Vern's Cheese Transport LLC

312 W Main Street
Chilton, WI 53014

Driver's Application For Employment

(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_____/_____/_____

Name: _____Social Security#_____

Last First Middle

Address:_____

Street City

_____

State Zip Code Phone

Address _____

for Past Street City State/Zip How Long?

Three Years_____

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?_____

If Yes, Where?_____ Dates: From_____To_____

Rate of Pay?_____ Position You Held?_____

Reason For Leaving?_____

Are You Now Employed?_____ If not, how long since last employment?_____

Who Referred You?_____Rate of Pay Expected_____

Is there any reason you might know of that might inhibit you from performing the tasks related to the position for which you have applied for? _____

If yes, please explain based on what you understand those tasks are. If you need additional space for your response, please attach a supplemental document; _____

_____

Notice to Applicant: **Before you continue in filling out the remainder of this application, we must inform you that the information you have provided so far, and any and all information you are about to disclose, in accordance with 49 CFR part 391.21(b)(10) of the Federal Motor Carrier Safety Regulations (FMCSR's) may be used, and your previous employers "will be" contacted for the purpose of investigating your safety performance history as required by 391.23(d), and 391.23(e) of the FMCSR's. If it has not already been provided for you, please ask for a written copy of your "Due Process Rights" regarding any and all information obtained during the processing of your history as specified in 391.23(i).**

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

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

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

Name	From Mo. Yr. To Mo. Yr.
Address	Position Held
City State Zip	Salary/Wage
Contact Phone	Reason for Leaving
Were you subject to the FMCSRs in this position while employed by this previous employer? ☐ Yes ☐ No §391.21(b)(10)(iv)(A)	Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? §391.21(b)(10)(iv)(B) ☐ Yes ☐ No

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***Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.**

EXPERIENCE AND QUALIFICATIONS—OTHER

Accident record for past (3) years or more (Attach sheet if more space is needed)

Dates	Nature of Accident	Fatalities	Injuries
Last Accident			
Next Previous			

Traffic convictions and forfeitures for the past (3) years (other than parking violations)

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, State

EXPERIENCE AND QUALIFICATIONS – DRIVER

	State	License #	Type	Expiration Date
Driver Licenses				

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 any of the above is yes, attach statement giving details)

Driving Experience—If none, write NONE.

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor-Trailer				
Doubles/Triples				
Other				

List states you 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:_____

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

_____

_____

List courses and training other than that shown elsewhere in this application

_____

_____

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

_____

TO BE READ AND SIGNED BY APPLICANT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety sensitive functions for you until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25 (b)(5) and (e).

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1) Have you ever tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check One: Yes_____ No_____

2) If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?

Check One: Yes_____ No_____

This certifies that I completed this application, and that all entries and information documented by me are true and complete to the best of my knowledge. **By my signature heretofore, I acknowledge having been given by this carrier which has presented me with this application, a statement of my right to due process as outlined by all parts of 49 CFR Part 391.23 of the Federal Motor Carrier Safety Regulations effective October 29, 2004.** Having made this acknowledgment, I therefore authorize you to make such previous employment and background investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary to arrive at a possible employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I understand that false or misleading information given in my application or interviews may result in discharge. I understand also, that I am required to abide by all rules and regulations of the company.

_____ _____

Date Applicant's Signature