

DRIVER'S APPLICATION FOR EMPLOYMENT

Milwaukee Delivery Service Inc.
761 North Parkway
P.O. Box 149
Jefferson, WI. 53549
(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, or non-job related disability.

Date of Application _____

Position(s) applied for _____

Name _____ Social Security No. _____
Last First MI

List your addresses of residency for the last 3 years

Current Address _____
Street City

State Zip Code Phone How Long

Previous Addresses _____
Street City State & Zip Code How Long

Street City State & Zip code How Long

Do you have a legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

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 function of the job for which you have applied [as described in the attached job description]?

If yes, explain if _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in interstate or intrastate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER	DATE	
Name _____	From: _____	To: _____
Address _____	Position Held _____	
City _____ State _____ Zip _____	Salary/wage _____	
Contact Person _____	Phone Number _____	Reason for leaving _____
<hr/>		
Name _____	From: _____	To: _____
Address _____	Position Held _____	
City _____ State _____ Zip _____	Salary/wage _____	
Contact Person _____	Phone Number _____	Reason for leaving _____
<hr/>		
Name _____	From: _____	To: _____
Address _____	Position Held _____	
City _____ State _____ Zip _____	Salary/wage _____	
Contact Person _____	Phone Number _____	Reason for leaving _____
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Name _____	From: _____	To: _____
Address _____	Position Held _____	
City _____ State _____ Zip _____	Salary/wage _____	
Contact Person _____	Phone Number _____	Reason for leaving _____
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Name _____	From: _____	To: _____
Address _____	Position Held _____	
City _____ State _____ Zip _____	Salary/wage _____	
Contact Person _____	Phone Number _____	Reason for leaving _____
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Name _____	From: _____	To: _____
Address _____	Position Held _____	
City _____ State _____ Zip _____	Salary/wage _____	
Contact Person _____	Phone Number _____	Reason for leaving _____
<hr/>		
Name _____	From: _____	To: _____
Address _____	Position Held _____	
City _____ State _____ Zip _____	Salary/wage _____	
Contact Person _____	Phone Number _____	Reason for leaving _____
<hr/>		
Name _____	From: _____	To: _____
Address _____	Position Held _____	
City _____ State _____ Zip _____	Salary/wage _____	
Contact Person _____	Phone Number _____	Reason for leaving _____
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EXPERIENCE AND QUALIFICATIONS – OTHER

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

List courses and training other than shown elsewhere in this application. _____

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

TO BE READ AND SIGNED BY APPLICANT

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.

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 regulation of the company.

Date

Applicant's signature

RELEASE & DOCUMENTATION OF TESTING INFORMATION BY PREVIOUS EMPLOYER

This form may be used to fulfill the requirement of 382.413, obtaining information from a new driver's previous employer(s) Regarding past drug and alcohol testing results. This information **MUST** be obtained from **ALL** employers of **ALL** new drivers within the preceding two years. It **MUST** be obtained no later than 14 calendar days after the first time a driver performs a safety sensitive function. Send a separate request to each previous employer you may be contacting. After it is completed and signed by a program representative, keep the form in the driver's qualification file.

Date of driver's employment application: ____/____/____

PART 1, TO BE COMPLETED BY THE DRIVER/APPLICANT

I, _____, hereby authorize _____
(Driver/applicant name) (Previous employer/company name)

To release to _____ at _____
(Company contact) (New employer/company name)

(Address) (City, state and zip)

(Phone) (Fax)

Results of any positive controlled substance tests; alcohol tests with a result of 0.04 or greater; evidence of refusal to be tested; and information on any required substance abuse professional (SAP) evaluation, determination of need for assistance, and compliance with SAP recommendations for the preceding two years since December 31, 1994 (December 31, 1995 for employers with less than 50 drivers), whichever is less. I request such records be released immediately. ***This authorization is valid until withdrawn by me in writing.***

Dated this _____ day of _____, 20_____.

(Applicants name printed) (Applicant's signature)

(Social security number) (Witness signature)

PART 2, TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Has this person ever tested positive for controlled substances in the _____ Yes _____ No
Past two years during their employment with your company?

2. Has the person ever had a breath alcohol test with a result of 0.04 or _____ Yes _____ No
Greater in the past 2 years during their employment with your company?

3. Has this person ever refused a required test for drugs or alcohol in _____ Yes _____ No
The past 2 years during their employment with your company?

NOTE: *If yes to any of the above questions, please release any documentation relating to the SAP evaluation, determination, and Compliance, and give the SAP's name, address and phone number for further reference.*

SAP Name _____ SAP Phone: _____

SAP Address: _____

SAP City, State, Zip _____

Name of person releasing information _____ Date: ____/____/____

Signature of person releasing information _____

CERTIFICATE OF VIOLATIONS AND ANNUAL REVIEW

Driver's Name: _____

I. **Certificate of violations:** I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past twelve months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral as a result of any violations required to be listed during the past twelve months

Driver's signature _____ Date _____

Motor Carrier's Name _____ Motor Carrier's Address _____

Reviewer's Signature _____ Title _____

CERTIFICATE OF COMPLIANCE

I. Notice To Drivers

The Commercial Motor vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provisions of the legislation became effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license. A limited exception is made for drivers who are subject to non-resident licensing requirements of any state. This exception does not apply after December 31, 1989.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state which issued the license to that driver of such conviction within 30 days.
3. Any person applying for a job as a commercial driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years in addition to any other required information about the applicant's employment history.
4. Any violation is punishable by a fine not to exceed \$2500.00. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who lose any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification of such action.

II. CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986, which is effective July 1, 1987.

Driver's Name (print) _____ Soc. Sec. # _____

Driver's Address _____

License: State _____ Type/Class _____ ID# _____

I further certify that the above commercial vehicle license is the only one held or that I have surrendered the following licenses to the state indicated:

State _____ Type/class _____ ID# _____

State _____ Type/class _____ ID# _____

Driver's Signature _____ Name _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to:
_____ for purposes for investigation
(Prospective Employer)
as required by section 391.23 of the Federal Motor Carrier Safety Regulations.
You are released from any and all liability, which may result from furnishing
such information.

(DATE) (Applicant's signature)

_____.

Dear Sir/Madam:

The below named individual has made application to this company for the position as _____
_____ and states that he/she was employed by you as _____
_____ From _____ to _____

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience.
Thank you for your courtesy.

Sincerely,

Gary A. Cooper
Operations manager

Name of Applicant: _____ Social Security No: _____

Employed from _____ to _____ as _____ at wage or salary _____

Did he/she a drive motor vehicle for you? _____ Straight truck? _____ - Tractor-semitrailer
_____ Bus? _____ Other? (Specify) _____

Was he/she a safe driver? _____
Reason for leaving your employ: Discharged _____ Resignation _____ Lay off _____
Military Duty _____

Was his/her general conduct satisfactory? _____
Please advise history of past driving record if available for the past three years. _____

_____.

(over)

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, tact, ability				
to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Any other remarks _____.

Signature: _____

Title: _____

Date: _____

