



# APPLICATION FOR EMPLOYMENT

Interstate Over-the-Road Commercial Driver Positions

**West Side Salvage, Inc. is an Equal Opportunity Employer**

7251 32<sup>nd</sup> Avenue ♦ Atkins, IA 52206  
Phone: 319-446-7600 ♦ Fax: 319-446-7081

(Application must be completed in full even if submitting a resume.)

However, Applicants are not required to provide any information on this form that is prohibited by federal, state or local law)

Please Print in Ink

## PERSONAL & GENERAL INFORMATION

Date: \_\_\_\_\_, 20\_\_\_\_ Soc Sec No. \_\_\_\_-\_\_\_\_-\_\_\_\_ Are you legally eligible to work in the U.S.?  Yes  No (If offered employment, you will be required to provide documentation verifying your eligibility in accordance with Federal law)

Name (print) \_\_\_\_\_ Home Telephone # (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
Last Name First Name MI

Address \_\_\_\_\_ Cell/Other Telephone # (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
No. Street E-Mail Address: \_\_\_\_\_  
City State Zip Code

### Previous Addresses Past Three Years

Address \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Position or Type of Position Desired: \_\_\_\_\_ Earnings Expected \$ \_\_\_\_\_ per week or year \_\_\_\_\_

Have you been given a copy of the Driver's job description or had the requirements explained to you?  Yes  No Do you understand these requirements?  Yes  No

Are you 22 years of age or older and can you provide proof of age?  Yes  No

Have you ever been employed by West Side Salvage, Inc, West Side Salvage, West Side Grain Sales and/or West Side Unlimited?  Yes  No

If yes, where and in what capacity? \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

How did you learn about West Side Salvage, Inc. and any of its openings?

Advertisement From: \_\_\_\_\_

Friend  Relative  Work Force Development  Internet  Other \_\_\_\_\_

West Side Salvage Employee \_\_\_\_\_ Tractor #: \_\_\_\_\_

Names of Friends Employed by West Side Salvage \_\_\_\_\_ Names of Relatives Employed by West Side Salvage \_\_\_\_\_

Are you available to work weekends?  Yes  No Are you available to work holidays?  Yes  No

Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation?  Yes  No

If no, please explain: \_\_\_\_\_

If offered a position, is there anything that would interfere with your regular attendance and punctuality  No  Yes If yes, please explain: \_\_\_\_\_

If offered an invitation, date available to attend Orientation: \_\_\_\_\_

West Side Salvage, Inc. is an equal opportunity employer. It is our policy to provide and promote equal employment opportunity to all employees and applicants for employment in accordance with all Federal, state and local laws and regulations governing personnel activities. No person will be discriminated against in employment because of race, color, creed, religion, sex, national origin, age, ancestry, disability, veteran status or any other protected class.

## Education & Training

Circle Highest Grade/Year Completed	10	High School 11    12	Technical/Vocational 1    2    3    4	College 1    2    3    4	Graduate School 1    2    3    4
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	School Name	Location (City/State)	Graduated Yes or No	Course • Diploma/Degree or Certificates Earned	Dates Attended or Year Graduated
High School (Indicate GED if applicable)					
College					
Correspondence • Night School					
Technical • Business • Vocational (Include copy of certification)					

**MILITARY SERVICE:** Have you served in the U.S. Armed Service?  No  Yes If yes, which branch? \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Describe any job related training or experience in the military: \_\_\_\_\_

**DRIVING AND/OR TECHNICAL SCHOOL:** List any driving or technical schools attended and include copies of certification:

School Name \_\_\_\_\_ City/State \_\_\_\_\_ Graduation Date \_\_\_\_\_ Phone # (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

**OTHER TRUCKING OR SALVAGEATION EXPERIENCE:** Describe any other experience, skills, specialized courses, training, seminars, apprenticeships or other qualifications or skills you believe should be considered by West Side Salvage in evaluating your qualifications for employment as a Driver:

\_\_\_\_\_  
 \_\_\_\_\_

Courses and/or Training not shown elsewhere in this application:

