



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					

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>Zip Code(C.P.)</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>Zip Code(C.P.)</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)			

EMPLOYEE AUTHORIZATION

This authorization is required by 49 CFR 40.25 and is compliant with the requirements of 49 CFR 40.321 (b)

I hereby authorize release of information from my Department of Transportation regulated Alcohol and Controlled Substances Testing records within the past three (3) years.

Employee/ Applicant Signature _____ Date _____

Print Name _____ SSN _____

Prospective Employer Information

Name WESTCOAST TRUCKING, INC

Address 100 W. Manville St, Rancho Dominguez, CA 90220

Phone Number (310) 635-9938 EXT 222

Contact Name Cesiah Cuellar – Human Resources

Previous Employer/ Current Employer Information

Name _____

Address _____

Phone Number _____ Fax _____

Contact Name _____

Please complete and return this form within thirty (30) days to the Prospective Employer

Requested was: Faxed Mailed Emailed

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE			
I, (Print Name) _____			
First	M.I.	Last	Social Security Number
Hereby authorize: _____			
Previous Employer: _____			Date of Birth _____
Email: _____			
Street: _____		Telephone: _____	
City, State, Zip: _____		Fax No.: _____	
<p>To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____.</p> <p style="text-align: center;">(Employment application date)</p>			
To: Prospective Employer: <u>WESTCOAST TRUCKING INC.</u>			
Attention: <u>Human Resources</u>		Telephone: <u>310-635-9938 ext. 222</u>	
Street: <u>100 W. Manville St.</u>			
City, State, Zip: <u>Compton, CA 90220</u>			
<p>In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.</p>			
Prospective employer's fax number: <u>310-635-9738</u>			
Prospective employer's email address: HR@WESTCOASTWAREHOUSE.COM			
_____ Applicant's Signature			_____ Date
This information is being requested in compliance with §40.25(g) and 391.23.			

ON-DUTY / HOURS/ DATA SHEET

Driver Name: _____ SSN: _____
 Drivers' License number: _____ State: _____ CLASS: _____
 Endorsements: _____ Restrictions: _____
 Type: _____ Issuing State: _____

Day	1	2	3	4	5	6	7	Total Hours
Date								
Hours Worked								

I hereby certify that the information provided above is correct and complete to the best of my knowledge and that I was last relieved from duty at:

Time: _____ A.M. P.M. Day: _____ Month: _____ Year: _____

Driver's Signature: _____ Date: _____

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

Are you currently working for another employer? Yes No

Do you intent to work for another employer while employed by this company? Yes No

I hereby certify that the information provided above is correct and complete and I understand that if I am employed by any other employer(s) for compensation I must inform this company immediately as stated in Section 395.2 of the Federal Motor Carrier Safety Regulations.

Driver's Signature: _____ Date: _____

Witness's Signature: _____ Date: _____