

# Wisconsin Nationwide Transportation, Inc.

P. O. BOX 356, TWO RIVERS, WI 54241-0356



## DRIVER'S APPLICATION FOR EMPLOYMENT

(Answer all questions – Please Print)

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, or non-job related disability.

Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

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

State	Zip Code	Phone
_____	_____	_____
Address For Past Three Years?	Street City State, Zip	How Long?
_____	Street City State, Zip	How Long?

Do you have the legal right to work in the United States? \_\_\_\_\_ Date of Birth \_\_\_\_\_

Can you provide proof of age? \_\_\_\_\_ Have you worked for this company before? \_\_\_\_\_

If yes, where? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Rate of Pay? \_\_\_\_\_ Position you held? \_\_\_\_\_

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

Are you now employed? \_\_\_\_\_ If not, how long since last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

Is there any reason you might know of that might inhibit you from performing the tasks related to the position for which you have applied for? \_\_\_\_\_

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: \_\_\_\_\_

**Notice to Applicant:** Before you continue in 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 obtained 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.

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

**Note: List employers in reverse order, starting with the most recent. Add another sheet if necessary.**

Name	From Mo.                      Yr.	To Mo.                      Yr.
Address	Position Held	
City                      State                      Zip	Salary/Wage	
Contact                      Phone	Reason for Leaving	
Were you subject to the FMCSRs in this position while employed by this previous employer? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="text-align: right; color: red;">§391.21(b)(10)(iv)(A)</span>	Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="text-align: right; color: red;">§391.21(b)(10)(iv)(B)</span>	

Name	From Mo.                      Yr.	To Mo.                      Yr.
Address	Position Held	
City                      State                      Zip	Salary/Wage	
Contact                      Phone	Reason for Leaving	
Were you subject to the FMCSRs in this position while employed by this previous employer? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="text-align: right; color: red;">§391.21(b)(10)(iv)(A)</span>	Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="text-align: right; color: red;">§391.21(b)(10)(iv)(B)</span>	

Name	From Mo.                      Yr.	To Mo.                      Yr.
Address	Position Held	
City                      State                      Zip	Salary/Wage	
Contact                      Phone	Reason for Leaving	
Were you subject to the FMCSRs in this position while employed by this previous employer? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="text-align: right; color: red;">§391.21(b)(10)(iv)(A)</span>	Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="text-align: right; color: red;">§391.21(b)(10)(iv)(B)</span>	

Name	From Mo.                      Yr.	To Mo.                      Yr.
Address	Position Held	
City                      State                      Zip	Salary/Wage	
Contact                      Phone	Reason for Leaving	
Were you subject to the FMCSRs in this position while employed by this previous employer? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="text-align: right; color: red;">§391.21(b)(10)(iv)(A)</span>	Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="text-align: right; color: red;">§391.21(b)(10)(iv)(B)</span>	

Name	From Mo.                      Yr.	To Mo.                      Yr.
Address	Position Held	
City                      State                      Zip	Salary/Wage	
Contact                      Phone	Reason for Leaving	
Were you subject to the FMCSRs in this position while employed by this previous employer? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="text-align: right; color: red;">§391.21(b)(10)(iv)(A)</span>	Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="text-align: right; color: red;">§391.21(b)(10)(iv)(B)</span>	

\* 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.

## EXPERIENCE AND QUALIFICATIONS - OTHER

Accident record for past three (3) years or more. Attach sheet if more space is needed.

Dates	Nature of Accident	Fatalities	Injuries
Last Accident			
Next Previous			

Traffic convictions for the past three (3) years (other than parking violations).

Location	Date	Charge	Penalty

(Attach a sheet if more space is needed).

## EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8    High School: 1 2 3 4    College: 1 2 3 4

Last School Attended: \_\_\_\_\_  
Name City, State

## EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver Licenses	State	License #	Type	Expiration Date

- 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 any of the above is yes, attach statement giving details)

Driving Experience (if none, write NONE)

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor-Trailer				
Doubles/Triples				
Other				

List states you operated in for the last five years: \_\_\_\_\_

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

Which safe driving awards do you hold and from whom: \_\_\_\_\_

Show any trucking, transportation, or other experience that may help in your work for this company:

\_\_\_\_\_  
 \_\_\_\_\_

List courses and training other than that shown elsewhere in this application:

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List special equipment or technical materials you can work with (other than those already shown):

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## TO BE READ AND SIGNED BY APPLICANT

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

**The prospective employee is required by Sec. 40.25(j) to respond to the following questions.**

1. **Have you ever 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 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 me 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 acknowledgment, 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 that 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.