\_\_\_\_\_  
 \_\_\_\_\_

## Additional Information

The best kind of Driver (Fleet) Manager for me is: \_\_\_\_\_

I don't like it when the Company and/or my Driver Manager: \_\_\_\_\_

As a Driver I would describe customer service to mean: \_\_\_\_\_

A truly professional Driver would be described as one who: \_\_\_\_\_

What are your employment expectations? \_\_\_\_\_

How long is a fair time to give a new company a chance to meet your employment expectations? \_\_\_\_\_ Explain why \_\_\_\_\_

## Unemployment History

D.O.T regulations required drivers to provide their **employment records** for the past ten years. This section allows you to list any **unemployment periods (not working)**, starting with your most recent unemployment period. Any periods of unemployment or self-employment **must include** from/start date(s) – to/end dates(s) and you must list a **reason** of why you were unemployed. All dates must be consecutive. **West Side Salvage reserves the unconditional right to contact all listed employers.**

Account for any period of time since leaving school (high school or college) that you were **not working**:

From	To	Reason
Month/Year:	Month/Year:	
Month/Year:	Month/Year:	
Month/Year:	Month/Year:	
Month/Year:	Month/Year:	
Month/Year:	Month/Year:	
Month/Year:	Month/Year:	
Month/Year:	Month/Year:	

## Employment History

### Employer 1

Name of Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (\_\_\_\_\_) - \_\_\_\_\_.  
Street Area Code  
City State Zip Code Starting Rate of Pay: \_\_\_\_\_  
Current or Ending Rate of Pay: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Name and Title of Immediate Supervisor: \_\_\_\_\_ Contact Information: \_\_\_\_\_  
Phone # \_\_\_\_\_

While employed at this company were you subject to the Federal Motor Carrier Safety Regulations? Yes No  
Was your job at this company designated as a safety sensitive function in any Department of Transportation regulated mode (Truck, Railroad, Bus or Air) and subject to alcohol and controlled substance testing requirements? Yes No  
Reason for Leaving (if still employed, why do you wish to leave?): \_\_\_\_\_

### Employer 2

Name of Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (\_\_\_\_\_) - \_\_\_\_\_.  
Street Area Code  
City State Zip Code Starting Rate of Pay: \_\_\_\_\_  
Current or Ending Rate of Pay: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Name and Title of Immediate Supervisor: \_\_\_\_\_ Contact Information: \_\_\_\_\_  
Phone # \_\_\_\_\_

While employed at this company were you subject to the Federal Motor Carrier Safety Regulations? Yes No  
Was your job at this company designated as a safety sensitive function in any Department of Transportation regulated mode (Truck, Railroad, Bus or Air) and subject to alcohol and controlled substance testing requirements? Yes No  
Reason for Leaving (if still employed, why do you wish to leave?): \_\_\_\_\_

### Employer 3

Name of Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (\_\_\_\_\_) - \_\_\_\_\_.  
Street Area Code  
City State Zip Code Starting Rate of Pay: \_\_\_\_\_  
Current or Ending Rate of Pay: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Name and Title of Immediate Supervisor: \_\_\_\_\_ Contact Information: \_\_\_\_\_  
Phone # \_\_\_\_\_

While employed at this company were you subject to the Federal Motor Carrier Safety Regulations? Yes No  
Was your job at this company designated as a safety sensitive function in any Department of Transportation regulated mode (Truck, Railroad, Bus or Air) and subject to alcohol and controlled substance testing requirements? Yes No  
Reason for Leaving (if still employed, why do you wish to leave?): \_\_\_\_\_

### Employer 4

Name of Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (\_\_\_\_\_) - \_\_\_\_\_.  
Street Area Code  
City State Zip Code Starting Rate of Pay: \_\_\_\_\_  
Current or Ending Rate of Pay: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Name and Title of Immediate Supervisor: \_\_\_\_\_ Contact Information: \_\_\_\_\_  
Phone # \_\_\_\_\_

