



CORPORATE OFFICE

3011 Enloe Street, Hudson, WI 54016
Phone 715-386-8836
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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, veteran status, non-job related disability, or any other protected group status.

DRIVERS APPLICATION FOR EMPLOYMENT

INSTRUCTIONS TO APPLICANT: Please print answers to all questions and sign in both places on the last page.

Date of Application Social Security #

Name Last First Middle

Current Address Street City State Zip Code
Phone How Long at this address? yr./mo.

Previous Addresses For past Ten years Street City State Zip Code
Phone How Long at this address? yr./mo.

Street City State Zip Code
Phone How Long at this address? yr./mo.
List additional addresses on a separate page

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 Only)

Emergency Contact Person Phone

Have you worked for this company before? Dates: From to
If not, how long has it been since leaving your last employment?

How did you hear about this company? Advertisement Friend Relative Other
Who referred you? Rate of pay expected

Have you ever been bonded? Name of bonding company
(Answer only if a job requirement)

Have you ever been convicted of a felony?
If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

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

Would you be willing to take a physical examination and pre-employment drug test?

## EMPLOYMENT HISTORY RECORD FOR PAST 10 YEARS

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 10 years. Start with your present or most recent job and work backwards in order. List complete mailing address, street number, city, state, and zip code.

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**Current or Most Recent Employer:** Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Are you presently employed?  Yes  No    May we call your current employer?  Yes  No  
Address (St./City/State/Zip) \_\_\_\_\_ Telephone \_\_\_\_\_  
Position Held \_\_\_\_\_ From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Why do(did) you want to leave? \_\_\_\_\_  
What type of driving exp: \_\_\_\_\_  
Were you subject to FMCSRs+ while employed?  Yes  No  
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40?  Yes  No

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**Second Last Employer:** Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address (St./City/State/Zip) \_\_\_\_\_ Telephone \_\_\_\_\_  
Position Held \_\_\_\_\_ From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Why do(did) you want to leave? \_\_\_\_\_  
What type of driving exp: \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40?  Yes  No

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**Third Last Employer:** Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address (St./City/State/Zip) \_\_\_\_\_ Telephone \_\_\_\_\_  
Position Held \_\_\_\_\_ From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Why do(did) you want to leave? \_\_\_\_\_  
What type of driving exp: \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40?  Yes  No

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**Fourth Last Employer:** Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address (St./City/State/Zip) \_\_\_\_\_ Telephone \_\_\_\_\_  
Position Held \_\_\_\_\_ From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Why do(did) you want to leave? \_\_\_\_\_  
What type of driving exp: \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40?  Yes  No

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**Fifth Last Employer:** Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address (St./City/State/Zip) \_\_\_\_\_ Telephone \_\_\_\_\_  
Position Held \_\_\_\_\_ From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Why do(did) you want to leave? \_\_\_\_\_  
What type of driving exp: \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40?  Yes  No

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**Sixth Last Employer:** Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address (St./City/State/Zip) \_\_\_\_\_ Telephone \_\_\_\_\_  
Position Held \_\_\_\_\_ From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Why do(did) you want to leave? \_\_\_\_\_  
What type of driving exp: \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40?  Yes  No

**DRIVING RECORD / EXPERIENCE**

**LICENSE** (List all drivers licenses / permits held in past five (5) years)

STATE	LICENSE NUMBER	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

C. Have you ever been convicted of a Felony?  Yes  No

D. Have you ever been disqualified to drive by Federal Regulations?  Yes  No

If the answer to any of the above is yes, give details \_\_\_\_\_

**TRAFFIC CONVICTIONS / FORFEITURES**

List all car, truck, etc. moving traffic convictions and forfeitures for the past 3 years (if not, write none)

DATE	LOCATION (STATE)	CHARGE	EXPIRATION DATE	PENALTY

**ACCIDENT RECORD**

List all accidents with truck, car, etc. for past 3 years include preventable and non-preventable (if not, write none)

Date	Type of Vehicle	Nature of Accident (Head-on, RearEnd, Etc.)	Indicate Preventable or Non-Preventable	Fatalities	Injuries	Amount of Property Damage

**DRIVING EXPERIENCE**

Check yes or no

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM		APPROX. NO OF MILES TOTAL
		M/Y TO	M/Y	
Straight Truck	Van Tank Flat Dump Refer			
Tractor and Semi Trailer	Van Tank Flat Dump Refer			
Tractor - Two Trailers	Van Tank Flat Dump Refer			
Tractor - Three Trailers	Van Tank Flat Dump Refer			
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? \_\_\_\_\_

EDUCATION: Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College \_\_\_\_\_

Last School Attended: Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Driving School  Yes  No Graduation Date: \_\_\_\_\_

MILITARY STATUS: Have you served in the US Armed Forces  Yes  No Branch? \_\_\_\_\_

Honorable Discharge?  Yes  No

**Personal/Professional References:**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Phone : \_\_\_\_\_ Best Time to Call: \_\_\_\_\_  
 Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Phone : \_\_\_\_\_ Best Time to Call: \_\_\_\_\_  
 Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Phone : \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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.

I understand that information I provide regarding current and/or previous 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(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR COMPANY USE**

**PROCESS RECORD**

Past Employers Contacted: (1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_

Notes on Prospective Employee/References Checked: \_\_\_\_\_  
 \_\_\_\_\_

Applicant Hired \_\_\_\_\_ Applicant Rejected \_\_\_\_\_

Date Employed \_\_\_\_\_ Location Employed \_\_\_\_\_

Signature of Person Doing Hiring: \_\_\_\_\_