

DRIVER'S APPLICATION FOR EMPLOYMENT

Dear Applicant: Per FMCRS 391.21 (d) Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment history may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. The prospective employer must also notify the driver in writing of his/her due process rights as specified in § 391.23 (i) regarding information received as a result of these investigations. You the applicant have the following rights: (i) The right to review information received by previous employers; (ii) The right to have errors in the information corrected by the previous employer and that previous employer to re-send the correct information to the employer; (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver Applicant
Print Name _____ **Driver Applicant**
Signature _____ Date _____

Company Name: **Wisconsin Refrigerated Express, LLC**
Mailing Address: **P.O. Box 571 Sheboygan, WI 53082-0571**

Applicant Name _____ Phone () _____

Current Address _____
Street City State Zip

If at the above residence less than 3 years, list below all residences for the past 3 years. Attach a separate sheet if necessary.

Previous Address _____
Street City State Zip

Previous Address _____
Street City State Zip

Date of Birth* _____ *Driver only to complete Social Security No. _____
Date of Birth

In Case of Emergency Notify: _____ () _____
Name Phone

Contacts Address: _____
Street City State Zip

Position Applying for: _____ Full Time, Part Time, Temporary
(Circle One)

Have you ever Refused or Tested Positive on a Drug or Alcohol test anywhere you have worked or applied? (Circle One) Yes No

Have you ever worked for this company before? (Circle One) Yes No Dates: _____ - _____

Reason for leaving? _____

Are you currently employed: (Circle One) Yes No If not, how long since last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

School attended: _____
Name Address City State Zip

List special courses of training that will help you as a driver _____

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EMPLOYMENT RECORD Complete all data for EACH last employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past three years. Effective July 1, 1987, they must also show commercial driver employment for the seven years preceding this three year period. Sec. 391.21 (b) (10) (11). Account for any gaps in employment between employers.

Fourth Last Employer:

Name _____ Phone (_____) _____

Address _____
Street City State Zip

Position Held _____ Dates: ____ / ____ / - ____ / ____ / _____

Type Equip. Driven _____ Were you regulated by FMCSA during this job?
Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing?
Yes No

Reasons for Leaving _____

Fifth Last Employer:

Name _____ Phone (_____) _____

Address _____
Street City State Zip

Position Held _____ Dates: ____ / ____ / - ____ / ____ / _____

Type Equip. Driven _____ Were you regulated by FMCSA during this job?
Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing?
Yes No

Reasons for Leaving _____

Sixth Last Employer:

Name _____ Phone (_____) _____

Address _____
Street City State Zip

Position Held _____ Dates: ____ / ____ / - ____ / ____ / _____

Type Equip. Driven _____ Were you regulated by FMCSA during this job?
Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing?
Yes No

Reasons for Leaving _____

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DRIVER EXPERIENCE & QUALIFICATION

LICENSES List all licenses held in the last 3 years.

State	License Number	Type/Endorsements	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

(Circle One)

Do you currently hold more than one valid license? Yes No

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

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

If answered **YES** to any of the above questions, please give details: _____

EXPERIENCE	Class of Equipment	Type (Van, Tank, Etc.)	Dates	
			From	To
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

List states operated in during last five years _____

List safe driving awards held & who presented by _____

Accident Review for past 3 years:				Nature of Accident
Date	City, State	# Fatalities	# Injuries	(Head-on, Rear-end, etc.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Motor Vehicle Laws & Ordinances for the past 3 years other than parking violation:

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant: Read and sign before submitting this application. I understand that the information in this application will be used and that prior employers will be contacted for the purposes of investigating my safety performance history information as required by 391.23 (d)&(e). 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.

Signature of Applicant _____
Date

OFFICE USE ONLY Hire Date: _____ Employment Denial Date: _____ Staff Initials: _____

CONFIDENTIAL

CONSENT/REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS ON PERSPECTIVE EMPLOYEE

Former Employer: _____ Former Employee _____
_____ Former Employee Social Security # _____

Previous employment data is requested, and YOUR response is required under law, CFR 49 Parts 391.23 & 40.25 requires us to inquire, and you to respond in 30 days. The prospective employee has signed, and dated this release for the required data as required. I _____
Date: _____ have given my permission to: **Wisconsin Refrigerated Express, LLC P.O. Box 571 Sheboygan, WI 53082-0571 FAX 920-453-9210** to research my performance, as your past employee (driver).

Date Employed: From _____ to _____

Equipment Operated: Tractor Trlr ___ Strt Truck ___ Van ___ Flat ___ Reefer ___ Bus ___

Type of Operation: Local ___ Over the Road ___ Combination ___

Accident History: Date _____ Type _____ Preventable? Yes ___ No ___
Date _____ Type _____ Preventable? Yes ___ No ___
Date _____ Type _____ Preventable? Yes ___ No ___

Work History Generally, On Time? Yes ___ No ___ Late Without Cause? _____

Ability to Follow Instruction/Directions Generally Good _____ Needs Supervision _____

Eligible for Re-hire? Yes ___ No ___ Comments: _____

391.23 REQUIRES your answers for this CDL Truck Driver to the following Drug/Alcohol Testing data within the last three years:

Did Applicant Ever Test POSITIVE for Drugs? Yes ___ No ___

Did Applicant Ever Test POSITIVE for Alcohol? Yes ___ No ___

Did Applicant Ever REFUSE a Test? Yes ___ No ___

If **YES** to ANY Question Do you know if Applicant was Evaluated by a Substance Abuse Professional? If Applicant was evaluated NAME ADDRESS & PHONE NUMBER OF SAP:

This information will remain confidential and part of our employment clearing records. Please MAIL or FAX this COMPLETED FORM to us at the address listed above. Thank You

Phone check date _____ Number called _____ Spoke with _____