



## 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 MO. _____ YR. _____	TO MO. _____ YR. _____
ADDRESS _____	POSITION HELD _____	
CITY _____ STATE _____ ZIP _____	SALARY/WAGE _____	
CONTACT PERSON _____ PHONE NUMBER _____	REASON FOR LEAVING _____	

EMPLOYER	DATE	
NAME _____	FROM MO. _____ YR. _____	TO MO. _____ YR. _____
ADDRESS _____	POSITION HELD _____	
CITY _____ STATE _____ ZIP _____	SALARY/WAGE _____	
CONTACT PERSON _____ PHONE NUMBER _____	REASON FOR LEAVING _____	

EMPLOYER	DATE	
NAME _____	FROM MO. _____ YR. _____	TO MO. _____ YR. _____
ADDRESS _____	POSITION HELD _____	
CITY _____ STATE _____ ZIP _____	SALARY/WAGE _____	
CONTACT PERSON _____ PHONE NUMBER _____	REASON FOR LEAVING _____	

EMPLOYER	DATE	
NAME _____	FROM MO. _____ YR. _____	TO MO. _____ YR. _____
ADDRESS _____	POSITION HELD _____	
CITY _____ STATE _____ ZIP _____	SALARY/WAGE _____	
CONTACT PERSON _____ PHONE NUMBER _____	REASON FOR LEAVING _____	

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EMPLOYER	DATE	
NAME _____	FROM MO. _____ YR. _____	TO MO. _____ YR. _____
ADDRESS _____	POSITION HELD _____	
CITY _____ STATE _____ ZIP _____	SALARY/WAGE _____	
CONTACT PERSON _____ PHONE NUMBER _____	REASON FOR LEAVING _____	

\*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.





New

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

<b>PART 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>
I, (Print Name) _____	
First	M.I.
Last	Social Security Number
Hereby authorize: _____	
Date of Birth _____	
Previous Employer: _____ Email: _____	
Street: _____ Telephone: _____	
City, State, Zip: _____ Fax No.: _____	
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date)	
To:	Prospective Employer: _____
	Attention: _____ Telephone: _____
	Street: _____
	City, State, Zip: _____
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.	
Prospective employer's fax number: _____	
Prospective employer's email address: _____	
Applicant's Signature _____ Date _____	
This information is being requested in compliance with §40.25(g) and 391.23.	

<b>PART 2:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>ACCIDENT HISTORY</b>	
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed as _____ from (m/y) _____ to (m/y) _____	
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____	
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return.	
<b>ACCIDENTS:</b> Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.	
Date	Location
# Injuries	# Fatalities
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: _____	
_____	
_____	
Signature: _____	
Title: _____ Date: _____	

New

PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

<b>PART 3:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>DRUG AND ALCOHOL HISTORY</b>	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p>	
<ol style="list-style-type: none"> <li>Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>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. YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/></li> </ol>	
<p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p>	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Part 3 Completed by (Signature): _____ Date: _____	

<b>PART 4a:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____	
By: _____ Date: _____	

<b>PART 4b:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
Complete below when information is obtained.	
Information received from: _____	
Recorded by: _____	Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone
Date: _____	<input type="checkbox"/> Other _____

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, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**TO BE READ AND SIGNED BY APPLICANT**

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**PROCESS RECORD (For office use only)**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_  
 DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
 (IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE  
OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION					
2. INTERVIEW					
3. PAST EMPLOYMENT					
4. WRITTEN EXAM					
5. ROAD TEST					
6. CRIMINAL AND TRAFFIC CONVICTIONS					

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TRANSFERS**

FROM: _____ TO: _____	FROM: _____ TO: _____
DATE: _____	DATE: _____
REASON FOR TRANSFER: _____	REASON FOR TRANSFER: _____

FROM: _____ TO: _____	FROM: _____ TO: _____
DATE: _____	DATE: _____
REASON FOR TRANSFER: _____	REASON FOR TRANSFER: _____

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED: \_\_\_\_\_ DEPARTMENT RELEASED FROM: \_\_\_\_\_  
 DISMISSED: \_\_\_\_\_ VOLUNTARILY QUIT: \_\_\_\_\_ OTHER: \_\_\_\_\_  
 TERMINATION REPORT PLACED IN FILE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

*Incorporate  
with Application*

**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 obtain a Department of Motor Vehicle (DMV) report and understand the company may take appropriate action for any violations discovered.
2. I agree to report all citations issued for moving violations, accidents, and suspension/revocation of driver's license immediately to my supervisor.
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 any accident with a company vehicle or personal vehicle during working hours.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
State