

WEST BEND TRANSIT & SERVICE CO.

105 Forest Ave.
West Bend, WI 53095

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, veteran status, non-job related disability, or any other protected group status.

Date of application 08/01/2017

Position(s) Applied for Operator

Name John Michael Johnson Social Security No. 123-45-6789
Last First Middle

List your addresses of residency for the past 3 years:

Current Address 1234 Main St West Bend
Street City
WI 53095 Phone 715-835-1234 How Long? 2 years
State Zip Code

Previous Addresses: 5678 Elm St Madison WI 53705 How Long? 1 year
Street City State Zip Code
9101 Oak St West Bend WI 53095 How Long? 3 years
Street City State Zip Code
2345 Pine St West Bend WI 53095 How Long? 1 year
Street City State Zip Code

Do you have the legal right to work in the United States? Yes No

Date of Birth 01/01/1980 Can you provide proof of age? Yes No
(Required for Commercial Drivers)

Have you worked for the company before? Yes No Where? West Bend, WI

Dates: From 01/01/2015 To 07/31/2016 Rate of Pay \$12.00/hr Position Operator

Reason for leaving Company closed

Are you now employed? Yes No If not, how long since leaving last employment? 2 months

Who referred you? Friend Rate of pay expected \$12.00/hr

Have you ever been bonded? Yes No Name of bonding company ABC Bonding
(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 the return-to-duty process in accordance with DOT regulations.

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 _____	

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 _____	

*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.

**RECORDS REQUEST FOR
DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY**

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

§391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

PART 1:	COMPLETED BY THE DRIVER/APPLICANT
TO:	Prospective Employer: _____ Street/P.O. Box: _____ City, State, Zip: _____ Telephone # _____
FROM:	Driver/Applicant: _____ Social Security/I.D. # _____ Street: _____ City, State, Zip: _____ Telephone # _____
<p>I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.</p> <p>This information should be: <input type="checkbox"/> sent to me at the above address. <input type="checkbox"/> I will arrange to pick up.</p> <p>Driver/Applicant Signature: _____ Date: _____/_____/_____</p> <p style="text-align: right; margin-right: 100px;">M D Y</p>	

PART 2:	COMPLETED BY THE PROSPECTIVE EMPLOYER
<p>The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.</p> <p>Information supplied to:</p> <p>Name: _____ Street: _____ City, State, Zip: _____ Comments: _____</p> <hr/> <p>By: _____ Release Date: _____/_____/_____</p> <p style="text-align: center;">Signature/person providing information Telephone # M D Y</p>	

COPY 1 PROSPECTIVE EMPLOYER

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
<p>I, (Print Name) _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> First M.I. Last Social Security Number </div> </p> <p>Hereby authorize: _____ <div style="display: flex; justify-content: flex-end; width: 80%; margin-right: 20px;"> Date of Birth </div> </p> <p>Previous Employer: _____ Email: _____ Street: _____ Telephone: _____ City, State, Zip: _____ Fax No.: _____</p> <p>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)</p> <p>To: Prospective Employer: _____ Attention: _____ Telephone: _____ Street: _____ City, State, Zip: _____</p> <p>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.</p> <p>Prospective employer's fax number: _____ Prospective employer's email address: _____</p> <p align="center">_____ Applicant's Signature Date</p> <p>This information is being requested in compliance with §40.25(g) and 391.23.</p>	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER																								
<p align="center">ACCIDENT HISTORY</p> <p>The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Employed as _____ from (m/y) _____ to (m/y) _____</p> <p>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) _____</p> <p>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.</p> <p>ACCIDENTS: 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.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:15%;">Date</th> <th style="width:20%;">Location</th> <th style="width:15%;"># Injuries</th> <th style="width:15%;"># Fatalities</th> <th style="width:20%;">Hazmat Spill</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____ _____ _____</p> <p>Any other remarks: _____ _____ _____</p> <p align="right">Signature: _____ Title: _____ Date: _____</p>			Date	Location	# Injuries	# Fatalities	Hazmat Spill	1.	_____	_____	_____	_____	_____	2.	_____	_____	_____	_____	_____	3.	_____	_____	_____	_____	_____
	Date	Location	# Injuries	# Fatalities	Hazmat Spill																				
1.	_____	_____	_____	_____	_____																				
2.	_____	_____	_____	_____	_____																				
3.	_____	_____	_____	_____	_____																				

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<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"> 1. 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"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. 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"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 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. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. 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"/> 	
<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: _____	

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

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

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- | |
|--|
| <p>PAGE 1 PART 1: Prospective Employee</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Submit to the Prospective Employer <p>PAGE 2 PART 4a: Prospective Employer</p> <ul style="list-style-type: none"> • Complete the information • Send to Previous Employer <p>PAGE 1 PART 2: Previous Employer</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Turn form over to complete SIDE 2 SECTION 3 |
|--|

- | |
|---|
| <p>PAGE 2 PART 3: Previous Employer</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Return to Prospective Employer <p>PAGE 2 PART 4b: Prospective Employer</p> <ul style="list-style-type: none"> • 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: _____

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