

# Driver's Application for Employment



Please type or print in ink. You must complete the entire application.

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, veteran status, non-job related disability, or any other protected group status.

Date of Application

Name     
Last First M.I.

Social Security Number

Phone Number

E-mail Address

List your addresses of residency for the past 3 years

Current Address	Street	City	State	ZIP	How Long?
Previous Address 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Address 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Address 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Address 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have the legal right to work in the United States?  Yes  No

Date of Birth     
Month Day Year

Can you provide proof of age?  Yes  No

Have you worked for this company before?  Yes  No

If Yes, Where

Date From     
mm dd yyyy

Date To     
mm dd yyyy

Rate of Pay  per

Reason for Leaving

Last Position Held

Are you now employed?  Yes  No

If not, how long since leaving last employment?     
mm dd yyyy

Were you referred to this company?  Yes  No

If Yes, Who

Rate of Pay Expected  per

Is there any reason you might know of that might inhibit you from performing the tasks related to the position for which you are applying?  Yes  No

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)

<input type="text"/>
<input type="text"/>

Have you ever been convicted of a felony?  Yes  No

If yes, please explain fully. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered. (If you need additional space for your response, please attach a supplemental document)

<input type="text"/>
<input type="text"/>

**Notice to Applicant:** Before you continue 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 (FMCSRs), 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 FMCSRs. 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 during the processing of your history as specified in 391.23(l).

### EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

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

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

<b>Employer Name</b>	[ ]						
Address	[ ]		[ ]		[ ]	[ ]	
	<small>Street</small>	<small>City</small>	<small>State</small>	<small>ZIP</small>			
Contact Person	[ ]			Phone Number	[ ]		
Position Held	[ ]						
Date From	[ ]	[ ]	[ ]	Date To	[ ]	[ ]	[ ]
	<small>mm</small>	<small>dd</small>	<small>yyyy</small>		<small>mm</small>	<small>dd</small>	<small>yyyy</small>
Rate of Pay	[ ]	<i>per</i>	[ ]				
Reason for Leaving	[ ]						
Were you subject to the FMCSRs while employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Was your job designated as a safety-sensitive Function in any DOT-regulated mode subject to Alcohol and controlled substances testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>391.21(b)(10)(iv)(B)</small>						

<b>Employer Name</b>	[ ]						
Address	[ ]		[ ]		[ ]	[ ]	
	<small>Street</small>	<small>City</small>	<small>State</small>	<small>ZIP</small>			
Contact Person	[ ]			Phone Number	[ ]		
Position Held	[ ]						
Date From	[ ]	[ ]	[ ]	Date To	[ ]	[ ]	[ ]
	<small>mm</small>	<small>dd</small>	<small>yyyy</small>		<small>mm</small>	<small>dd</small>	<small>yyyy</small>
Rate of Pay	[ ]	<i>per</i>	[ ]				
Reason for Leaving	[ ]						
Were you subject to the FMCSRs while employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Was your job designated as a safety-sensitive Function in any DOT-regulated mode subject to Alcohol and controlled substances testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>391.21(b)(10)(iv)(B)</small>						

<b>Employer Name</b>	[ ]						
Address	[ ]		[ ]		[ ]	[ ]	
	<small>Street</small>	<small>City</small>	<small>State</small>	<small>ZIP</small>			
Contact Person	[ ]			Phone Number	[ ]		
Position Held	[ ]						
Date From	[ ]	[ ]	[ ]	Date To	[ ]	[ ]	[ ]
	<small>mm</small>	<small>dd</small>	<small>yyyy</small>		<small>mm</small>	<small>dd</small>	<small>yyyy</small>
Rate of Pay	[ ]	<i>per</i>	[ ]				
Reason for Leaving	[ ]						
Were you subject to the FMCSRs while employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Was your job designated as a safety-sensitive Function in any DOT-regulated mode subject to Alcohol and controlled substances testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>391.21(b)(10)(iv)(B)</small>						

\* 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.

\* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**EDUCATION**

Highest Grade Completed, 1 – 8  1  2  3  4  5  6  7  8

Highest Grade Completed, High School \_\_\_\_\_

Highest Grade Completed, Secondary \_\_\_\_\_

Last School Attended \_\_\_\_\_

Name

Location

City

State

ZIP

**ACCIDENT RECORD**

Show Accident Record for the past three (3) years or more (Attach sheet if more space is needed). If None, Write None.

	Accident Date (mm/dd/yyyy)	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries	HazMat Spill
Most Recent Accident	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Previous Accident	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Previous Accident	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Show Traffic Convictions and Forfeitures for the past three (3) years or more, Other than parking violations (Attach sheet if more space is needed). If None, Write None.

	Date (mm/dd/yyyy)	Location	Charge	Penalty
Most Recent Violation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Next Previous Violation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Next Previous Violation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**DRIVER LICENSE(S)**

List all Driver Licenses or Permits held in the past three (3) years (Attach sheet if more space is needed).

Issuing State	License Number	Type	Endorsements	Expiration Date (mm/dd/yyyy)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

If yes, please explain fully (If you need additional space for your response, please attach a supplemental document)

<input type="text"/>
<input type="text"/>

Has any license, permit or privilege ever been suspended or revoked?  Yes  No

If yes, please explain fully (If you need additional space for your response, please attach a supplemental document)

<input type="text"/>
<input type="text"/>

**DRIVING EXPERIENCE**

If none, choose no; If other, please explain (Attach sheet if more space is needed).

	Class of Equipment <small>(Check Yes or No)</small>	Type of Equipment <small>(Van, Tank, Flat, Dump, Refer, etc.)</small>	Date From <small>(mm/dd/yyyy)</small>	Date To <small>(mm/dd/yyyy)</small>	Approx. No. of Miles <small>(Total)</small>		
Straight Truck	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Tractor & Semi-Trailer	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Tractor & Doubles	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Tractor & Triples	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Other							

List All States Operated in for the last five (5) years

Show special courses or training that will help you as a driver *(If you need additional space for your response, please attach a supplemental document)*

Which safe driving awards do you hold and from whom *(If you need additional space for your response, please attach a supplemental document)*

Show any trucking, transportation, or other experience that may help you in your work for this company *(If you need additional space for your response, please attach a supplemental document)*

List any courses and/or training other than shown elsewhere in this application *(If you need additional space for your response, please attach a supplemental document)*

List any special equipment or technical materials you can work with other than those already shown *(If you need additional space for your response, please attach a supplemental document)*

Additional Comments

**TO BE READ AND SIGNED BY APPLICANT**

Performance Freight Systems, Inc.  
2040 W. Oklahoma Ave.  
Milwaukee, WI 53215

Applicant's Name: (PRINT)

The prospective employee is required by Sec. 40.25(j) to 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 and/or 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 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 acknowledgement, 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Applicant's Signature:

Date:

\_\_\_\_\_

*Thank you for your interest in Performance Freight Systems, Inc.*

*2040 West Oklahoma Ave. Milwaukee, WI 53215*

*Remit in person to the above address, via fax: (414) 385-5450 (Attn: Sharon Vine), or via email: Sharon Vine at [svine@performancefreight.com](mailto:svine@performancefreight.com).*

Please print your application, sign and remit as stated above. Clicking reset will clear all fields on the application and this action cannot be undone. Thank you for your interest in Performance Freight Systems, Inc.

FOR COMPANY USE

PROCESS RECORDED

Applicant Hired \_\_\_\_\_ Rejected \_\_\_\_\_

Date Employed \_\_\_\_\_ Point Employed \_\_\_\_\_

Department \_\_\_\_\_ Classification \_\_\_\_\_

TERMINATION OF EMPLOYMENT

Date Terminated \_\_\_\_\_ Department Released From \_\_\_\_\_

Dismissed \_\_\_\_\_ Voluntary Quit \_\_\_\_\_ Other \_\_\_\_\_

Termination Report Placed in File \_\_\_\_\_ Supervisor \_\_\_\_\_