

## APPLICATION FOR QUALIFICATION

**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.

Driver Applicant  
Printed Name

Driver Applicant  
Signature

Date

Company Name **United Liquid Waste Recycling, Inc.**

Street Address **715 Morgan St.** City, State, Zip **Clyman, WI 53016**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Current Address \_\_\_\_\_  
Street City State Zip

If at the above residence less than 3 years, list below all residences for the past 3 years. Attach a separate sheet if necessary.

Previous Address \_\_\_\_\_  
Street City State Zip

Previous Address \_\_\_\_\_  
Street City State Zip

Date of Birth\* / / \* Drivers only to complete Date of Birth Social Security No. - -

In Case Of Emergency Notify: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Phone

Contact's Address \_\_\_\_\_  
Street City State Zip

Position Applying for: \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Temporary  Part Time  Full time  Who referred you? \_\_\_\_\_

Have you worked for this company before? Yes  No  Dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Where? \_\_\_\_\_ Rate of Pay? \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

Have you ever worked for this company under another name? Yes  No  \_\_\_\_\_

(If job requirement) Have you ever been bonded? Yes  No  Name of bonding company \_\_\_\_\_

List names of relatives working for this company: \_\_\_\_\_

Are you currently employed? Yes  No  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

Last school attended \_\_\_\_\_  
Name Address

List special courses or training that will help you as a driver \_\_\_\_\_



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**EMPLOYMENT RECORD** Complete all data for EACH last employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past **three years**. Effective July 1, 1987, they **must also show commercial driver employment for the seven years preceding this three year period**. Sec. 391.21 (b) (10) (11). Account for any gaps in employment between employers.

## Last Employer:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: / / - / /

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job? Yes  No

Areas Driven In \_\_\_\_\_ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes  No

Reasons for Leaving \_\_\_\_\_

## Second Last Employer:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: / / - / /

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job? Yes  No

Areas Driven In \_\_\_\_\_ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes  No

Reasons for Leaving \_\_\_\_\_

## Third Last Employer:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: / / - / /

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job? Yes  No

Areas Driven In \_\_\_\_\_ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes  No

Reasons for Leaving \_\_\_\_\_

## Fourth Last Employer:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: / / - / /

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job? Yes  No

Areas Driven In \_\_\_\_\_ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes  No

Reasons for Leaving \_\_\_\_\_

## APPLICATION FOR QUALIFICATION

### DRIVER EXPERIENCE & QUALIFICATION

**LICENSES** List all licenses held in the last 3 years.

State	License Number	Type/Endorsements	Expiration Date
_____	_____	_____	_____

- Do you currently hold more than one valid license? Yes  No
- Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes  No
- Has any license, permit or privilege ever been suspended or revoked? Yes  No
- Have you ever been disqualified for violations of the Federal Motor Carrier Safety Reg's? Yes  No
- If answered Yes to any of the above questions, please give details: \_\_\_\_\_

### EXPERIENCE

Class of Equipment	Type (Van, Tank, Etc.)	Dates From - To
_____	_____	_____
_____	_____	_____
_____	_____	_____

List states operated in during last five years \_\_\_\_\_

List safe driving awards held & who presented by \_\_\_\_\_

### Accident Review for past 3 years:

Date	City, State	# Fatalities	# Injuries	Nature of Accident (Head-on, Rear-end, etc.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Motor Vehicle Laws & Ordinances for the past 3 years other than parking violation:

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____

***Applicant: Read and sign before submitting this application.***

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty and reason for non-consideration or subsequent dismissal if hired or denial of authorization to drive. It is also agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his/her furnishing such information. I understand that nothing contained in this application or in the granting of any interview or a road test is intended to create an employment contract between this company and myself, for either employment, authorization to driver, or for the providing of any benefits. No promises regarding employment or authorization to drive have been made to me, and no such promises exist unless specifically made by this Company in writing. It is agreed and understood that if qualified, hired or contract started, I may be on a probationary period during which time I may be disqualified without recourse. I understand employment or authorization to drive with this carrier is on an "at-will" basis that allows me to quit, be fired, or lease agreement revoked at any time with or without notice and with or without cause. 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.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY** Hire Date: \_\_\_\_\_ Employment Denial Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

# APPLICATION FOR QUALIFICATION

## DISCLOSURE STATEMENT

*Applicant: Read and sign before submitting this application.*

By this document, United Liquid Waste Recycling, Inc. discloses to you that a consumer report, including an investigative report containing information as to your character, general reputation, personal characteristics, driving record, and mode of living may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigation consumer report be requested you have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to signify receipt of the foregoing disclosure.

I agree to furnish such additional information that may be necessary and complete such examinations as may be required to complete my application file including but not limited to a pre-employment negative urine test and successful completion of a human performance evaluation including a Department of Transportation Physical.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

