

This is an example driver employment application. Carriers do not need to use this exact form, but must have a completed and signed employment application for all drivers that contains the information listed in [49 CFR 391.21](#).

## DRIVER EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Check One

(for office use ONLY)

|  |               |                           |          |   |
|--|---------------|---------------------------|----------|---|
|  | Company Name: | Town & Country Sanitation | Address: | 104 Park St (PO Box 7) Boscobel, WI 53805   |
|  | Company Name: | Peterson Sanitation       | Address: | 104 Park St (PO Box 276) Boscobel, WI 53805 |

**COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.**

### APPLICANT INFORMATION

|                     |  |                      |                   |                   |                         |
|---------------------|--|----------------------|-------------------|-------------------|-------------------------|
| FIRST NAME          |  | MIDDLE NAME          |                   | LAST NAME         |                         |
| PHONE               |  |                      | EMAIL             |                   |                         |
| DATE OF BIRTH       |  |                      | SOCIAL SECURITY # |                   |                         |
| DATE OF APPLICATION |  | POSITION APPLIED FOR |                   | DESIRED SALARY \$ | DATE AVAILABLE FOR WORK |

|  |   |
|--|---|
| Do you have legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO | If no, are you authorized to work in the US? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you ever worked for this company? <input type="checkbox"/> YES <input type="checkbox"/> NO                | If so, when?  |
| Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO             | If yes, explain.  |

### PREVIOUS THREE YEARS RESIDENCY

*Attach additional sheet if more space is needed*

|          | STREET | CITY | STATE | ZIP CODE | # OF YEARS AT ADDRESS |
|----------|--------|------|-------|----------|-----------------------|
| CURRENT  |        |      |       |          |                       |
| MAILING  |        |      |       |          |                       |
| PREVIOUS |        |      |       |          |                       |
| PREVIOUS |        |      |       |          |                       |
| PREVIOUS |        |      |       |          |                       |

### LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

| STATE | LICENSE # | TYPE/CLASS | ENDORSEMENTS | EXPIRATION DATE |
|-------|-----------|------------|--------------|-----------------|
|       |           |            |              |                 |

### PREVIOUSLY HELD LICENSES

| STATE | LICENSE # | TYPE/CLASS | ENDORSEMENTS | EXPIRATION DATE |
|-------|-----------|------------|--------------|-----------------|
|       |           |            |              |                 |

### DRIVING EXPERIENCE

| CLASS OF EQUIPMENT     | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATE FROM | DATE TO | APPROX # OF MILES (TOTAL) |
|------------------------|---|-----------|---------|---------------------------|
| STRAIGHT TRUCK         |   |           |         |                           |
| TRACTOR & SEMI-TRAILER |   |           |         |                           |
| TRACTOR & 2 TRAILERS   |   |           |         |                           |
| TRACTOR & TANKER       |   |           |         |                           |
| OTHER                  |   |           |         |                           |

**ACCIDENT RECORD FOR THE PAST 3 YEARS**

Attach additional sheet if more space is needed. Check this box if none

| DATES<br>(List most recent first) | NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.) | # FATALITIES | # INJURIES | CHEMICAL SPILLS<br>(Y/N) |
|-----------------------------------|---|--------------|------------|--------------------------|
|                                   |   |              |            |                          |
|                                   |   |              |            |                          |
|                                   |   |              |            |                          |

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

Attach additional sheet if more space is needed. Check this box if none

| DATE CONVICTED<br>(Month/Year) | VIOLATION | STATE OF VIOLATION | PENALTY (Forfeited bond, collateral and/or points) |
|--------------------------------|-----------|--------------------|--|
|                                |           |                    |  |
|                                |           |                    |  |

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  YES  NO

If yes, explain:

Has any license, permit, or privilege ever been suspended or revoked?  YES  NO

If yes, explain:

**EMPLOYMENT HISTORY**

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.*** Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

**CURRENT (MOST RECENT) EMPLOYER**

|  |  |            |       |          |  |
|--|--|------------|-------|----------|--|
| NAME   |  |            | PHONE |          |  |
| ADDRESS  |  |            |       |          |  |
| POSITION HELD  |  | FROM MO/YR |       | TO MO/YR |  |
| REASON FOR LEAVING   |  |            |       | SALARY   |  |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) |  |            |       |          |  |

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

**SECOND (MOST RECENT) EMPLOYER**

|  |  |            |       |          |  |
|--|--|------------|-------|----------|--|
| NAME   |  |            | PHONE |          |  |
| ADDRESS  |  |            |       |          |  |
| POSITION HELD  |  | FROM MO/YR |       | TO MO/YR |  |
| REASON FOR LEAVING   |  |            |       | SALARY   |  |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) |  |            |       |          |  |

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

| THIRD (MOST RECENT) EMPLOYER  |  |  |            |       |  |
|---|--|--|------------|-------|--|
| NAME  |  |  |            | PHONE |  |
| ADDRESS   |  |  |            |       |  |
| POSITION HELD   |  |  | FROM MO/YR |       | TO MO/YR   |
| REASON FOR LEAVING  |  |  |            |       | SALARY   |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)  |  |  |            |       |  |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  |  |  |            |       | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? |  |  |            |       | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| EDUCATION   |                 |                 |                 |                          |                          |         |
|-------------|-----------------|-----------------|-----------------|--------------------------|--------------------------|---------|
| SCHOOL      | NAME & LOCATION | COURSE OF STUDY | YEARS COMPLETED | GRADUATE                 |                          | DETAILS |
|             |                 |                 |                 | Y                        | N                        |         |
| High School |                 |                 |                 | <input type="checkbox"/> | <input type="checkbox"/> |         |
| College     |                 |                 |                 | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Other       |                 |                 |                 | <input type="checkbox"/> | <input type="checkbox"/> |         |

| OTHER QUALIFICATIONS   |
|--|
| Please list any other qualifications that you have and which you believe should be considered. |
|  |

