

License(s):

State	License Number	Class(es)	Endorsement(s)	Expiration Date
Drivers Licenses held in past 3 years must be shown				

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 disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered yes to A, B, C, attach a statement telling us about it.

Driving Experience:

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Date		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers - LVC's				
Other				

List states operated in during last five years _____

List special courses or training and any driving awards that will help you as a driver _____

Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)

Date(s) of Accident(s)	Nature of accident (Head-on, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures other than parking violations and any disqualifications and driver out of services for the past 3 years (Attach separate sheet of paper if necessary)

Location:	Date:	Charge:	Penalty:

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this year period. (total of 10 Years) 391.21 (B)(10), (11). Start with the **previous or current** position, including military experience, and work backwards. (Attach a separate sheet of paper if necessary)

Current Employer: _____ Supervisor's Name: _____
Street Address: _____ Employed from: _____ To: _____
City, State, Zip code: _____ Reason for leaving: _____
Phone #: _____
During my employment I was subject to the FMCSR: Yes / No I was subject to controlled substance and alcohol testing: Yes / No

Previous Employer: _____ Supervisor's Name: _____
Street Address: _____ Employed from: _____ To: _____
City, State, Zip code: _____ Reason for leaving: _____
Phone #: _____
During my employment I was subject to the FMCSR: Yes / No I was subject to controlled substance and alcohol testing: Yes / No

Previous Employer: _____ Supervisor's Name: _____
Street Address: _____ Employed from: _____ To: _____
City, State, Zip code: _____ Reason for leaving: _____
Phone #: _____
During my employment I was subject to the FMCSR: Yes / No I was subject to controlled substance and alcohol testing: Yes / No

Previous Employer: _____ Supervisor's Name: _____
Street Address: _____ Employed from: _____ To: _____
City, State, Zip code: _____ Reason for leaving: _____
Phone #: _____
During my employment I was subject to the FMCSR: Yes / No I was subject to controlled substance and alcohol testing: Yes / No

Previous Employer: _____ Supervisor's Name: _____
Street Address: _____ Employed from: _____ To: _____
City, State, Zip code: _____ Reason for leaving: _____
Phone #: _____
During my employment I was subject to the FMCSR: Yes / No I was subject to controlled substance and alcohol testing: Yes / No

EMPLOYMENT RECORD

Previous Employer: _____ Supervisor's Name: _____
Street Address: _____ Employed from: _____ To: _____
City, State, Zip code: _____ Reason for leaving: _____
Phone #: _____
During my employment I was subject to the FMCSR: Yes / No I was subject to controlled substance and alcohol testing: Yes / No

Previous Employer: _____ Supervisor's Name: _____
Street Address: _____ Employed from: _____ To: _____
City, State, Zip code: _____ Reason for leaving: _____
Phone #: _____
During my employment I was subject to the FMCSR: Yes / No I was subject to controlled substance and alcohol testing: Yes / No

Previous Employer: _____ Supervisor's Name: _____
Street Address: _____ Employed from: _____ To: _____
City, State, Zip code: _____ Reason for leaving: _____
Phone #: _____
During my employment I was subject to the FMCSR: Yes / No I was subject to controlled substance and alcohol testing: Yes / No

Previous Employer: _____ Supervisor's Name: _____
Street Address: _____ Employed from: _____ To: _____
City, State, Zip code: _____ Reason for leaving: _____
Phone #: _____
During my employment I was subject to the FMCSR: Yes / No I was subject to controlled substance and alcohol testing: Yes / No

Previous Employer: _____ Supervisor's Name: _____
Street Address: _____ Employed from: _____ To: _____
City, State, Zip code: _____ Reason for leaving: _____
Phone #: _____
During my employment I was subject to the FMCSR: Yes / No I was subject to controlled substance and alcohol testing: Yes / No

Previous Employer: _____ Supervisor's Name: _____
Street Address: _____ Employed from: _____ To: _____
City, State, Zip code: _____ Reason for leaving: _____
Phone #: _____
During my employment I was subject to the FMCSR: Yes / No I was subject to controlled substance and alcohol testing: Yes / No

MECHANICAL EXPERIENCE

List all training whether it be formal or on the job: (Attach a separate sheet of paper if necessary)

	Type of Training	Location	Length of Training
Knowledgeable of proper tools and equipment needed to affect repairs and inspections			
Knowledge of truck defects and can identify mechanical components			

List all training whether it be formal or on the job: (Attach a separate sheet of paper if necessary)

	Name	Date(s) of Training	Length of Training	Completed
Manufacturer Sponsored				
Commercial Garage				
Fleet Leasing Company				
Other				

BRAKES

List all training whether it be formal or on the job: (Attach a separate sheet of paper if necessary)

	Type of Training	Location	Length of Training
Understands brake systems			
Knowledge of tools and equipment needed for repair and inspection of brakes			
Has passed Air Brake knowledge and skills test of CDL			

List experience and training either formal or on the job training received (must be a minimum totaling 1 year)

	Name	Date(s) of Training	Length of Training	Completed
Manufacturer Sponsored				
Commercial Garage				
Fleet Leasing Company				
Other				

APPLICANT MUST READ AND SIGN

It is agreed and understood that the employer and/or his agents will investigate my background as required by 49 CFR, § 391.23 of the Federal Motor Carrier Safety Regulations to obtain any and all information pertaining to my employment history. By making application I agree to release employers and/or other persons named herein from any and all liability in regards to the release of any and all information pertinent for the processing of this application. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are required for this job 49 CFR, § 391.31. I also understand that if offered a job, it will be contingent on the results of a physical examination, drug test and the completion of all other documents needed to comply with requirements for the completion of my employment file. I also understand that misrepresentation or omission of information or facts may result in a rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer as well as all Local, State and Federal Laws and Regulations which govern the position.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason. The information provided may be used, and all prior employers may be contacted, for the purpose of investigating the safety performance history information as required by 49 CFR Part 391.23 (d) & (e). You are entitled to due process rights as specified in §391.23(i) regarding information received as a result of these investigations.

