

DRIVER'S APPLICATION FOR EMPLOYMENT

Dear Applicant: Per FMCSR 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 provided by previous employers; (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and driver cannot agree on the accuracy of the information.

Driver Applicant Printed Name _____ Driver Applicant Signature _____ Date _____

Company Name Wangerin Trucking, Co.

Street Address N7923 Cemetery Road City, State, Zip Stephenson, MI 49887

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* / / *Drivers only to complete Date of Birth Social Security # - -

In Case of Emergency Notify: _____ ()
Name Phone

Contact's Address _____
Street City State Zip

Position Applying for _____ Rate of pay expected? _____

Temporary Part Time Full Time Who referred you? _____

Have you worked for this company before? Yes No Dates: / / - / /

Rate of Pay? _____ Position _____ Reason for Leaving? _____

Have you worked for this company under another name? Yes No _____

(If job requirement) Have you ever been bonded? Yes No Name of bonding Co. _____

List names of relatives working for this company _____

Are you currently employed? Yes No If not, how long since leaving last employment? _____

EDUCATION

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

Last school attended _____
Name Address

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

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EMPLOYMENT RECORD Complete all data for EACH previous 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.

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

Name _____ Phone _____ (____) _____

Address _____
Street City State Zip

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DRIVER EXPERIENCE & QUALIFICATION

LICENSES List all licenses held in the last 3 years.

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

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 Reg's? Yes No

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

EXPERIENCE

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

List states operated in during last five years _____

List safe driving awards held & who presented by _____

Accident Review for past 3 years:

Date	City, State	# Fatalities	# Injuries	Nature of Accident (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 purpose of investigating my safety performance history information as required by 391.21 (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 _____

EMPLOYMENT INQUIRY

Applicant Complete
One for each past employer

I, (printed name) _____, (Social Security #) _____ - _____ - _____ hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed below, to POTENTIAL EMPLOYER. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of .04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

I further authorize my former employer to release my safety performance history information to my prospective employer for investigation purposes as required by FMCSR 391.23, 382.405 (f) & 382.413 (b) for the **3 years preceding this release**. You are released from any and all liability that may result from furnishing such information.

A photocopy of this release shall be as valid as the original.

Past Employer: _____ Contact Name: _____
 Phone #: _____ Fax #: _____
 Address: _____ City, State, Zip: _____
 Applicant Signature: _____ Date: _____

Dear Previous Employer:

The above driver has made application with our Company and states that s/he worked for you from ___/___/___ until ___/___/___ . We appreciate your time completing, in confidence, the information requested below. Please update your company information above if any errors. Use another sheet if necessary. Thank you.

1. Employment dates: ___/___/___ to ___/___/___ 2. Job Title(s): _____

3. Did s/he drive a motor vehicle? Yes No If yes, what type: _____

4. 3-YEAR ACCIDENT HISTORY

Date	City, State	# Fatalities	# Injuries	Tow?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Was s/he a safe & efficient driver? Yes No Explain: _____

6. Reason for leaving your company: Discharged Resignation Lay-off Military Duty Other: _____

7. Was his/her general conduct satisfactory? Yes No Explain: _____

In the **3 years** prior to the employee's dated signature above, for DOT regulated testing did the employee have...

8. Alcohol tests with a result of .04 or higher? Yes No 9. Verified positive drug tests? Yes No

10. Any refusals to be tested? Yes No 11. Other violations of DOT agency drug & alcohol testing regulations Yes No

12. Did a previous employer report a drug and alcohol rule violation to you? Yes No

13. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? Yes No

Uncertain

14. No safety performance history exists for this driver with our Company.

If YES to 12, you must provide the previous employer's report. If you answered YES to 13, you must also forward the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record).

Completed By: _____ Title: _____ Date: _____

Comments: _____

Please return to: Wangerin Trucking, Co. • N7923 Cemetery Road • Stephenson, Michigan, 49887

Phone: (906)753-2235 • Fax: (906)753-9915 • ATTN: Janet