While employed at this company were you subject to the Federal Motor Carrier Safety Regulations? Yes No  
Was your job at this company designated as a safety sensitive function in any Department of Transportation regulated mode (Truck, Railroad, Bus or Air) and subject to alcohol and controlled substance testing requirements? Yes No  
Reason for Leaving (if still employed, why do you wish to leave?): \_\_\_\_\_

## Employment History (Continued)

### Employer 5

Name of Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (\_\_\_\_\_) - \_\_\_\_\_  
Street Area Code  
City State Zip Code Starting Rate of Pay: \_\_\_\_\_  
Current or Ending Rate of Pay: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Name and Title of Immediate Supervisor: \_\_\_\_\_ Contact Information: \_\_\_\_\_  
Phone # \_\_\_\_\_

While employed at this company were you subject to the Federal Motor Carrier Safety Regulations? Yes No  
Was your job at this company designated as a safety sensitive function in any Department of Transportation regulated mode (Truck, Railroad, Bus or Air) and subject to alcohol and controlled substance testing requirements? Yes No  
Reason for Leaving (if still employed, why do you wish to leave?): \_\_\_\_\_

### Employer 6

Name of Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (\_\_\_\_\_) - \_\_\_\_\_  
Street Area Code  
City State Zip Code Starting Rate of Pay: \_\_\_\_\_  
Current or Ending Rate of Pay: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Name and Title of Immediate Supervisor: \_\_\_\_\_ Contact Information: \_\_\_\_\_  
Phone # \_\_\_\_\_

While employed at this company were you subject to the Federal Motor Carrier Safety Regulations? Yes No  
Was your job at this company designated as a safety sensitive function in any Department of Transportation regulated mode (Truck, Railroad, Bus or Air) and subject to alcohol and controlled substance testing requirements? Yes No  
Reason for Leaving (if still employed, why do you wish to leave?): \_\_\_\_\_

### Employer 7

Name of Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (\_\_\_\_\_) - \_\_\_\_\_  
Street Area Code  
City State Zip Code Starting Rate of Pay: \_\_\_\_\_  
Current or Ending Rate of Pay: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Name and Title of Immediate Supervisor: \_\_\_\_\_ Contact Information: \_\_\_\_\_  
Phone # \_\_\_\_\_

While employed at this company were you subject to the Federal Motor Carrier Safety Regulations? Yes No  
Was your job at this company designated as a safety sensitive function in any Department of Transportation regulated mode (Truck, Railroad, Bus or Air) and subject to alcohol and controlled substance testing requirements? Yes No  
Reason for Leaving (if still employed, why do you wish to leave?): \_\_\_\_\_

### Employer 8

Name of Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (\_\_\_\_\_) - \_\_\_\_\_  
Street Area Code  
City State Zip Code Starting Rate of Pay: \_\_\_\_\_  
Current or Ending Rate of Pay: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Name and Title of Immediate Supervisor: \_\_\_\_\_ Contact Information: \_\_\_\_\_  
Phone # \_\_\_\_\_

While employed at this company were you subject to the Federal Motor Carrier Safety Regulations? Yes No  
Was your job at this company designated as a safety sensitive function in any Department of Transportation regulated mode (Truck, Railroad, Bus or Air) and subject to alcohol and controlled substance testing requirements? Yes No  
Reason for Leaving (if still employed, why do you wish to leave?): \_\_\_\_\_

**Attach Additional Sheets if Necessary**

**Driving Record & Experience**

List all driver licenses held for the past three (3) years:

State	License Number	Type	Expiration Date

- In accordance with the provisions of the Commercial Motor Vehicle Safety Act of 1986, I hereby certify that I possess only one (1) Commercial Motor Vehicle Driver's License  Yes  No
- Have you ever been denied a license, permit, and/or privilege to operate a motor vehicle?  Yes  No
- Have you ever had any license, permit, and/or privilege suspended or revoked?  Yes  No
- Have you ever been convicted of any crime, misdemeanor or felony?  Yes  No
- Have you ever been convicted of DWI/DUI, reckless or careless driving?  Yes  No
- Do you have any unpaid tickets or outstanding warrants?  Yes  No
- Have you ever tested positive for or refused to take a drug or alcohol test?  Yes  No
- Have you ever been discharged or asked to resign from any employment?  Yes  No