**PROFESSIONAL REFERENCES**

Please list three professional references.

|           |  |  |  |              |  |
|-----------|--|--|--|--------------|--|
| <b>#1</b> |  |  |  |              |  |
| NAME      |  |  |  | RELATIONSHIP |  |
| ADDRESS   |  |  |  |              |  |
| COMPANY   |  |  |  | PHONE        |  |
| <b>#2</b> |  |  |  |              |  |
| NAME      |  |  |  | RELATIONSHIP |  |
| ADDRESS   |  |  |  |              |  |
| COMPANY   |  |  |  | PHONE        |  |
| <b>#3</b> |  |  |  |              |  |
| NAME      |  |  |  | RELATIONSHIP |  |
| ADDRESS   |  |  |  |              |  |
| COMPANY   |  |  |  | PHONE        |  |

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

|                          |  |      |  |
|--------------------------|--|------|--|
| Applicant Signature      |  | Date |  |
| Applicant Name (printed) |  |      |  |

# Motor Vehicle Record Release and Authorization Form

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to my employer and their insurance agent, whose name and addresses are as follows:

Town & Country Sanitation

104 Park St

PO Box 7

Boscobel, WI 53805

Peterson Sanitation

104 Park St

PO Box 276

Boscobel, WI 53805

**Name and Address of Insurance Agent:**

Coverra Insurance Services

535 Industrial Dr.

Sparta, WI 54646

**This authorization shall continue in effect until revoked, in writing, by the undersigned.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Pre-Employment Screening**

I, \_\_\_\_\_, hereby authorize the release of the following information to Town & Country Sanitation, Inc. /Peterson Sanitation Inc. for purposes of investigation of my background, driving record, pre-employment drug screen and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Town & County Sanitation, Inc. / Peterson Sanitation, Inc. will utilize \_\_\_\_\_ and outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Full Name of Applicant and or Employee (*Print*):

*Last Name* \_\_\_\_\_ *First Name* \_\_\_\_\_ *Middle Name:* \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Driver's License Expiration Date (*mm/dd/yy*): \_\_\_\_\_

Driver's License Class: \_\_\_\_\_

Date of Birth: (*mm/dd/yyyy*): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Applicant and or Employee's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**OFFICE USE ONLY:**

**Background Check:** Pass / Fail

**DL Check:** Pass / Fail

**Drug Screen:** Pass / Fail

**NOTES:**

## Drug & Alcohol Clearinghouse Consent for Limited Queries

**NOTICE TO DRIVER:** The commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382; Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that *only* indicates whether the Clearinghouse has any information about you; it does not release any violation or testing information. Before a motor carrier may request a limited report, they must have your written authorization, per § 382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

**Notice to Motor Carrier:** This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

### **Authorization:**

I, \_\_\_\_\_, hereby authorize Town & Country Sanitation, Inc. and/or Peterson Sanitation, Inc. to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-names motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Section 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 return-to-duty process. (see Section 40.25(b)(5) and (e))

Driver's Name (Printed): \_\_\_\_\_

In accordance with Federal Motor Carrier Regulations Section 40.25(j), the driver must respond to the following questions.

1. Have you 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've successfully completed the DOT return-to-duty requirements?  
Check one:     Yes             No             Not Applicable

I certify that the information provided on this document is true and correct.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3**

|  |   |
|--|---|
| <b>PART 3:</b>   | <b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b> |
| <b>DRUG AND ALCOHOL HISTORY</b>  |   |
| <p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p> <ol style="list-style-type: none"><li>1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li><li>2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li><li>3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li><li>4. Has this person committed other violations of Subpart B of Part 382, or Part 40?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li><li>5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li><li>6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li></ol> <p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p> |   |

|   |  |
|---|--|
| <b>PART 4a:</b>   | <b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b> |
| <p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p> |  |

|  |  |
|--|--|
| <b>PART 4b:</b>  | <b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b> |
| <p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p> |  |

**INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

- PAGE 1 PART 1:** Prospective Employee
  - Complete the information required in this section
  - Sign and date
  - Submit to the Prospective Employer
- PAGE 2 PART 4a:** Prospective Employer
  - Complete the information
  - Send to Previous Employer
- PAGE 1 PART 2:** Previous Employer
  - Complete the information required in this section
  - Sign and date
  - Turn form over to complete SIDE 2 SECTION 3

- PAGE 2 PART 3:** Previous Employer
  - Complete the information required in this section
  - Sign and date
  - Return to Prospective Employer
- PAGE 2 PART 4b:** Prospective Employer
  - Record receipt of the information
  - Retain the form

## RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

**§391.23(i)(2)** 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 thirty (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 receives 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.

|                |  |
|----------------|--|
| <b>PART 1:</b> | <b>COMPLETED BY THE DRIVER/APPLICANT</b> |
|----------------|--|

**TO:**  
 Prospective Employer: \_\_\_\_\_  
 Street/P.O. Box: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Telephone # \_\_\_\_\_

**FROM:**  
 Driver/Applicant: \_\_\_\_\_ Social Security/I.D. # \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Telephone # \_\_\_\_\_

I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.

This information should be:    sent to me at the above address.  
    I will arrange to pick up.

Driver/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M            D            Y

|                |  |
|----------------|--|
| <b>PART 2:</b> | <b>COMPLETED BY THE PROSPECTIVE EMPLOYER</b> |
|----------------|--|

The information must be provided 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 receives the requested safety performance history information.

**Information supplied to:**

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**By:** \_\_\_\_\_ Release Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Signature/person providing information            Telephone #            M            D            Y

**COPY 1 PROSPECTIVE EMPLOYER**