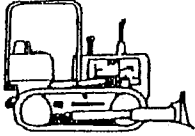


DRIVER APPLICATION ADENDUM
RESIDENCE

Address:				
City:	St.	Zip	How Long?	
Address:				
City:	St.	Zip	How Long?	
Address:				
City:	St.	Zip	How Long?	

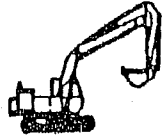
EMPLOYMENT

Last Employer:	_____			
Position held:	_____	[] CDL?	From: _____	To _____
Address:	_____		City: _____	ST: _____
Telephone #:	_____		FAX: _____	
Reason For Leaving:	_____			
Last Employer:	_____			
Position held:	_____	[] CDL?	From: _____	To _____
Address:	_____		City: _____	ST: _____
Telephone #:	_____		FAX: _____	
Reason For Leaving:	_____			
Last Employer:	_____			
Position held:	_____	[] CDL?	From: _____	To _____
Address:	_____		City: _____	ST: _____
Telephone #:	_____		FAX: _____	
Reason For Leaving:	_____			
Last Employer:	_____			
Position held:	_____	[] CDL?	From: _____	To _____
Address:	_____		City: _____	ST: _____
Telephone #:	_____		FAX: _____	
Reason For Leaving:	_____			
Last Employer:	_____			
Position held:	_____	[] CDL?	From: _____	To _____
Address:	_____		City: _____	ST: _____
Telephone #:	_____		FAX: _____	
Reason For Leaving:	_____			
Last Employer:	_____			
Position held:	_____	[] CDL?	From: _____	To _____
Address:	_____		City: _____	ST: _____
Telephone #:	_____		FAX: _____	
Reason For Leaving:	_____			



WTS

WETHERINGTON TRACTOR SERVICE, INC.



(813) 752-4510 • 1-800-754-9557 • Fax: (813) 759-6938
P.O. Box 4199 • Plant City, FL 33563-0020

MVR REQUEST

WTS MUST have your MVR to see eligibility for our insurance.

****Driver MUST go to the Court House to get their Own MVR.**

I _____ give my permission to my employer,
Wetherington Tractor Service, Inc. The right to request and
retain a copy of my MVR anytime, as needed during my
employment.

DL# _____

Signature

Date

*Underground Utilities - CU C053968
Complete Land & Site Development*

EMPLOYER: _____
ADDRESS: _____
CITY, ST: _____
Designated Employer Representative _____
PHONE #: _____ **FAX#:** _____

Drivers Name: _____
I hereby authorize and request
Prior Employer _____
Address: _____
City, ST: _____
Telephone No.: _____ **FAX No.** _____
to release any and all information pertaining to my employment records as required by 49 CFR §391.23 to the above named company. You are released from any and all liability which may result from releasing such information.
Signed: _____ **Date:** _____
Witnessed By: _____ **SSN:** _____

1. §391.(d)(1). The above applicant shows that he/she worked for you. Employment dates from _____ to _____

2. §391.23(d)(2). Did the applicant have any accidents? Yes No

Date	Location City/St	# Injuries	# Fatalities	HM Spill?

3. §391.23(e)(1). Did the driver violate any section of 49 CFR Subpart B?

Did this employee violate:	Yes	No
§382.201 No Alcohol concentration above .04.		
§382.205 No Alcohol use on duty.		
§382.207 No Alcohol use within 4 hours before coming on duty.		
§382.209 No Alcohol use until 8 hours after an accident.		
§382.211 Refusing to submit to testing (Post accident, Random, Reasonable suspicion, or Follow Up test)		
§382.213 No controlled substances use on duty.		
§382.215 Tested positive for controlled substances.		

4. §391.23(e)(2). If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? 49 CFR §382.605/Part 40 Subpart O

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5.	§391.23(e)(3). After completing return-to-duty process, 49 CFR §382.605/Part 40 Subpart O, Did the driver	
1. Test above .04 for alcohol	Yes	No
2. Receive a verified positive controlled substances result		
3. Refuse to be tested		

Previous employer, if you answered "yes" to any item in section 3, you must also transmit a copy / copies of the appropriate documentation (e.g., CCFs, MRO results reports, BATFs, SAP reports, follow-up testing record) to the new employer. (49 CFR Section 40.25)

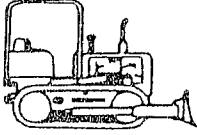
~~As per 49 CFR §391.23(g) After October 29, 2004 previous employers must respond to the above request within 30 days after the request is received.~~

Type of equipment driven <input type="checkbox"/> Straight truck <input type="checkbox"/> Tractor semi-trailer <input type="checkbox"/> Bus Trailer used. <input type="checkbox"/> Van <input type="checkbox"/> Flatbed <input type="checkbox"/> Refrigerated <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Triples <input type="checkbox"/> Doubles
Was the applicant safe and efficient? <input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:

Reason for leaving your employ. Discharged Laid off Resigned Other:

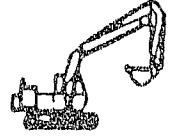
How was the driver in:	EXCELLENT	GOOD	POOR
Quality of work			
Cooperation with others			
Safety Habits			
Personal Habits			
Driving Skills			
Attitude			

Mailed On:	Faxed On:
Verified by Phone Talked to:	
Signature:	Date:



WTS

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(813) 752-4510 • 1-800-754-9557 • Fax: (813) 759-6938
P.O. Box 4199 • Plant City, FL 33563-0020

(Name of applicant/employee)

(Street Address)

(City, State, Zip)

(Date)

WTS, Inc
P.O. Box 4199
Plant City, FL 33564

Dear WTS, Inc.

Consumer reports may be obtained as part of the **WTS, Inc.** evaluation of my job application/ employment. The reports may be procured by **Florida Insurance Group,** Company's insurance coverage or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

Signature of Job Applicant/Employee

Driver's License #

Print Name of Job Applicant/ Employee

State of License/ Expiration Date

Underground Utilities - CU C053968
Complete Land & Site Development

Company

Wetherington Tractor Service, Inc

DRIVER NAME:

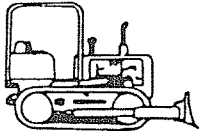
PRIOR 7 DAYS HOURS OF SERVICE

DAY	DATE	Total Hours on Duty
1.		
2.		
3.		
4.		
5.		
6.		
7.		

TOTAL HOURS PAST 7 DAYS:

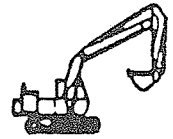
Driver's Signature

Date:



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P.O. Box 4199 • Plant City, FL 33563-0020

JOB DESCRIPTION

If hired by Wetherington Tractor Service, Inc. my duties and job description will include but are not limited to:

Daily lifting and carrying up to 80 pounds

Daily use of a shovel (Lifting dirt, rock, asphalt etc.)

Daily repetitive climbing and bending

Truck drivers description also includes extreme repetitive use of left knee (clutch).

I _____ do not have any physical limitation that could
(Print your name)
interfere with the performance of my duties.

X _____
Signature Date

*Underground Utilities - CU C053968
Complete Land & Site Development*