IF THE ANSWER TO ANY QUESTION IS YES, PROVIDE FULL AND COMPLETE DETAILS, INCLUDING CIRCUMSTANCES AND DATE (S):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A conviction record will not necessarily be a bar to employment. Factors such as age at the time of the offense, date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

Driving Experience:

Equipment Type	Trailer Length	Dates			Approximate # of Miles	States Operated
		From	-	To		
Tractor with Flatbed			-			
Tractor with Van			-			
Tractor with Reefer			-			
Tractor with Tank			-			
Tractor with Hopper			-			
Other (Specify)			-			

List Types of Products Hauled: \_\_\_\_\_

Accident Record: (for the past (3) years)

Date	Vehicle Type	Nature of Accident (Head-On; Rear-End; Upset, etc.)	Preventable or Non-Preventable	Fatalities	Injuries	Amount of Property Damages

TRAFFIC CONVICTIONS AND/OR FORFEITURES: List all state truck, car, motorcycle, and so forth, for all moving violations for the past three (3) years.  
If none, write "NONE"

Attached additional sheets if necessary

Date	Location	Charge	If Speeding: MPH Over the Limit	Vehicle Type

## References

**Note: At least three references must be business or professionally related that know your work performance**

<b>1</b>	Name:	Occupation/Business:	Phone Contact #: <input type="checkbox"/> Business: <input type="checkbox"/> Cell: <input type="checkbox"/> Home:
Address:		City/State:	Zip Code:
<input type="checkbox"/> Business <input type="checkbox"/> Personal		Relationship:	How Long Known:

<b>2</b>	Name:	Occupation/Business:	Phone Contact #: <input type="checkbox"/> Business: <input type="checkbox"/> Cell: <input type="checkbox"/> Home:
Address:		City/State:	Zip Code:
<input type="checkbox"/> Business <input type="checkbox"/> Personal		Relationship:	How Long Known:

<b>3</b>	Name:	Occupation/Business:	Phone Contact #: <input type="checkbox"/> Business: <input type="checkbox"/> Cell: <input type="checkbox"/> Home:
Address:		City/State:	Zip Code:
<input type="checkbox"/> Business <input type="checkbox"/> Personal		Relationship:	How Long Known:

<b>4</b>	Name:	Occupation/Business:	Phone Contact #: <input type="checkbox"/> Business: <input type="checkbox"/> Cell: <input type="checkbox"/> Home:
Address:		City/State:	Zip Code:
<input type="checkbox"/> Business <input type="checkbox"/> Personal		Relationship:	How Long Known:

<b>5</b>	Name:	Occupation/Business:	Phone Contact #: <input type="checkbox"/> Business: <input type="checkbox"/> Cell: <input type="checkbox"/> Home:
Address:		City/State:	Zip Code:
<input type="checkbox"/> Business <input type="checkbox"/> Personal		Relationship:	How Long Known:

**Conditions of employment are stated below.**

**Please read carefully before you sign and submit this application to West Side Salvage, Inc.**  
**Direct any questions you may have regarding this statement to the Driver Recruiting Department**

I CERTIFY THAT ALL INFORMATION AND ANSWERS GIVEN BY ME ON THIS APPLICATION, OR ON ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT IF I AM ALREADY EMPLOYED, REGARDLESS OF WHEN OR HOW SUCH INFORMATION IS DISCOVERED.

I understand and agree that nothing contained in this employment application, any accompanying or required documents, or in the granting of an interview is intended to create a contractual relationship, either expressed or implied, between me and West Side Salvage, Inc. for either employment or the provision of any benefits.

