

Handwritten Copy

W.E. GRAHAM, INC,
3906 HOMEWOOD ROAD
MEMPHIS, TN 38118

800-727-0985 OFFICE
866-425-4253 DISPATCH
901-255-1050 FAX

or email to rbilek@wegraham.com

PLEASE CALL 800-727-0985 WHEN YOU RECEIVE THIS APPLICATION SO
THAT WE MAY EXPLAIN CERTAIN SECTIONS.

USE BLACK INK ONLY

SEND A COPY OF YOUR DRIVER'S LICENSE AND SOCIAL SECURITY CARD.
PLEASE HAVE THEM ENLARGED SO THAT THEY WILL BE MORE READABLE.

SEND THREE (3) PERSONAL PHOTOS OF YOUR HEAD AND SHOULDERS
1" x 1 1/4". THIS IS REQUIRED FROM THE POSTAL SERVICE FOR YOUR
ID BADGE. THESE CAN BE REGULAR PHOTOS MADE ON YOUR CAMERA
AND CUT DOWN TO THE PHOTO SIZE ON YOUR DRIVER'S LICENSE.

SIGN ONLY EMPLOYEE SIGNATURE ON BOTH CARDS. DO NOT FILL OUT
ANY OTHER AREAS.

WE LOOK FORWARD TO HELPING YOU WITH THIS PROCESS.

BEST REGARDS,

Brenda Ward : Randy Bilek

W.E. Graham Memphis, TN

Interviewer _____

Date of Application _____

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

Last Name _____ First _____ MI _____

Present Address _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP) _____ How Long? _____

Phone (_____) _____ (AREA CODE) _____

Previous Addresses _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP) _____ How Long? _____

For the Past _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP) _____ How Long? _____

3 Years _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP) _____ How Long? _____

Social Security # _____ Birth name if different from above _____

Married _____ Single _____ Divorced _____ Spouse's Name _____ # of Dependents _____

Emergency Contact Information

Name _____ Relationship _____

Address _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP) _____ Phone (_____) _____ (AREA CODE) _____

Relatives employed by W.E. Graham _____

Position applying for _____ Date available to start _____

Have you previously applied ☐ or worked for ☐ W.E. Graham? Yes _____ No _____ If yes, when _____

Have you ever been convicted of any crime, including DWI, DUI or drug conviction? Yes _____ No _____ If yes, please explain _____

Do you have any condition that restricts your ability to drive a tractor trailer and load or unload freight weighing over 30 lbs.? Yes _____ No _____

If yes, please explain _____

Education	Years Completed	Major Course or Diploma
High School		
College		
Graduate School		
Driving or Trade School		

How did you learn about W.E. Graham? ☐ Newspaper ☐ Truck Driving School ☐ Decal or Mud Flaps on Truck
☐ Trucking Magazine ☐ Other
☐ W.E. Graham Driver. Please give name for referral _____

What most interested you in W.E. Graham? _____

WORK HISTORY

Employment history for the past 10 years is required by the Department of Transportation for anyone applying to operate a commercial motor vehicle. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Please fill out completely and include all phone numbers.

Last/Current Employer		Dates of Employment From To	Telephone Number ()
City	State	Reason for Leaving	
Supervisor's Name		Position Held	
Pay per Mile	How Many Miles Do/Did You Drive Each Week?	May We Contact Your Current Employer? Yes No	
Second Previous Employer		Dates of Employment From To	Telephone Number ()
City	State	Reason for Leaving	
Supervisor's Name		Position Held	Rate of Pay
Third Previous Employer		Dates of Employment From To	Telephone Number ()
City	State	Reason for Leaving	
Supervisor's Name		Position Held	Rate of Pay
Fourth Previous Employer		Dates of Employment From To	Telephone Number ()
City	State	Reason for Leaving	
Supervisor's Name		Position Held	Rate of Pay
Fifth Previous Employer		Dates of Employment From To	Telephone Number ()
City	State	Reason for Leaving	
Supervisor's Name		Position Held	Rate of Pay
Sixth Previous Employer		Dates of Employment From To	Telephone Number ()
City	State	Reason for Leaving	
Supervisor's Name		Position Held	Rate of Pay
Seventh Previous Employer		Dates of Employment From To	Telephone Number ()
City	State	Reason for Leaving	
Supervisor's Name		Position Held	Rate of Pay

