

Weaver Transportation Company
6100 Nichols Drive
Mableton, Georgia 30126
Phone 404-691-2928 Fax 404-691-6904

DRIVER'S APPLICATION FOR EMPLOYMENT

(answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years..

Current Address _____
Street City

State Zip Code Phone _____ How Long? _____

Previous Addresses _____ How Long? _____

Street City State & Zip Code

Street City State & Zip Code How Long? _____

Street City State & Zip Code

Street City State & Zip Code How Long? _____

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

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

| EMPLOYER | | | DATE | |
|----------------|-------------|-----|--------------------|-----|
| NAME | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | | REASON FOR LEAVING | |
| PHONE NUMBER | | | | |

| EMPLOYER | | | DATE | |
|----------------|-------------|-----|--------------------|-----|
| NAME | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | | REASON FOR LEAVING | |
| PHONE NUMBER | | | | |

| EMPLOYER | | | DATE | |
|----------------|-------------|-----|--------------------|-----|
| NAME | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | | REASON FOR LEAVING | |
| PHONE NUMBER | | | | |

| EMPLOYER | | | DATE | |
|----------------|-------------|-----|--------------------|-----|
| NAME | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | | REASON FOR LEAVING | |
| PHONE NUMBER | | | | |

| EMPLOYER | | | DATE | |
|----------------|-------------|-----|--------------------|-----|
| NAME | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | | REASON FOR LEAVING | |
| PHONE NUMBER | | | | |

| EMPLOYER | | | DATE | |
|----------------|-------------|-----|--------------------|-----|
| NAME | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | | REASON FOR LEAVING | |
| PHONE NUMBER | | | | |

| EMPLOYER | | | DATE | |
|----------------|-------------|-----|--------------------|-----|
| NAME | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | | REASON FOR LEAVING | |
| PHONE NUMBER | | | | |

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

| DATES | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES |
|---------------------|--|------------|----------|
| LAST ACCIDENT _____ | | | |
| 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 |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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)

EXPERIENCE AND QUALIFICATIONS – DRIVER

| DRIVER LICENSES | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|--------------------|-------|-------------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |

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

DRIVING EXPERIENCE IF NONE, WRITE NONE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATES | | APPROX. NO. OF MILES (TOTAL) |
|--------------------------------|--|-------|----|---------------------------------|
| | | FROM | TO | |
| STRAIGHT TRUCK _____ | | | | |
| TRACTOR AND SEMI-TRAILER _____ | | | | |
| TRACTOR - TWO TRAILERS _____ | | | | |
| MOTORCOACH - SCHOOL BUS _____ | | | | |
| OTHER _____ | | | | |

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 understand, also, that I am required to abide by all rules and regulations of the Company.

_____ Date _____ Applicant's Signature _____

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

| | SUPERIOR | GOOD | FAIR | BELOW AVERAGE | POOR | WRITTEN RECORD ON FILE |
|-------------------------------------|----------|------|------|---------------|------|------------------------|
| 1. APPLICATION | | | | | | |
| 2. INTERVIEW | | | | | | |
| 3. PAST EMPLOYMENT | | | | | | |
| 4. WRITTEN EXAM | | | | | | |
| 5. ROAD TEST | | | | | | |
| 6. CRIMINAL AND TRAFFIC CONVICTIONS | | | | | | |

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

| | |
|---------------------------|---------------------------|
| FROM: _____ TO: _____ | FROM: _____ TO: _____ |
| DATE: _____ | DATE: _____ |
| REASON FOR TRANSFER _____ | REASON FOR TRANSFER _____ |
| FROM: _____ TO: _____ | FROM: _____ TO: _____ |
| DATE: _____ | DATE: _____ |
| REASON FOR TRANSFER _____ | REASON FOR TRANSFER _____ |

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____