

Department of Transportation
Application for a CMV Driver position.

Company Name: TLB Transit INC.
Corporate Address (must match MCS-150 registered address) N5624 County Rd C
City, State, and Zip code Seymour, WI 54180

This DOT application as it meets 391.21. If updating files then use it as an addendum to be attached to the original employment application for all individuals who could be assigned to drive a commercial motor vehicle. A commercial motor vehicle is defined as:

1. The vehicle or combination of vehicles has a gross vehicle rated weight or combination weight rating of more than 10,000 lbs., or
2. The passenger carrying vehicle is designed for more than 8 passengers **for hire**, or
3. The passenger carrying vehicle is designed for more than 15 passengers, or
4. The vehicle is required to be placarded for hazardous materials
 - a. any amount of HM in a bulk tank with a capacity of over 119 gallons or Table 1 material
 - b. any vehicle with over a total of over 1000 lbs. of Table 2 hazardous materials including the weight of the packages.

NAME _____ Phone: _____
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS _____ HOW LONG? _____
(Street) (City) (State & Zip Code)

DATE OF BIRTH _____ SOCIAL SEC. NO. _____

ADDRESS _____ HOW LONG? _____
(Street) (City) (State & Zip Code)

FOR PAST THREE YEARS } ADDRESS _____ HOW LONG? _____
(Street) (City) (State & Zip Code)

(ATTACH SHEET IF MORE SPACE IS NEEDED)
EXPERIENCE AND QUALIFICATIONS--DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR—TWO TRAILERS _____				
OTHER _____				

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 _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

Safety Performance History

REQUEST FOR INFORMATION FROM THE PREVIOUS EMPLOYER

Following the procedures outlined in §40.321(b), I hereby authorize you to release the following Alcohol & Drug Testing information (391.23(d)), and Safety Performance history (391.23(c)), the below listed company. I understand that I have a right to request in writing a review and rebuttal of information provided per (391.23(i)).

Date _____ Driver Signature _____

Mail to:

Address of past employer

Dear Sir/Madam:

The below named person has applied to _____ for a position of _____. He/she has reported that he/she was employed by you as a _____ from _____ to _____. As of 10/29/04, Federal DOT requirements mandate that we ask and that you provide us with the following information (391.23(g)).

Thank you for your time. This information will only be used to assist us in ensuring only safe drivers operate on our highways. Enclosed is a business reply envelope for your convenience.

Sincerely,

Name and address of the requestor

Phone: _____ Fax: _____ E-mail: _____

Name of Applicant: _____ Social Security No. _____ - _____ - _____
 Employed from _____ to _____ as a _____
Position or job description

Type of Equipment operated: _____ Straight Truck? _____ Tractor/Trailer? _____ Bus?

Was the driver involved in any reportable accidents (390.15(b)) & (390.5) in the previous three (3) years.
 _____ No? _____ Yes? *If Yes, please explain* _____

Any other non reportable accidents you wish to comment on _____

Was he/she a safe driver? ___ No ___ Yes Is the driver subject to rehire? ___ No ___ Yes

For CDL drivers only: Part 40.25 requires answers to the following for the previous three (3) years.

Any violations of Section B part 382 (Prohibitions) _____ No ___ Yes

1. Has the driver ever tested for alcohol with a result of .04 BAC or higher _____ No ___ Yes

2. Has the driver ever tested positive from a drug test _____ No ___ Yes

3. Has the driver ever refused to be tested _____ No ___ Yes

4. Has the driver violated any other DOT agency drug and alcohol regulations _____ No ___ Yes

5. If you answered yes to the above questions 1-4, did the driver complete a SAP rehabilitation program? ___ No ___ Yes *If Yes: Care provider's name:* _____ *Phone#* _____

Do you have documentation of the employee's completion? ___ No ___ Yes

Signature: _____ Date: _____
Past employer representative

Name: _____ Title: _____

1st attempt date: _____ 2nd attempt date: _____ 3rd attempt date: _____

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

§ 391.27: Record of violations.

- (a) Except as provided in subpart G of this part, each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the preceding 12 months.
- (b) Each driver shall furnish the list required in accordance with paragraph (a) of this section. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify.
- (c) The form of the driver's list or certification shall be prescribed by the motor carrier. The following form may be used to comply with this section:
- (d) The motor carrier shall retain the list or certificate required by this section, or a copy of it, in its files as part of the driver's qualification file.
- (e) Drivers who have provided information required by § 383.31 of this subchapter need not repeat that information in the annual list of violations required by this section.

Driver Name: _____

Driver's License Number: _____ State of Issue: _____

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

If you have NOT had any violations please check this box.

Date	Offense	Location	Type of vehicle
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violation is listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Driver's Signature: _____ Date: _____

ATTACHED TO AND MADE PART OF APPLICATION FOR EMPLOYMENT

Employee Name: _____

Home Address: _____

Date of Birth: _____

Drivers' License #:

State of License: _____

Expiration Date: _____

In the past sixty (60) months, have you had any types of accident? If yes please provide the accident date and the details involved:

In the past sixty (60) months have you received any traffic citation(s), excluding parking violations? If yes, please provide the date and explain:

If hired, I further understand my driving record will be periodically checked as may be necessary and my continued employment will be contingent upon maintaining an acceptable driving record. I will notify my supervisor of any moving violations as they occur.

If information I have given concerning my driving record proved to be false, (Other than an inability to remember exact date of violations or accidents), I will not be considered for employment.

Signature of Prospective Employee: _____

Date: _____