



# DRIVER'S APPLICATION FOR EMPLOYMENT

11815 W. Bradley Road  
Milwaukee, WI 53224  
Phone: 414-359-0700  
Fax: 414-359-9044

(answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 10 years.

Current Address \_\_\_\_\_

Street _____	City _____	Phone _____	How Long? _____
State _____	Zip Code _____		How Long? _____
Street _____	City _____	State & Zip _____	How Long? _____
Street _____	City _____	State & Zip _____	How Long? _____
Street _____	City _____	State & Zip _____	How Long? _____

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied

\_\_\_\_\_  
If yes, explain if you wish \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain \_\_\_\_\_

## EMPLOYMENT HISTORY

EMPLOYER			DATE			
Name			From		From	
Address			Mo.	Yr.	Mo.	Yr.
City	State	Zip	Position Held			
Contact Person		Phone Number	Salary/Wage			
Where you subject to the FMCSRs† while employed?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?*			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
			Reason for Leaving			

EMPLOYER			DATE			
Name			From		From	
Address			Mo.	Yr.	Mo.	Yr.
City	State	Zip	Position Held			
Contact Person		Phone Number	Salary/Wage			
Where you subject to the FMCSRs† while employed?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?*			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
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Name			From		From	
Address			Mo.	Yr.	Mo.	Yr.
City	State	Zip	Position Held			
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Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?*			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
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Address			Mo.	Yr.	Mo.	Yr.
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			Reason for Leaving			

EMPLOYER			DATE			
Name			From		From	
Address			Mo.	Yr.	Mo.	Yr.
City	State	Zip	Position Held			
Contact Person		Phone Number	Salary/Wage			
Where you subject to the FMCSRs† while employed?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?*			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
			Reason for Leaving			

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Accident record for the past 3 years or more (attach sheet if more space is needed) if none, write none.

Dates	Nature of Accident (head on, etc.)	Fatalities	Injuries
Last Accident _____			
Next Previous _____			
Next Previous _____			

Traffic Convictions and forfeitures for the past 3 years (other than parking violations) if none, write none.

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

### EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended \_\_\_\_\_

Name

City

### EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	State	License No	Type	Expiration Date

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 \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

### DRIVING EXPERIENCE

(IF NONE, WRITE NONE)

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Number of Miles (total)
		From	To	
Straight Truck _____				
Tractor and Semi-Trailer _____				
Tractor-Two Trailers _____				
Other _____				

List the states operated in for the last five years \_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation or other experience that may help in your work for this company \_\_\_\_\_

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List courses and training other than shown elsewhere in this application \_\_\_\_\_

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List special equipment or technical materials you can work with (other than those already shown) \_\_\_\_\_

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### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 understand, also, that I am required to abide by all rules and regulations of the Company. I understand that information I provide regarding current and/or previous 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(d) and (e). I understand I have the right to: Review information provided by previous employers; have errors in the information corrected by previous employers and for those previous employers to re-send 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.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

