WEST BEND TRANSIT & SERVICE CO.

105 Forest Ave. West Bend, WI 53095

VEN HObycontion

the return-to-duty process in accordance with DOT regulations.

APPLICATION FOR EMPLOYMENT

(Answer all questions - please print)

'h Federal and State equal employment opportunity laws, qualified applicants r all positions without regard to race, color, religion, sex, national origin, age, veteran status, non-job related disability, or any other protected group status.

Date of application//
Position(s) Applied for
Name Social Security No
Last First Middle
List your addresses of residency for the past 3 years:
Current Address Street City
· · · · · · · · · · · · · · · · · · ·
State Phone How Long?
Previous Addresses: City State Zip Code How Long?
Street City State Zip Code How Long?
Street City State Zip Code How Long?
Do you have the legal right to work in the United States?
Date of Birth Can you provide proof of age? Yes No (Required for Commercial Drivers)
Have you worked for the company before? C Yes No Where?
Dates: From To Rate of Pay Position
Reason for leaving
Are you now employed? C Yes C No If not, how long since leaving last employment?
Who referred you? Rate of pay expected
Have you ever been bonded? Yes No Name of bonding company (Answer only if a job requirement)
As a prospective employer, we must ask any applicant for a driving position with our company whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, "safety-sensitive transportation work" (driving a commercial motor vehicle) during the past two years.
Yes, I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.
No, I have not tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.
DOT regulations prohibit our utilizing you to perform a "safety-sensitive function" (driving a commercial motor vehicle) if you had a positive test, or a refusal to test, until and unless you provide documents showing successful completion of

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.)

EMPLOYER	DATE
NAME	FROM TO MO. YR. MO. YR.
ADDRESS	A CONTRACT OF THE CONTRACT OF
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
EMPLOYER	DATE
	FROM LTO
NAME ADDRESS AND A	MO. YR. MO. YR. POSITION HELD
ADDRESS	SALARY/WAGE
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^{*}Includes vehicles having 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.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE NATURE OF ACCIDENT OF ACCIDENT						
DATES		(HEAD-ON, REAR-END	, UPSET, ETC.)	FATALITIE	S INJURIES	
LAST ACCIDENT:/	<u> </u>					
NEXT PREVIOUS:/_						
NEXT PREVIUOS:/_						
TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE LOCATION DATE CHARGE PENALTY						
	2588					
SELECT HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4 COLLE						
-	STATE EX	PERIENCE AND QUALIFICA LICENSE NO.	TIONS – DRIVER		EXPIRATION DATE	
DRIVER LICENSES	<u> </u>					
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 DRIVING EXPERIENCE IF NONE, WRITE NONE						
CLASS OF EQUI	IPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM	TO	APPROX. NO. OF MILE (TOTAL)	
STRAIGHT TRUCK						
TRACTOR AND SEMI-TRAILE	EMI-TRAILER					
TRACTOR – TWO TRAILERS	Base - Annual Programmer -					
MOTORCOACH – SCHOOL B	BUS			1		
OTHER				<i>[1]</i>		



RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

		c T and the preceding
§391.23(i)(2)	three years, and wish to review pre- request to the prospective employe thirty (30) days after being employe must provide this information to the If the prospective employer has not then the five-business-days deadlir safety-performance history informa records within thirty (30) days of the carrier may consider the driver to h	nent of Transportation regulated employment history in the preceding vious employer-provided investigative information must submit a written r, which may be done at any time, including when applying, or as late as ed or being notified of denial of employment. The prospective employer applicant within five (5) business days of receiving the written request. It yet received the requested information from the previous employer(s), ne will begin when the prospective employer receives the requested tion. If the driver has not arranged to pick up or receive the requested e prospective employer making them available, the prospective motor have waived his/her request to review the records.
PART 1:	COMPLETE	D BY THE DRIVER/APPLICANT
TO:	Description Employer:	
	Streev P.O. Box.	Telephone #
CDOM.		
FROM:	Driver/Applicant:	Social Security/I.D. #
	Street:	
	City, State, Zip:	Telephone # es of my Department of Transportation Safety Performance History for the
receive the re review the re	equested records within thirty (30) day	equested from a prospective employer, that I must arrange to pick up or equested from a prospective employer, that I must arrange to pick up or ys of the records being made available or I have waived my request to e above address. pick up.
Driver/Applic	ant Signature:	Date:/
	COMPLETE	D BY THE PROSPECTIVE EMPLOYER
prospective of days deadlin	ion must be provided to the applicant	t within five (5) business days of receiving the written request. If the quested information form the previous employer(s), then the five-business-inployer receives the requested safety performance history information.
Information	зарриев то.	
Name:		
Street:		
City, State, 2	Zip:	
Comments:		
By:		Release Date:/

