

APPLICATION FOR AUTHORIZATION TO DRIVE COMPANY DRIVER



PLAINFIELD TRUCKING, INC.

P.O. Box 306 Plainfield, WI 54966
office: 715-335-6375 fax: 715-335-6011

**Please print plainly in ink and
all blanks must be filled out**

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 the driver cannot agree on the accuracy of the information.

_____ Driver Applicant Printed Name	_____ Driver Applicant Signature	_____ Date
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Date of Application: _____ Home Phone # : () _____

Cell Phone # : () _____

Position applied for: Company Driver
 Full Time Part Time (Specify what days and hours) _____

Name: _____ / _____
First Middle Last Previous names

Address: _____
Street City State Zip How long ?

List previous addresses for past 5 years:

_____ Street City State Zip How long ?

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SS# _____ / _____ / _____ Date of Birth _____ / _____ / _____

Drivers License # _____ State _____ Class _____

If you are applying for a job as a commercial truck driver, in case of emergency, who should we contact?

_____ Name phone number relationship

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How many years of commercial driving experience do you have? _____

Have you ever failed or refused a pre-employment or random drug/alcohol test given by a company where you never accepted employment? Yes No

Have you worked for this company before? Yes No Dates _____

Reason for leaving: _____

Who referred you to Plainfield Trucking, Inc. ? _____
name

EMPLOYMENT RECORD FOR THE PAST TEN (10) YEARS

Begin with your present or most recent job and work backwards in order, listing your employers for at least 10 years including all full and part-time employment. All times must be accounted for including military service, self-employment and periods of unemployment. Use supplementary sheets if necessary. **WE MUST HAVE TELEPHONE NUMBERS.** Account for any gaps between employers.

Are you presently employed? Yes No May we contact your current employer? _____

<i>Previous Employer Dates of Employment From</i> <div style="text-align: center;">/ /</div>
<i>To</i> <div style="text-align: center;">/ /</div>

Name _____ Supervisor _____
 Address _____ Telephone _____
 City _____ State _____ Zip _____
 Position Held _____ Rate of Pay _____
 Average number of miles each week _____ Days out per trip _____

Equipment Driven Straight Truck Cabover Conventional Reefer Van
 Dump Flatbed Tanker Autohauler Doubles Trailer Length : _____ Ft.

Log book required: _____ Approx. number of miles driven for this Employer _____
 Reason for leaving: _____ Quit _____ Fired _____ Layoff _____ Other _____
 Explain Circumstances: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No
 Was this job a FMCSA safety sensitive function as defined by the DOT subject to alcohol and drug testing? Yes No

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ACCIDENTS

Have you been involved in any motor vehicle accidents in past 4 years? If none write "NONE."
 List all accidents, preventable, non-preventable, regardless of \$\$ amount or fault in the past 4 years.

Month/Year	Type of Accident	Type of Vehicle	Location, City, State	\$\$ Amount of Damage	Number of Fatalities	Number of Injuries	Were you ticketed?	Were you at fault?

CARGO CLAIMS

Have you had any cargo claims in the past 4 years? ___ Yes ___ No If none, write "NONE"
 List all claims, preventable, non-preventable, regardless of \$\$ amount or fault in the past 4 years.

Month/Year	Type of Claim	\$\$ Amount of Claim	Expiration Date	Type of Cargo	Were you charged for the claim?

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5 6 7 8
 Check the following that apply: High School Diploma _____ G.E.D. _____
 College Degree _____ None of These _____

List any Truck Driving Schools you have attended, dates of completion, and other safety training:

Please answer the following questions with a “YES” or “NO”

- 1. Are you a U. S. Citizen or otherwise legally authorized to work in this country? ___ Yes ___ No
- 2. Have you ever been convicted of a felony? ___ Yes ___ No
- 3. Is there any reason you might be unable to perform the functions of the job, for which you have applied, (Truck Driver), ie: but not limited to lifting, loading, unloading, minor maintenance, tarping and securement of loads, fueling and driving? ___ Yes ___ No

If yes, explain:

- 4. Have you ever been convicted of driving while intoxicated or driving under the influence of drugs within the last (5) five years? ___ Yes ___ No
- 5. Are you familiar with the Federal Motor Carrier Safety Regulations? ___ Yes ___ No
- 6. Have you ever been denied a bond? ___ Yes ___ No
- 7. Have you ever had your driver’s license suspended or revoked? ___ Yes ___ No
- 8. Do you drink alcohol? ___ Yes ___ No
- 9. Do you currently use drugs illegally? ___ Yes ___ No
- 10. Do you take any Schedule I substance listed in 21 CFR 1308.11? ___ Yes ___ No

LICENSE INFORMATION (YOU MUST HAVE A VALID CDL)

List all licenses held in the past 5 years.

Issuing State	License Number	Type	Expiration Date	Restrictions	Turned In?

Please answer the following questions with a “YES” or “NO”

- 1. Do you currently hold more than one valid license? ___ Yes ___ No
- 2. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ___ Yes ___ No
- 3. Has any license, permit or privilege ever been suspended or revoked? ___ Yes ___ No
- 4. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? ___ Yes ___ No

5. If you answered yes to any of the above questions give details:

DRIVING RECORD

Have you ever been convicted of any traffic violations in the past 4 years? Yes No

List all traffic violations except for parking tickets in the last 4 years. If none write "NONE"

Month/Year	Violation	Type of Vehicle	Location, City, State	Penalty/Fine	Points Assessed

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 or his agents may investigate the applicant's background to ascertain any and all information of concern to the 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 understand that nothing contained in this application or in the granting of an interview or 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. No promises regarding employment or authorization to drive have been made to me, and no such promises exist unless specifically made by Plainfield Trucking, Inc. 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.

Signature of Applicant

Date

Applications are held for 90 days. Applications are considered for position without regard to race, creed, color, sex, religion, age (other than minimum requirements), disability, marital status or origin.

OFFICE USE ONLY

HIRE DATE _____ EMPLOYMENT DENIAL DATE _____ STAFF INITIALS _____

Application for Qualification

Disclosure Statement

Applicant: Read and sign before submitting this application.

By the document _____ 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 for employment purposes as part of the pre-employment background investigation and at any time during your employment. 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 forgoing disclosure.

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 pre-employment negative urine tests and successful completion of a human performance evaluation including a Department of Transportation physical.

Applicant's Printed Name

Applicant's Signature

Date