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 Signature

FOR OFFICE USE - DO NOT WRITE IN THIS SPACE - PROCESS RECORD

Applicant Hired? Yes No

Date Employed _____ Assigned _____

Position _____

IN CASE OF EMERGENCY NOTIFY: _____ Phone: (____) _____

Address _____

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

	Superior	Good	Fair	Below Average	Written Record on File
Application					
Interview					
Physical Exam					
Past Employment					
Written Exam					
Road Test					
Policy and Traffic Record					

Signature of Interviewer _____ Date _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Position Held: _____

Dismissed _____ Voluntarily Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____

Previous Employment Check

FROM - Prospective Employer

TO - Previous Employer

Company Wisconsin Refrigerated Express LLC

Company: _____

Individual _____

Name: _____

Street 4022 State Hwy 42 Suite 2

Street: _____

City Sheboygan

State WI

Zip code 53083

City: _____ State: _____ Zip: _____

Dear Sir/Madam:

_____ Social Security Nbr: _____ - _____ - _____ has applied to this company
(Driver/Applicant's Name)

for the position of: _____. Your firm is listed by the applicant as a past employer. In response to this inquiry, **the applicant has waived any claim of liability against your Company (and its agents) in regards to the release of this information.** As required by §391.23(g) your response is required within 30 days.

Very Truly Yours,

(Official's Name)

(Title)

WAIVER

(Former Employer)

(Date)

I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability, and fitness, 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 you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

(Applicant's signature)

Witness's Signature)

WAIVER

(Former Employer)

(Date)

I hereby authorize you to release all information - copies of test results from MRO, dates of tests administered - for controlled substance testing and alcohol testing for the preceding 3 year period from ____/____/____ to ____/____/____
Month day year Month day year

_____. I hereby authorize you to release all information on any test results for (Name of person to receive documents) alcohol where test results showed a concentration of 0.04 or greater, verified positive test results for Controlled Substances and any refusals for alcohol and controlled substance testing for the preceding 3 years. I further authorize you to release all information pertaining to any and all training I have received relating to alcohol and controlled substances. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

(Applicant's signature)

(Witness's signature)

1. Dates of employment with your company? From _____ to _____.

2. What kind of work did he/she do?(specify) _____.

If driver/applicant did not operate any Commercial Motor Vehicles or Combinations of 10,001Lbs or more you may stop here:

Cheryl Armstrong SSC Services, Windsor WI

3. Was the driver/applicant subject to the FMCSRs while employed by you?: Yes _____ No _____
4. Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?: Yes _____ No _____.
5. If employed as driver, indicate type of equipment driven: Tractor/Trailer _____; Straight Truck _____ Twin-Trailers _____ Bus _____; Cargo Tank: _____ Other (specify) _____.
6. Was he/she a safe and efficient driver? Yes _____ No _____ Comments: _____.
7. Was applicants CDL/operator's license suspended while in your employ? Yes _____ No _____.
- If so please explain: _____.
8. Did applicant pose any disciplinary problems? Yes _____ No _____. If so please explain: _____.

9. Reason the driver;/applicant left your employ: _____

Traffic Accident/Traffic Convictions/Disqualifications

10. Please list any and all traffic accidents, traffic convictions and disqualifications the driver/applicant had over the time he/she was employed by you up to 3 years.

Accidents pursuant to §390.15(b)(2) and any minor accidents retained as per internal policies: _____

Traffic Convictions: _____

Disqualifications and Driver Out of Services: _____

11. Is there anything in the applicant's history that could suggest he/she may not be trusted to handle Company currency? Yes: _____ No: _____, If yes please explain: _____.

12. Reason for leaving employ: Discharged _____; Resigned _____; Laid Off _____; Military Duty _____; Other _____

13. Would you reemploy this applicant? Yes _____ No _____. If no please explain: _____.

14. Was the driver/applicant in an alcohol/substance abuse program of random picks: Yes ___ No ___;
 If yes, were the results of the last test negative? Alcohol: Yes ___ No ___; Controlled Substances: Yes ___ No ___;
 If No, has the driver/applicant completed the requirements of 49 CFR Part 382.605 or 49CFR part 40, subpart O? Yes ___ No ___
 Do not know: _____;
 Has the driver/applicant had a return to duty test and were the results Negative? Yes ___ No ___;
 Date of the Return to duty Test: _____.
 Has there been any testing violations subsequent to completion of a §382.605 or 49 CFR part 40, subpart O referral?: Yes ___ No ___

15. Any other comments: _____

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Wisconsin Refrigerated Express LLC, Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Wisconsin Refrigerated Express LLC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015