I understand that if offered a position with West Side Salvage, Inc., I am subject to a pre-employment drug/alcohol screening as a condition of employment. I understand to be considered for employment I must submit to the collection of a breath alcohol test and/or urine sample by the medical facility chosen by West Side Salvage, Inc. for testing of the presence of alcohol and/or non-prescribed illegal substances. I understand and agree that a positive test result for alcohol and/or non-prescribed illegal substances based upon this drug/alcohol screening, or any refusal to cooperate with or attempt to affect the results of such drug/alcohol screening test will disqualify me from further consideration for employment by West Side Salvage, Inc., or if already employed by West Side Salvage, Inc., be cause for my immediate termination of employment. I understand and agree that if I am hired, I will be subject to drug/alcohol testing under West Side Salvage, Inc.'s Drug-Free Workplace Policy and the Drug and Alcohol Abuse Policy in effect at the time of my employment or as they may change from time to time during my employment.

If I am hired by West Side Salvage, Inc., I agree to abide by any and all of the West Side Salvage, Inc.'s policies, procedures, rules, regulations, and guidelines governing my employment in effect at the time of my hire and thereafter, and as such may change from time to time during my employment and, if applicable, after my employment terminates. I understand and agree that such abiding is a condition of employment. I further understand and agree that West Side Salvage, Inc., and all of its employees, representatives or agents shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, or otherwise change all policies, procedures, rules, regulations, guidelines, documents, compensation, benefits, and/or other terms and conditions of employment from time to time with or without prior notice to me.

In the event I am hired by West Side Salvage, Inc., I further understand and agree that my employment with West Side Salvage, Inc. will be AT WILL, for no specified duration, and may be terminated with or without cause, with or without prior notice, at any time, at the option of either West Side Salvage, Inc. or me. I further understand and agree that no promise, representation, statement, document, policy, procedure, or agreement contrary to the foregoing, whether oral or written, by any employee, representative or agent of West Side Salvage, Inc., at any time, can or will constitute a contract of employment, either expressed or implied, between me and West Side Salvage, Inc. for any length of time or contrary to the foregoing, except as mutually agreed upon in writing between the President, CEO & CFO of West Side Salvage, Inc. and me, and signed by both parties.

I hereby consent and authorize West Side Salvage, Inc., its employees, representatives, agents, entities, vendors, and/or other sources to perform a complete background investigation in accordance with Federal and state laws and regulations, gather, be supplied with and obtain any and all information about me, including any and all statements and information contained in this application and any accompanying or required documents. I understand and agree that information to be obtained or supplied about me includes, without limitation, any and all information related to alcohol and controlled substance testing or refusal of such testing, safety performance history, driver licenses/driving records, training records, general reputation, personal characteristics, mode of living, criminal history, work habits, financial responsibility, job performance, educational background, other experiences, employment and reasons for employment termination and/or any and all other information the Company deems appropriate which may reflect upon my potential for employment. I understand that if West Side Salvage, Inc. requests an investigative consumer report, I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. In so authorizing, I hereby release and hold harmless any and all information providers, including but not limited to any and all persons and organizations, such as employees and representatives of schools, employers, references, courts and anyone else who supplies information about me to West Side Salvage, Inc. and to any of its employees, representatives, agents and vendors, and also release and hold harmless West Side Salvage, Inc., and any and all of its employees, representatives, agents or vendors from any and all liability, claims and damages of whatever kind and nature that could result by reason of providing or obtaining such information, and/or having an employment decision made based on such an investigation and/or utilizing such information to do so.

I understand this application is considered current for three months from the date entered on the first page herein. If I wish to be considered for employment after this period I must complete and submit a new application.

IF YOU ARE A RESIDENT OF ARKANSAS, GEORGIA, PENNSYLVANIA, TEXAS, ILLINOIS, INDIANA, WISCONSIN OR MICHIGAN, YOU MUST LIST YOUR **DATE OF BIRTH** IN ORDER FOR WEST SIDE SALVAGE TO OBTAIN YOUR MOTOR VEHICLE RECORDS (MVR): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

I acknowledge that I have read and understand the above statements, completed this Application, and have signed below willingly and of my own free will.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