DRIVING QUALIFICATIONS AND EXPERIENCE

Date of birth (required to check Motor Vehicle Report) _____

Driver's License held at present: _____
(STATE) (NUMBER) (TYPE) (EXPIRES)

CDL Endorsements _____

Have you had licenses in other states in the past 10 years? Yes _____ No _____

Please list _____
(STATE) (TYPE) (NUMBER IF KNOWN)

(STATE) (TYPE) (NUMBER IF KNOWN)

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 either answer yes, explain: _____

DRIVING EXPERIENCE:

Class of Equipment	Type of Equipment	Dates From To	Type of Transmission	Approx. No. of Miles (Total) or Years
Straight Truck				
Tractor & Semi-Trailer				
Tractor-Twin Trailers				
Other				

List states operated in for last 5 years: _____

List major cities operated in last 5 years: _____

What safe driving awards do you hold and from whom? _____

ACCIDENT RECORD (LIST ALL CHARGEABLE AND NON-CHARGEABLE IN LAST FIVE YEARS)

Date	What Happened?	Cost of Damage	Injuries/Fatalities	Who was at Fault?

LIST ANY TRAFFIC VIOLATIONS, CONVICTIONS, BOND FORFEITURES, OR FAILURE TO APPEAR IN PAST 3 YEARS:

Date	Violation	Penalty	Location

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation of information given above shall be considered an act of dishonesty and can result in my immediate dismissal.

It is agreed and understood that the employer or employer's agent may investigate the applicant's background and applicant releases employers and other sources which provide information from all liability for any damages on account of furnishing such information.

I agree to voluntarily submit to a pre-employment physical, drug screen and a driver evaluation should I meet the qualifications of the position for which I have applied and a contingent job offer is made.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete the employment file.

It is agreed and understood that this application is not a contract for employment and in no way obligates the employer to employ the applicant.

I understand that any offer of employment is contingent on my ability to produce documentation to verify my identity and legal authorization to work in the U.S. as required by the Immigration and Control Act of 1986.

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

CONFIDENTIAL

FAXED OR MAILED INQUIRY TO PAST EMPLOYER

TO: _____
(Former Employer- Name, City, State) (Date, Time)

I hereby authorize this company to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

X _____
(Applicant's Signature, Date) (Witness Signature, Date)

Dear Personnel Manager:

The person named herein has applied to this company for employment in a safety-sensitive position. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated above, all liability of you and your company has been released by the applicant. PLEASE BE FACTUAL. You may reply by facsimile to the fax number listed below. If this form was mailed to you, we have enclosed a stamped, self-addressed envelope for your convenience in replying by return mail.

FROM:

Company: W.E. GRAHAM, INC. Title: _____
 City: MEMPHIS Address: 3906 Homewood Rd
 Phone No.: (800) 727-0985 State: TN Zip: 38118
 FAX No.: (901) 255-1050

Name of Applicant: _____ Social Security No: _____

Job Applying For: _____

• Did the applicant work for you as a _____ from ____/____/____ to ____/____/____?
 YES or NO If no, please explain: _____

• If employed as a driver, please answer the following:

Company driver? _____ Owner/operator? _____ Other? _____

Type of tractor operated: _____ Type of trailer pulled: _____

Other equipment operated: _____ Commodities transported: _____

General area of operation: _____

Accidents? YES or NO If yes, please give the date and a brief description of each accident: _____

Traffic Violations? YES or NO If yes, please list all including the date and type of violation: _____

License(s) suspended? YES or NO If yes, please list the date(s) of suspension: _____

Type of driver license: _____ State: _____ Number: _____

Any problems with bonding? YES or NO If yes, please explain: _____

• Why did this employee leave your company? _____

• Would you re-employ this person? YES or NO If no, please explain: _____

• INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS:

Alcohol tests with a result of 0.04 or greater? YES or NO If yes, please give date(s): _____

Verified positive controlled substances test results? YES or NO If yes, please give date(s): _____

Refusals to be tested? YES or NO If yes, please give date(s): _____

Rehab completed under direction of SAP/MRO? YES or NO If yes, please give date(s): _____

• Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?) _____

Name / Title: _____ / _____ Date: ____/____/____
(Person Providing the above Information)

Company: _____