Telephone #

Signature/person providing information

New

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE CO	MPLETED BY PI	ROSPECTIVE EM	IPLOYEE
I, (Print Name)				
	First M.I.		Last	Social Security Number
Hereby authorize:				Date of Birth
Previous Employe	:			_ Email:
Street:			Те	elephone:
City, State, Zip: _	· · · · · · · · · · · · · · · · · · ·			Fax No.:
To release and for Substances Testin	ward the information requeste g records within the previous	ed by section 3 of th 3 years from	nis document conce	rning my Alcohol and Controlled
	Prospective Employer:			
				elephone:
	Street:			·
(City, State, Zip:			
	§40.25(g) and 391.23(h), rel h as fax, email, or letter.	ease of this informa	ition must be made	in a written form that ensures
Prospective emplo	yer's fax number:			
Prospective emplo	yer's email address:			
	Applicant's Sign			Date
This information is	being requested in complian		nd 391.23.	
PART 2:	TO BE C	OMPLETED BY	PREVIOUS EMP	LOYER
		ACCIDENT HIS		
• •	ned above was employed by t			
				to (m/y)
Bus □ Cargo Ta	nk □ Doubles/Triples □ O	ther (Specify)		
Reason for leason for lea	iving your employ: Discharge y performance history to repo	ed □ Resignation ort, check here □, s	☐ Lay Off ☐ Mili ign below and returi	tary Duty 🗆 n.
ACCIDENTS: Co applicant in the 3 this driver.	mplete the following for any a years prior to the application	accidents included o date shown above,	on your accident reg or check	ister (§390.15(b)) that involved the here is no accident register data for
Date	Location	# Injuri	es #F	atalities Hazmat Spill
1				
2				
3.				
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:				
Any other remarks	5:			
	S	Signature:		
	Т	itle:		Date:

New

PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

PART 3:	ART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER				
DRUG AND ALCOHOL HISTORY					
lf driver was not su check here □, fill ir sign, and return.	bject to Department of Transportation testing the dates of employment from	g requirements while emplo	oyed by this employer, please , complete bottom of Part 3,		
Driver was subject	to Department of Transportation testing requ	uirements from	to		
Has this pers YES □	son had an alcohol test with the result of 0.0-NO \square	4 or higher alcohol concent	ration?		
2. Has this per	2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?				
Has this per controlled su	son refused to submit to a post-accident, ran ubstance test?	dom, reasonable suspicior	n, or follow-up alcohol or		
	son committed other violations of Subpart B	of Part 382, or Part 40?			
YES NO D 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.					
For a driver driver subset	NO □ who successfully completed a SAP's rehabilequently have an alcohol test result of 0.04 o NO □	litation referral and remaind r greater, a verified positive	ed in your employ, did this e drug test, or refuse to be tested?		
In answering these employers in the p	e questions, include any required DOT drug previous 3 years prior to the application date	or alcohol testing informations shown on page 1.	on obtained from prior previous		
Company:					
Street:					
City, State, Zip: _	,	Telep	phone:		
Part 3 Completed	by (Signature):		Date:		
PART 4a:	TO BE COMPLETED	BY PROSPECTIVE EN	IPLOYER		
This form was (ch	eck one) Faxed to previous employer	☐ Mailed ☐ Emailed	Other		
Bv.			Date:		
PART 4b:		BY PROSPECTIVE EM	IPLOYER		
Complete below v	when information is obtained.				
Information receiv	ved from:				
Recorded by:		Method: 🗆 Fax 🗆 🗈	Mail Li Email Li Felephone		
		SECENDANCE WETOD	V DECORDS REQUEST		