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Date

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Applicant's Signature

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with \_\_\_\_\_ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize \_\_\_\_\_ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

*LAST UPDATED 12/22/2015*



# Wisconsin Nationwide Transportation, Inc.

## 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 prospective or present employer and its insurance company, whose names and addresses are as follows:

### EMPLOYER

WISCONSIN NATIONWIDE TRANSPORTATION, INC.  
P. O BOX 356  
TWO RIVERS, WI 54241-0356  
920-793-1801

### INSURANCE COMPANY

INTEGRITY MUTUAL INSURANCE  
P.O. BOX 539  
APPLETON, WI 54912-0539  
800-445-3030

This authorization shall continue in effect until revoked by the undersigned in a subsequent writing delivered to Wisconsin Nationwide Transportation, Inc.

PRINTED NAME: \_\_\_\_\_ SS #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_



# Wisconsin Nationwide Transportation, Inc.

## CONSENT FORM FOR PRE-EMPLOYMENT DRUG & ALCOHOL TEST & FMCSA CLEARINGHOUSE LIMITED QUERY

I, \_\_\_\_\_, hereby give my full consent to submit to a substance abuse drug test in accordance with the requirements of the Federal Motor Carrier Safety Regulations, Title 49 CFR Part 40, and this company's Drug & Alcohol Abuse Policy.

I understand that all prospective drivers must submit to a substance abuse drug test and that a urine sample will be collected and tested for controlled substances.

I give my full consent to the release of my substance abuse drug test results to the **WISCONSIN NATIONWIDE TRANSPORTATION, INC.** authorized Medical Review Officer(s), who will then release the audited results to an authorized agent of the **WISCONSIN NATIONWIDE TRANSPORTATION, INC.**

I, \_\_\_\_\_, hereby provide consent to **WISCONSIN NATIONWIDE TRANSPORTATION, INC.** to conduct an initial and/or multiple (over length of employment) limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by **WISCONSIN NATIONWIDE TRANSPORTATION, INC.** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **WISCONSIN NATIONWIDE TRANSPORTATION, INC.** without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for **WISCONSIN NATIONWIDE TRANSPORTATION, INC.** to conduct a limited query of the Clearinghouse, **WISCONSIN NATIONWIDE TRANSPORTATION, INC.** must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

I agree that if I test positive for use of controlled substances, or do not pass my physical examination, or disagree to sign a written authorization for the release of my past 2 years of drug test results, I will not be considered for employment by the **WISCONSIN NATIONWIDE TRANSPORTATION, INC.**

Agreed to: \_\_\_\_\_

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

By: \_\_\_\_\_

*Applicant's Signature*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Printed Applicants Name*

\_\_\_\_\_  
*Home Phone Number*

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Date*





### DISCLOSURE FOR CONSUMER REPORTS

In connection with your employment or owner-operator (independent contractor) application, Wisconsin Nationwide Trans., Inc. may order one or more consumer report(s) (commonly known as "background reports" or "background checks") about you from one or more consumer reporting agencies. If you are hired or engaged as an owner-operator (independent contractor), additional consumer reports may be obtained in connection with and throughout your employment for employment purposes or for the legitimate business purpose of evaluating you as an owner-operator.

To the extent allowed by law, the consumer reports may include information concerning your character, general reputation, personal characteristics, mode of living, drug and alcohol test results, motor vehicle records, driving records, criminal history, public court records, employment history (including names and dates of previous employers, reason for termination of employment, work experience, and accidents), social security number validation, education, licensure, or verification of other information supplied by you. Such reports may be obtained from private and public record sources, including sanctions databases, CDLIS (including but not limited to CDLIS Central Site, CDLIS Master Pointer Record data and your driver record from the jurisdiction identified in the CDLIS data, in accordance with applicable state law and the Driver Privacy Protection Act), former employers, public court records, and federal, state, and other government agencies that maintain such records.

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

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

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

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

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

### AUTHORIZATION FOR CONSUMER REPORTS

I authorize Wisconsin Nationwide Trans., Inc. to obtain one or more consumer report(s) or investigative consumer report(s) about me. If hired or engaged as an owner-operator (independent contractor), I understand this authorization shall remain on file and shall serve as ongoing authorization for additional consumer reports or investigative consumer reports to be obtained from any consumer reporting agency at any time during my employment or contract period without asking me for authorization again.

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

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

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

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

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