APPLICATION FOR AUTHORIZATION TO DRIVE **COMPANY DRIVER**

Driver Applicant

Printed Name



PLAINFIELD TRUCKING, Inc.

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

Please print plainly in ink and

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.

name

all blanks m	ust be filled out				The state of the s	•
Date of Application:		Home Phone	#:()			
Cell Phone # : ()			` , ,			
Position applied for:	Company D	Driver				
□ Full Time □		ify what days and hours				
		ny what days and hours	***************************************			
Name:	Middle	Last		Pre	evious names	
Address:						
Street	City	State	Zip	Hov	v long ?	
List previous address	ses for past 5 yea	rc•				
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Str	eet	City	State	Zip	How long ?	
			74444			
St	reet	City	State	Zip	How long?	
SS#//		Date of Birth		/		
Drivers License # 🗕			S	tate	Class	y -
If you are applying for	r a job as a comm	ercial truck driver, i		mergency,	who should we contact?	
Name		phone nun	ıber		relationship	
How many years of co Have you ever failed on never accepted employ Have you worked for t	r refused a pre-er ment? Yes	nployment or rando No			ven by a company wher	e you
Reason for leaving:						
Who referred you to P	lainfield Trucking	g, Inc. ?				

Date

Driver Applicant

Signature

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 TELE-PHONE NUMBERS. Account for any gaps between employers.

Previous El		Supervisor
	Address	Telephone
Employer	,	State Zip
Dates of	■	Rate of Pay
Employment From		Days out per trip
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rom	Average number of miles each week	Days out per trip
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	I Hallinmont Ilrivon Causiala Tanal	Cabover Conventional Reefer Van
•		tohauler Doubles Trailer Length : Ft.

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

Previous	11amc	Supervisor
Employer	Address	Telephone
Dates of	City	State Zip
Employment	Position Held	Rate of Pay
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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 N_0

Previous		Name				_ Superviso	r	
Employer		Address	<u> </u>			Telephone	e	
Dates of		City						
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	en involved	-				s? If none wount or fault		
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 CL lave you had ist all claim Month/Year	d any cargo s, prevental	ble, non-pre	-	egardless of	\$\$ amount	If not t or fault in t Type of Cargo	Were	
EDUCATIO	grade comp		4 5 6 7 8 9 1 School Diplo		G.E.D.	College 1 2 3	45678	
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2. Have you ever been convicted of a felony? 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 mainte nance, tarping and securement of loads, fueling and driving? 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? 5. Are you familiar with the Federal Motor Carrier Safety Regulations? 6. Have you ever been denied a bond? 7. Have you ever had your driver's license suspended or revoked? 8. Do you drink alcohol? 9. Do you currently use drugs illegally? 10. Do you take any Schedule I substance listed in 21 CFR 1308.11? LICENSE INFORMATION (YOU MUST HAVE A VALID CDL) List all licenses held in the past 5 years. Issuing License Type Expiration Restrictions Turned In? Please answer the following questions with a "YES" or "NO" 1. Do you currently hold more than one valid license? Please answer the following questions with a "YES" or "NO" 2. Have you ever been denied a license, permit or privilege to operate a motor vehicle? 3. Has any license, permit or privilege ever been suspended or revoked? Yes]	Please ansv	wer the following	g questions	s with a "YE	S" or "NO"	
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LICENSE INFORMATION (YOU MUST HAVE A VALID CDL) List all licenses held in the past 5 years. Issuing License Type Expiration Restrictions Turned In?	9. D	9. Do you currently use drugs illegally?					
List all licenses held in the past 5 years. Issuing License Number Date Restrictions Turned In?	10. D	10. Do you take any Schedule I substance listed in 21 CFR 1308.11?					
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3. Has any license, permit or privilege ever been suspended or revoked? 4. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes!		o you currently	hold more than one va	lid license?			YesNo
4. Have you ever been disqualified for violations of the Federal Motor Carrier Safety — Yes — I Regulations?	2. Have you ever been denied a license, permit or privilege to operate a motor vehicle?				YesNo		
Regulations?	3. Has any license, permit or privilege ever been suspended or revoked?					YesNo	
5. If you answered yes to any of the above questions give details:		•	en disqualified for viola	tions of the Fe	deral Motor Carri	er Safety	YesNo
	5. If	you answered y	ves to any of the above of	questions give o	letails:		

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 non	e write "N	ONE"

	Violation	Type of Vehicle	Location, City, State	Penalty/Fine	Points Assessed
				, and an analysis of the second	
Applicant: rea	id and sign b	efore submitting	this application	ı	
It is agreed and und	erstood that any m	nisrepresentation given	on this application sh	all be considered an	act of dishonesty
and reason for non-	consideration or su	ıbsequent dismissal if h	ired or denial of auth	orization to drive. It	is also agreed and
	motor carrier of n	us agents may investiga	ue the annucant's bac	korniind ta accertau	n any and all infor.
mation of concern to	o the applicant's re	ecord, whether same is	of record or not and a	pplicant releases em	n any and all infor- ployers and per-
mation of concern to sons named herein f nothing contained in	o the applicant's re From all liability for In this application of	ecord, whether same is or r any damages on accou r in the granting of an	of record or not and a ant of his/her furnishin interview or road test	pplicant releases em ng such information is intended to creat	ployers and per- . I understand that e an employment
mation of concern to sons named herein f nothing contained in contract between thi	o the applicant's re from all liability for a this application o is company and my	ecord, whether same is on account any damages on account and in the granting of an account for either employs	of record or not and a unt of his/her furnishi interview or road test ment, authorization to	pplicant releases em ng such information is intended to create drive or for the pro	ployers and per I understand that e an employment oviding of any bene
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HIRE DATE _____ STAFF INITIALS ____

Application for Qualification

Disclosure Statement

Applicant: Read and sign before submitting this application.

By the document		discloses to you that a con-
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	Applicant's Signature	3
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