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

PAGE 2 PART 4a: Prospective Employer

- Complete the information
- Send to Previous Employer

PAGE 1 PART 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

PAGE 2 PART 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

PAGE 2 PART 4b: Prospective Employer

- Record receipt of the information
- Retain the form

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRAN	ISPORTAION OR OTHER F	EXPERIENCE THA	T MAY HELP IN YO	OUR WORK F	OR THIS COMPANY	
LIST COURSES AND TRAININ	G OTHER THAN SHOWN I	ELSEWHERE IN T	HIS APPLICATION		w we accord. Towards upon Administra	C/ / 100000 1715 200 000 171
LIST SPECIAL EQUIPMENT O	R TECHNICAL MATERIALS	S YOU CAN WORK	K WITH (OTHER TH	AN THOSE A	LREADY SHOWN)	andere et a tradition
200		***				
			NED BY APPLIC			
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. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.						
Date:/	<u> </u>	Applicant	's Signature:			
	PR	OCESS RECOR	D (For office use	only)	in the second se	***
APPLICANT HIRED			_ REJECTED		B B B B B B B B B B B B B B B B B B B	
DATE EMPLOYED		= ,	_ POINT EMPLOYE	ED		
DEPARTMENT(IF REJECTED, SUMMARY REP	ORT OF REASONS SHOULD E	BE PLACED IN FILE)	_ CLASSIFICATION	۱ <u> </u>		· · · · · · · · · · · · · · · · · · ·
(IF REJECTED, SOMMANT NET	THIS SEC	CTION TO BE FILL	ED IN BY RESPON	ISIBLE	e variable de la companya della companya della companya de la companya della comp	
	OFFI	CER OR COMPAN	IY REPRESEN T ATI	VE		·
	SUPERIOR GOO	DD BELOV	<i>N</i> AVERAGE	POOR	WRITTEN RECORD ON	FILE
1. APPLICATION						
2. INTERIEW						ar
3. PAST EMPLOYMENT			1 an 1% 			
4. WRITTEN EXAM			a to a Sk	1 a a a a a a a a a a a a a a a a a a a		
5. ROAD TEST				8, 767 8		
6. CRIMINAL AND TRAFFIC CONVICTIONS						
	NTERVIEWING OFFICER					
TRANSFERS						
FROM:	TO:	i ni	FROM:		TO:	
DATE:						
REASON FOR TRANSFER:_		er e	REASON FOR TF	RANSFER:		
FROM:	To:		FROM:	1 / - 1	TO:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DATE:			DATE:			
REASON FOR TRANSFER:_			REASON FOR TE	RANSFER:		
DATE TERMINATED:	T T T T T T T T T T T T T T T T T T T		F EMPLOYMENT PARTMENT RELEAS			
DISMISSED:	VOLUN				EX	3
TERMINATION REPORT PLA			ERVISOR:			

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with
with

WEST BEND TRANSIT & SERVICE CO.

105 Forest Ave. West Bend, WI 53095

DRIVER'S USE AGREEMENT FORM

EMPLOYEE	SOCIAL SECURITY NO.	DEPARTMENT
1.	I give full permission for West Bend Transit to and understand the company may take appro	o obtain a Department of Motor Vehicle (DMV) repor opriate action for any violations discovered.
2.	I agree to report all citations issued for movin driver's license immediately to my supervisor.	g violations, accidents, and suspension/revocation o
3.	I understand West Bend Transit may revoke	my driving privileges at any time.
4.	I understand it is West Bend Transit policy that I submit a drug and alcohol test following accident with a company vehicle or personal vehicle during working hours.	
Employee Sign	ature	Date
Drivers Licens	se Number	State