



DRIVER APPLICATION

18480 W. Lincoln Ave

Phone: (262) 786-8280

New Berlin, WI 53146

Fax: (262) 786-0071

An Equal Opportunity Employer

| APPLICANT INFORMATION | | | | | |
|-----------------------|--|--|--|-----------|--|
| FIRST NAME | | MI | | LAST NAME | |
| PHONE # | | EMAIL | | | |
| DATE OF BIRTH | | SOCIAL SECURITY # | | | |
| DATE OF APPLICATION | | DATE AVAIL FOR WORK | | | |
| POSITION APPLIED FOR | | Do you have legal right to work in the United States? Yes No | | | |

PREVIOUS THREE YEARS RESIDENCY

Attach additional sheet if more space is needed

| | | | | | |
|------------------|--------|--|-----------------------|--|-----|
| CURRENT ADDRESS | STREET | | # OF YEARS AT ADDRESS | | |
| | CITY | | STATE | | ZIP |
| MAILING ADDRESS | STREET | | # OF YEARS AT ADDRESS | | |
| | CITY | | STATE | | ZIP |
| PREVIOUS ADDRESS | STREET | | # OF YEARS AT ADDRESS | | |
| | CITY | | STATE | | ZIP |
| PREVIOUS ADDRESS | STREET | | # OF YEARS AT ADDRESS | | |
| | CITY | | STATE | | ZIP |
| PREVIOUS ADDRESS | STREET | | # OF YEARS AT ADDRESS | | |
| | CITY | | STATE | | ZIP |

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFS 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets, if needed.

| STATE | LICENSE # | TYPE/CLASS | ENDORSEMENTS | EXP. DATE |
|-------|-----------|------------|--------------|-----------|
| | | | | |

PREVIOUSLY HELD LICENSES

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |

DRIVING EXPERIENCE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (END DUMP, VAN, FLAT, TANK, ETC.) | DATE FROM | DATE TO | APPROX # OF MILES (TOTAL) |
|------------------------|---|-----------|---------|---------------------------|
| STRAIGHT TRUCK | | | | |
| TRACTOR & SEMI-TRAILER | | | | |
| TRACTOR & 2 TRAILERS | | | | |
| TRACTOR & TANKER | | | | |
| OTHER | | | | |

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none

| DATES (List most recent first) | NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.) | # FATALITIES | # INJURIES | CHEMICAL SPILLS (Y/N) |
|--------------------------------|---|--------------|------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YRS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed. Check this box if none

| DATE CONVICTED (Month/Year) | VIOLATION | STATE OF VIOLATION | PENALTY (Forfeited bond, collateral, and/or points) |
|-----------------------------|-----------|--------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO

If yes, explain:

Has any license, permit, or privilege ever been suspended or revoked? YES NO

If yes, explain:

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. *In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.*

Start with the last or current position, including any military experience, and work backwards (attach separate sheets, if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

| CURRENT (MOST RECENT) EMPLOYER | | | | | | | |
|---|--------|---------------|--|-------------|--------|-------|----|
| NAME | | | | | PHONE | | |
| ADDRESS | STREET | | | | | STATE | |
| | CITY | | | | | ZIP | |
| POSITION HELD | | FROM MO/YR | | TO MO/YR | | | |
| REASON FOR LEAVING | | | | | SALARY | | |
| EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year and reason) | | | | | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? | | | | | | YES | NO |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? | | | | | | YES | NO |

| SECOND (MOST RECENT) EMPLOYER | | | | | | | |
|---|--------|---------------|--|-------------|--------|-------|----|
| NAME | | | | | PHONE | | |
| ADDRESS | STREET | | | | | STATE | |
| | CITY | | | | | ZIP | |
| POSITION HELD | | FROM MO/YR | | TO MO/YR | | | |
| REASON FOR LEAVING | | | | | SALARY | | |
| EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year and reason) | | | | | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? | | | | | | YES | NO |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? | | | | | | YES | NO |

| THIRD (MOST RECENT) EMPLOYER | | | | | | | |
|---|--------|---------------|--|-------------|--------|-------|----|
| NAME | | | | | PHONE | | |
| ADDRESS | STREET | | | | | STATE | |
| | CITY | | | | | ZIP | |
| POSITION HELD | | FROM MO/YR | | TO MO/YR | | | |
| REASON FOR LEAVING | | | | | SALARY | | |
| EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year and reason) | | | | | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? | | | | | | YES | NO |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? | | | | | | YES | NO |

EMPLOYMENT HISTORY (CONTINUED)**FOURTH (MOST RECENT) EMPLOYER**

| | | | | | | | |
|---|--------|--|--|---------------|--------|-----|-------------|
| NAME | | | | | PHONE | | |
| ADDRESS | STREET | | | | STATE | | |
| | CITY | | | | ZIP | | |
| POSITION HELD | | | | FROM MO/YR | | | TO MO/YR |
| REASON FOR LEAVING | | | | | SALARY | | |
| EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year and reason) | | | | | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? | | | | | | YES | NO |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? | | | | | | YES | NO |

FIFTH (MOST RECENT) EMPLOYER

| | | | | | | | |
|---|--------|--|--|---------------|--------|-----|-------------|
| NAME | | | | | PHONE | | |
| ADDRESS | STREET | | | | STATE | | |
| | CITY | | | | ZIP | | |
| POSITION HELD | | | | FROM MO/YR | | | TO MO/YR |
| REASON FOR LEAVING | | | | | SALARY | | |
| EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year and reason) | | | | | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? | | | | | | YES | NO |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? | | | | | | YES | NO |

SIXTH (MOST RECENT) EMPLOYER

| | | | | | | | |
|---|--------|--|--|---------------|--------|-----|-------------|
| NAME | | | | | PHONE | | |
| ADDRESS | STREET | | | | STATE | | |
| | CITY | | | | ZIP | | |
| POSITION HELD | | | | FROM MO/YR | | | TO MO/YR |
| REASON FOR LEAVING | | | | | SALARY | | |
| EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year and reason) | | | | | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? | | | | | | YES | NO |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? | | | | | | YES | NO |

EDUCATION

| School Type | NAME & LOCATION | COURSE OF STUDY | YEARS COMPLETED | GRADUATE | | DETAILS |
|-------------|-----------------|-----------------|-----------------|----------|----|---------|
| | | | | YES | NO | |
| High School | | | | | | |
| College | | | | | | |
| Other | | | | | | |

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

Review the information provided by current/previous employers;

Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

| | | | |
|--------------------------|--|------|--|
| Applicant Signature | | | |
| Applicant Name (printed) | | DATE | |