON FOR LEAVING | | | | | |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) | | | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| SECOND (MOST RECENT) EMPLOYER | | | | | |
|---|--|---------------|--|-------------|--|
| NAME | | PHONE | | | |
| ADDRESS | | | | | |
| POSITION HELD | | FROM MO/YR | | TO MO/YR | |
| REASON FOR LEAVING | | | | | |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) | | | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| THIRD (MOST RECENT) EMPLOYER | | | | | |
|------------------------------|--|---------------|--|-------------|--|
| NAME | | PHONE | | | |
| ADDRESS | | | | | |
| POSITION HELD | | FROM MO/YR | | TO MO/YR | |
| REASON FOR LEAVING | | | | | |

| | |
|---|--|
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| FOURTH (MOST RECENT) EMPLOYER | | | | | |
|---|--|---------------|--|-------------|--|
| NAME | | PHONE | | | |
| ADDRESS | | | | | |
| POSITION HELD | | FROM MO/YR | | TO MO/YR | |
| REASON FOR LEAVING | | | | | |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) | | | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |

| EDUCATION | | | | | | |
|-------------|-----------------|-----------------|-----------------|--------------------------|--------------------------|---------|
| SCHOOL | NAME & LOCATION | COURSE OF STUDY | YEARS COMPLETED | GRADUATE | | DETAILS |
| | | | | Y | N | |
| High School | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| College | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other | | | | <input type="checkbox"/> | <input type="checkbox"/> | |

| OTHER QUALIFICATIONS |
|--|
| Please list any other qualifications that you have and which you believe should be considered. |

WW/WCTK Employee Emergency Contact Form
 WW/WTI FORMA DE CONTACTOS DE EMERGENCIA DE EL EMPLEADO

| | |
|--|----------------------------------|
| <i>Print Name (Last, First, & Middle) (Nombre)</i> | <i>Date (Fecha)</i> |
| | |
| <i>Title (Titulo)</i> | <i>Department (Departamento)</i> |
| | |

Emergency Contact #1 (Contacto de Emergencia # 1)

| | | | |
|--|--|-----------------------------------|--------------------|
| <i>Print Name (Last, First, & Middle) (Nombre)</i> | | <i>Relationship (Parentesco)</i> | |
| | | | |
| <i>Street Address (Direccion)</i> | | <i>City (Ciudad)</i> | <i>State(Edo.)</i> |
| | | | |
| <i>Main Phone Number (Num. de Telefono)</i> | <i>Alternate Phone Number (Num. Alternativo)</i> | <i>Email (Correo Electronico)</i> | |
| | | | |

Emergency Contact #2 (Contacto de Emergencia # 2)

| | | | |
|--|--|-----------------------------------|-------------------|
| <i>Print Name (Last, First, & Middle) (Nombre)</i> | | <i>Relationship (Parentesco)</i> | |
| | | | |
| <i>Street Address (Direccion)</i> | | <i>City (Ciudad)</i> | <i>State(Edo)</i> |
| | | | |
| <i>Main Phone Number (Num. de Telefono)</i> | <i>Alternate Phone Number (Num. Alternativo)</i> | <i>Email (Correo Electronico)</i> | |
| | | | |

Signature _____ Name(Print) _____ Date _____

Firma _____ Nombre _____ Fecha _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision.

I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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.

I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

| | | | |
|--------------------------|--|------|--|
| Applicant Signature | | Date | |
| Applicant Name (printed) | | | |