



2826 Winter Street - Superior, WI 54880
Phone: 877-389-0080 Fax: 715-395-7866

Note: Please print or type all information

Qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status or non-job related disability.

APPLICATION FOR EMPLOYMENT

Date: _____

APPLICATION MUST BE RENEWED AFTER 90 DAYS.

Name: _____ Social Security No: _____
FIRST MIDDLE LAST

Current Address* _____
STREET CITY STATE ZIP CODE

Phone: (____) _____ Cell Phone: (____) _____ Email Address: _____
AREA CODE AREA CODE

**If at the above residence for less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.*

YOU MUST LIST A STREET ADDRESS IN ADDITION TO ANY P.O. BOX ADDRESS

STREET CITY STATE ZIP CODE

Position Applying for: _____ Casual Part Time Full Time

Who referred you? _____ Rate of pay expected? _____

Have you worked for this company before? Yes No Dates: From _____ To _____ Where? _____
MONTH/YEAR MONTH/YEAR

Reason for leaving _____

Names of any relatives employed by this company _____

Are you currently employed? Yes No If not, how long since leaving last employment? _____

Are you eligible to work in the U.S.? Yes No

EDUCATION

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

Last school attended: _____
NAME ADDRESS

GENERAL

Have you ever been bonded? Yes No Name of employer or bonding company _____

Have you ever been convicted of a felony? Yes No If yes, please explain fully on a separate piece of paper. Conviction of a crime is not an automatic bar to employment--all circumstances will be considered.

Have you ever been known by any other name? Yes No If so, under what name? _____

DRIVING EXPERIENCE AND QUALIFICATION

Date of Birth (month/day/year) _____ **Social Security No.** _____ - _____ - _____
 The Federal Motor Carrier Safety Regulations require that driver applicants state their date of birth (§391.21(b)(2))

Licenses

Drivers Licenses held in the past three years must be shown. (Attach separate sheet if more space is needed.) **If none, write NONE** _____

STATE	LICENSE NO.	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> _____	<input type="checkbox"/> Hazardous <input type="checkbox"/> Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Passenger <input type="checkbox"/> Air Brake	EXPIRATION DATE
CLASS (check one)		ENDORSEMENTS (Check those you now have)		

STATE	LICENSE NO.	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> _____	<input type="checkbox"/> Hazardous <input type="checkbox"/> Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Passenger <input type="checkbox"/> Air Brake	EXPIRATION DATE
CLASS (check one)		ENDORSEMENTS (Check those you now have)		

~IMPORTANT: APPLICANT MUST READ AND ANSWER THE FOLLOWING QUESTIONS~

- 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
- D. Have you ever refused any drug or alcohol test or tested positive for same within the last three years? Yes No

If you answered "yes" to A, B, C, explain here. If "yes" to D, list the company name, telephone # and date(s): _____

Driving Experience

<input type="checkbox"/> Straight Truck				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tank, flat, yard, etc.)	DATES From	To	APPROXIMATE TOTAL MILES
<input type="checkbox"/> Tractor/Semi-Trailer				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tank, flat, yard, etc.)	DATES From	To	APPROXIMATE TOTAL MILES
<input type="checkbox"/> Twin Trailer-LVC's				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tank, flat, yard, etc.)	DATES From	To	APPROXIMATE TOTAL MILES
<input type="checkbox"/> Other				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tank, flat, yard, etc.)	DATES From	To	APPROXIMATE TOTAL MILES

List states operated in during last five years _____

List special courses or training that will help you as a driver (include any T-T driving schools) _____

List driving awards held and who awards were presented by? _____

Accident Review for Past 5 Years (Attach separate sheet of paper if more space is needed) **If none, write NONE** _____

Last Accident	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	FATALITIES	INJURIES
Next Previous	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	FATALITIES	INJURIES
Next Previous	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	FATALITIES	INJURIES

Traffic Convictions and Forfeitures for the past 3 years other than parking violations. If none, write NONE _____

LOCATION	DATE	CHARGE	PENALTY
LOCATION	DATE	CHARGE	PENALTY
LOCATION	DATE	CHARGE	PENALTY

EMPLOYMENT RECORD

List all employers for last **ten (10) years**. Start with last or current position, including military experience, and work back. If unemployed more than 1 month, list as separate item as "unemployed." (Attach a separate sheet of paper if necessary)

Check here if you do **NOT** wish us to contact your current employer at this time.

1. Current Employer: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No
Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

2. Company: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No
Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

3. Company: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No
Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

4. Company: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No
Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

5. Company: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No
Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

6. Company: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No
Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

WAREHOUSE/PLATFORM EXPERIENCE AND QUALIFICATIONS

List types of platform experience and number of years each _____

List platform equipment you can operate (lift truck, etc.) _____

List courses or training in platform work _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of the employment application. It is agreed and understood that the employer or his agents may investigate my background, including criminal record checks, to ascertain any and all information of concern to my employment history, whether same is of record or not. I release employers, supervisors, personal references and all other persons from any liability for providing truthful and accurate responses to any such inquiry. 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 that are pertinent to the job. I also understand that if offered a job, the offer may be conditioned on the results of a physical examination and drug/alcohol tests.

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.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also understand that misrepresentation or omission of information or facts may result in the rejection of my application for employment.

If hired, I agree to abide by all the rules and policies of the employer.

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 and contains no material omissions.

This certifies that I completed this application and that all of the information I have supplied or will supply in this application and associated documents to Vanguard, its affiliates or its agents is a full and complete statement of facts and contains no material omissions. It is understood that if any falsification is discovered, it will constitute grounds for dismissal from employment upon discovery thereof. I also understand that this application is not a contract of employment. I understand that if I am employed I will be an at-will employee and I may voluntarily leave my employment or my employment may be terminated at any time for any reason. I acknowledge that no written or oral statements have been made to or relied upon by me regarding the length of employment or the reasons for which my employment can be terminated.

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

In consideration of this application for employment and during any future employment with this company, I hereby authorize any physician, dentist, hospital, clinic, pharmacy, medical provider, insurance company, or other entity to provide to this company or any representative or agent thereof any and all information which may be requested regarding my physical and/or mental condition. If requested, I authorize same to provide this company or its representative or agent with a photocopy of any and all medical records, bills, and other documentation or materials in their possession pertaining to examination, evaluation, treatment, therapy or rehabilitation rendered by them and to allow this company or any representative or agent thereof or any physician appointed by them to examine any and all records, reports, slides, radiographs, test results or other materials in their possession. I agree that a photocopy of this authorization is as valid as the original.

Date _____ Applicant Signature _____

EMPLOYMENT RECORD (continued)

7. Company _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No
Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

8. Company _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No
Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

9. Company _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No
Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

10. Company _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No
Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

11. Company _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No
Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

12. Company _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No
Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers 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 wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 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 must send the request for the correction to the previous employer that provided the records. After October 29, 2004, 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 the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document

Driver's Signature: _____ Date: _____

Driver Name (Printed): _____