

TRUCK DRIVER APPLICATION FOR QUALIFICATION **South Range, WI 54874**

(Attach a separate sheet of paper if necessary for any additional information requested)

	REVIEW BACKGR	OUND CHECK - Dear Applica hat the information he/she provi	nt: Per FMC	SR 391.21(d) Bef	ore an appl	
employers may be conta motor carrier must also n as a result of these inves employers; (ii) The right the corrected information	cted, for the purpos otify the driver in w stigations. You the a to have errors in the to the prospective	se of investigating the applicant' rriting of his/her due process rigl applicant have the following righ e information corrected by the p motor carrier; (iii) The right to h e driver cannot agree on the acc Driver Applicant	s safety perf hts as specif ts: (i) The rig revious emp ave a rebutta	ormance history ir ied in § <u>391.23(i)</u> ght to review inforr loyer and for that al statement attac	nformation. regarding ir mation prov previous en	The prospective formation received ided by previous nployer to re-send
Printed Name		Signature			Date	
Last, First, Middle Initial						
Name				Phone	()	
Current Address						
	Street		City	State	Zip	Duration
	ence less than 3	years, list below all reside	ences for t	he past 3 year	S.	
Previous:	Street	City		State	Zip	Duration
	Sileei	City				Duration
Email Address	, ,	* Drivers only to		Cell Phone	_()	
Date of Birth*	/ /	complete Date of Birth	Socia	I Security No.	-	-
In Case Of Emergen					()	
		me			Phone	
Have you ever applie	ed with this com	pany before? Yes 🗌 No	If yes,	when?		
Have you ever worke	ed for this comp	any under another name?	Yes 🗌 N	o 🗌 Name?		
		driver or an 🗌 owner oper es, When?	ator? (Che	eck appropriate	e) Ever ap	oplied with this
Are you currently em	ployed?Yes	No If not, how	long since	leaving last er	mploymer	nt?
Date you are availab	le to start work?	How lo	ong are wil	ling to be away	y from ho	me?
List states operated in last 5 years		List safe driv and who pre	•			
How much home		How many miles or		How r	nuch do y	<i>'</i> ou
time will you need		hours are you			t to make	per
when you return? Have you ever been	convicted of a c	<pre> expecting per week? crime? Yes </pre>	ere anv pe		(gross)? against v	ou? Yes No
(A conviction does not auton	natically bar you from ch entry: 1) Is it	employment) (Attach a separate s a conviction or pending ch	sheet of paper	r if necessary)	0 ,	
EDUCATION						
	completed: 1	2 3 4 5 6 7 8 9 1	0 11 12	College: 1 2	234	
	Name		dress			
List special courses o	r training that w	ill help you as a driver				
V5 Alt 12-10						Page 1 of 4

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.

Last Employer:			
Name		Phone ()
Address			
Street	City	State Zip	
Position Held		Dates:	/ / - / /
Type Equip. Driven		Vee 🗖 N	regulated by FMCSA during this job? ⊃ □
Areas Driven In		والمسالية والمستعد وأربعه والمستعدين	a safety sensitive function position subject to DOT abstance & alcohol testing? Yes ☐ No ☐
Reasons for Leaving			
Second Last Employer:			
Name		Phone ()
Address			
Street	City	State Zip	
Position Held		Dates:	/ / - / /
Type Equip. Driven		Were yo Yes □ No	u regulated by FMCSA during this job? \Box
Areas Driven In		بمامعالميني أممنها بسمير	safety sensitive function position subject to DOT bstance & alcohol testing? Yes I No I
Reasons for Leaving			
Third Last Employer:			
Name		Phone ()
Address			
Street	City	State Zip	
Position Held		Dates:	/ / - / /
Type Equip. Driven		Were ⊻ Yes □	you regulated by FMCSA during this job? No □
Areas Driven In			afety sensitive function position subject to DOT tance & alcohol testing? Yes \Box No \Box
Reasons for Leaving			
Fourth Last Employer:			
Name		Phone ()
Address			
Street	City	State Zip	
Position Held		Dates:	/ / _ / /
Type Equip. Driven		Were ⊻ Yes □	you regulated by FMCSA during this job? No \Box
Areas Driven In		Was this job a FMCSA sa regulated controlled subs	afety sensitive function position subject to DOT tance & alcohol testing? Yes No
Reasons for Leaving			

DRIVER EXPERIENCE & QUALIFICATION

LICENSES List all licenses held in the last 3 years. State License Number

Type/Endorsements

Expiration Date

Do you currently hold more than one valid license?				Yes 🗌 No 🗌	
Have you ever be	een denied a lice	ense, permit or privi	lege to operate a mo	otor vehicle?	Yes 🗌 No 🗌
Has any license, permit or privilege ever been suspended or revoked?					Yes 🗌 No 🗌
Have you ever tested positive or refused a pre-employment drug test for a motor carrier that Yes 🗌 No 🗌					Yes 🗌 No 🗌
didn't hire you in	· · ·	-			
Have you ever been disqualified for violations of the Federal Motor Carrier Safety Reg's? Yes 🗌 No 🗌					Yes 🔄 No 🗌
If answered Yes	to any of the ab	ove questions, pleas	se give details:		
Accident Review	w for past 3 yea	ATS: (List none or NA if c	lean record)	Nature of A	Accident
<u>Date</u>	City, State	# Fatalities	<u>s # Injuries</u>	<u># Injuries (Head-on, Rea</u>	
					<u>+</u>
Motor Vehicle L	aws & Ordinan	ces for the past 3 ve	ears other than park	ing violation: (List none o	or NA if clean record)
Location		Date	Charge	Penal	
	_				
EXPERIENCE				Dates	
-		k Etc.)	From/To		
Class of Equipment		Type (van, Tank, Elc.)		11011/10	

Applicant: Read and sign before submitting this application.

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty and reason for non-consideration or subsequent dismissal if hired or denial of authorization to drive. It is also agreed and understood that the motor carrier and his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his/her furnishing such information.

I authorize the motor carrier to access the FMCSA Pre-Employment Screening Program (PSP) to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to 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 that nothing contained in this application or in the granting of any interview or a road test is intended to create an employment contract between this company and myself, for either employment, authorization to drive, or for the providing of any benefits. I agree to furnish such additional information that may be necessary and complete such examinations as may be required to complete my application file including but not limited to a pre-employment negative urine test and successful completion of a human performance evaluation including a Department of Transportation Physical. No promises regarding employment or authorization to drive have been made to me, and no such promises exist unless specifically made by this Company in writing. It is agreed and understood that if qualified, hired, or contract started, I may be on a probationary period during which time I may be disqualified without recourse. I understand employment or authorization to drive with this carrier is on an "at-will" basis that allows me to quit, be fired, or lease agreement revoked at any time with or without notice and with or without cause. 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.

DISCLOSURE STATEMENT

Applicant: Read and sign <u>before</u> submitting this application.

By this document, Northern Interstate Construction, Inc. (NIC) discloses to you that a consumer report, including an investigative report containing information as to your character, general reputation, personal characteristics, driving record, and mode of living may be obtained as part of a background investigation as part of the NIC's driver qualification process. Should an investigation consumer report be requested you have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to signify receipt of the foregoing disclosure.

Applicant's Printed Name	Applicant's Signature	Date	

OFFICE USE ONLY Hire Date:

Employment Denial Date:

Staff Initials: