

APPLICATION FOR EMPLOYMENT OF C.M.V. DRIVERS

Company Name: **Push Inc.**

Street Address: **2170 18th St**

City, State, Zip Code: **Rice Lake, WI 54868**

Date: _____

Name _____ Phone(____) _____
First Middle Last

Social Security No. _____ - _____ - _____ Date of Birth: ____/____/____
Month Day Year

List all addresses for the past 3 years below (Attach a separate sheet if necessary):

Current: Address _____
Street City State Zip Code

Street City State Zip Code

Street City State Zip Code

Position applying for _____ Temporary ___ Part Time ___ Full Time ___ Rate of pay desired _____

Are you currently employed? _____ If not, how long since leaving last employment _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

GENERAL

Have you ever been bonded? _____ Name of Company _____

Have you ever been convicted of a felony? _____

If yes, please explain on a separate sheet of paper. Conviction of a crime does not disqualify you for employment. All applicants will be considered on a equal basis.

Pre-Employment Urinalysis Test Notification

The Federal Motor Carrier Safety Regulations, Section 382.201 - - pre-employment testing requirements, apply to driver-applicants of this company for controlled substances.

As a condition of my employment, I agree to the urine sample collection for controlled substance testing. I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company. The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company. My written authorization is required for the Urinalysis and Test results to be given to other parties. I have read and understand the above conditions for the Pre-Employment Urinalysis test Notification.

WITNESSED BY: _____
APPLICANT'S SIGNATURE MONTH DAY YEAR

COMPANY REPRESENTATIVE'S SIGNATURE MONTH DAY YEAR

License(s):

Drivers Licenses held in past 3 years must be shown	State	License Number	Class(es)	Endorsement(s)	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 _____
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered yes to A, B, C, attach a statement telling us about it.

Driving Experience:

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Date		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers - LVC's				
Other				

List states operated in during last five years _____

List special courses or training and any driving awards that will help you as a driver _____

Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)

Date(s) of Accident(s)	Nature of accident (Head-on, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures other than parking violations and any disqualifications and driver out of services for the past 3 years (Attach separate sheet of paper if necessary)

Location:	Date:	Charge:	Penalty:

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this year period. **(total of 10 Years)** 391.21 (B)(10), (11). Start with the **previous or current** position, including military experience, and work backwards. (Attach a separate sheet of paper if necessary)

Current Employer: _____ Supervisor's Name: _____

Street Address: _____ Employed from: _____ To: _____

City, State, Zip code: _____ Reason for leaving: _____

Phone #: _____

During my employment I was subject to the FMCSR: Yes / No I was subject to controlled substance and alcohol testing: Yes / No

Previous Employer: _____ Supervisor's Name: _____

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City, State, Zip code: _____ Reason for leaving: _____

Phone #: _____

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MECHANICAL EXPERIENCE

List all training whether it be formal or on the job: (Attach a separate sheet of paper if necessary)

	Type of Training	Location	Length of Training
Knowledgeable of proper tools and equipment needed to affect repairs and inspections			
Knowledge of truck defects and can identify mechanical components			

List all training whether it be formal or on the job: (Attach a separate sheet of paper if necessary)

	Name	Date(s) of Training	Length of Training	Completed
Manufacturer Sponsored				
Commercial Garage				
Fleet Leasing Company				
Other				

BRAKES

List all training whether it be formal or on the job: (Attach a separate sheet of paper if necessary)

	Type of Training	Location	Length of Training
Understands brake systems			
Knowledge of tools and equipment needed for repair and inspection of brakes			
Has passed Air Brake knowledge and skills test of CDL			

List experience and training either formal or on the job training received (must be a minimum totaling 1 year)

	Name	Date(s) of Training	Length of Training	Completed
Manufacturer Sponsored				
Commercial Garage				
Fleet Leasing Company				
Other				

APPLICANT MUST READ AND SIGN

It is agreed and understood that the employer and/or his agents will investigate my background as required by 49 CFR, § 391.23 of the Federal Motor Carrier Safety Regulations to obtain any and all information pertaining to my employment history . By making application I agree to release employers and/or other persons named herein from any and all liability in regards to the release of any and all information pertinent for the processing of this application. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are required for this job 49 CFR, § 391.31. I also understand that if offered a job, it will be contingent on the results of a physical examination, drug test and the completion of all other documents needed to comply with requirements for the completion of my employment file. I also understand that misrepresentation or omission of information or facts may result in a rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer as well as all Local, State and Federal Laws and Regulations which govern the position.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason. The information provided may be used , and all prior employers may be contacted, for the purpose of investigating the safety performance history information as required by 49 CFR Part 391.23 (d) & (e). You are entitled to due process rights as specified in §391.23(i) regarding information received as a result of these investigations.

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.

_____ Date _____ Applicant Signature _____

FOR OFFICE USE - DO NOT WRITE IN THIS SPACE - PROCESS RECORD

Applicant Hired? _____ Yes _____ No

Date Employed _____ Assigned _____

Position _____

IN CASE OF EMERGENCY NOTIFY: _____ Phone:(_____) _____

Address _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Written Record on File
Application					
Interview					
Physical Exam					
Past Employment					
Written Exam					
Road Test					
Policy and Traffic Record					

Signature of Interviewer _____ Date _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Position Held: _____

Dismissed _____ Voluntarily Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____

Driver Rights Regarding the Investigative Information

49 CFR 391.23 provisions drivers rights regarding the investigative information provided to prospective employers . As a driver you have the following rights:

1. The right to review information provided by previous employers,
2. 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:
3. 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.

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer received the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records received must send the request for the correction to the previous employer that provided the records to the prospective employer. The previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance of the driver's safety history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

Driver's wishing to rebut information in records received must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history. Within 5 business days of receiving a rebuttal from a driver, the previous employer must:

1. Forward a copy of the rebuttal to the prospective motor carrier employer,
2. Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement,

The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction. The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at §386.12.

No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against:

1. A motor carrier investigating the information of an individual under consideration for employment as a commercial motor vehicle driver,
2. A person who has provided such information; or
3. The agents or insurers of a person , except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

The protections of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

Records regarding the safety performance history is required to be maintained by the motor carrier of a new or prospective driver in a secure location with controlled access. This data must only be used for the hiring decision.

I have read and understand my right of due process relating to the investigative information of the safety performance history.

Driver's Name: _____ **Driver's Signature:** _____
(print)

Motor Carrier **Push Inc.** _____ Date: _____

