

DRIVER EXPERIENCE AND QUALIFICATIONS:

COMPLETE THIS SECTION ONLY IF APPLYING FOR A DRIVER POSITION

PLEASE LIST EACH STATE, DRIVER'S LICENSE NUMBER OR PERMIT NUMBER AND EXPIRATION DATE OF EACH UNEXPIRED COMMERCIAL DRIVER'S LICENSE OR PERMIT ISSUED TO YOU.

STATE: _____ CDL/PERMIT#: _____ EXPIRATION DATE: _____

STATE: _____ CDL/PERMIT#: _____ EXPIRATION DATE: _____

STATE: _____ CDL/PERMIT# _____ EXPIRATION DATE: _____

PLEASE LIST THE TYPES OF EQUIPMENT (I.E. TRACTOR, STRAIGHT TRUCK) AND EXTENT OF EXPERIENCE WITH OPERATION OF EACH MPTOR VEHICLE.

TYPE OF EQUIPMENT: _____ YEARS OF EXPERIENCE: _____

TYPE OF EQUIPMENT: _____ YEARS OF EXPERIENCE: _____

TYPE OF EQUIPMENT: _____ YEARS OF EXPERIENCE: _____

PLEASE LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU WERE INVOLVED DURING THE LAST THREE YEARS.

1. DATE OF ACCIDENT: _____ NUMBER OF INJURIES: _____ NUMBER OF FATALITIES: _____

DESCRIPTION OF ACCIDENT: _____

DID YOU RECEIVE A CITATION? IF SO, EXPLAIN.: _____

2. DATE OF ACCIDENT: _____ NUMBER OF INJURIES: _____ NUMBER OF FATALITIES: _____

DESCRIPTION OF ACCIDENT: _____

DID YOU RECEIVE A CITATION? IF SO, EXPLAIN.: _____

3. DATE OF ACCIDENT: _____ NUMBER OF INJURIES: _____ NUMBER OF FATALITIES: _____

DESCRIPTION OF ACCIDENT: _____

DID YOU RECEIVE A CITATION? IF SO, EXPLAIN.: _____

PLEASE LIST ALL OTHER VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES (OTHER THAN PARKING) FOR WHICH YOU WERE CONVICTED OR FORFEITED BOND DURING THE LAST THREE YEARS.

HAS YOUR LICENSE, PERMIT, OR PRIVILEGES TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, REVOKED, OR SUSPENDED? YES NO

IF YES, PLEASE DESCRIBE ALL FACTS AND CIRCUMSTANCES:

WERE YOU EVER SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS IN THE PAST?

YES NO

EDUCATION AND TRAINING:

HIGH SCHOOL

NAME: _____ NUMBERS OF YEARS COMPLETED: _____

CITY/STATE: _____ DID YOU GRADUATE? YES NO

MAJOR/COURSE OF STUDY: _____

TRADE OR BUSINESS SCHOOL

NAME: _____ FROM: _____

CITY/STATE: _____ TO: _____

MAJOR/COURSE OF STUDY: _____ NUMBER OF YEARS COMPLETED: _____

DID YOU GRADUATE? YES NO DEGREE: _____

COLLEGE

NAME: _____ FROM: _____

CITY/STATE: _____ TO: _____

MAJOR/COURSE OF STUDY: _____ NUMBER OF YEARS COMPLETED: _____

DID YOU GRADUATE? YES NO DEGREE: _____

ADDITIONAL SKILLS/TRAINING/EXPERIENCE:

PLEASE INDICATE ANY ADDITIONAL TRAINING/EXPERIENCE YOU HAVE.

- | | | | |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> TRUCK REPAIR | <input type="checkbox"/> BODY WORK | <input type="checkbox"/> INSPECTION | <input type="checkbox"/> AIR CONDITIONING |
| <input type="checkbox"/> TRAILER REPAIR | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> LOADING/UNLOADING | <input type="checkbox"/> BRAKES |
| <input type="checkbox"/> CAR REPAIR | <input type="checkbox"/> LIFT TRUCK | <input type="checkbox"/> SHIPPING/RECEIVING | <input type="checkbox"/> SAFETY |
| <input type="checkbox"/> TANK REPAIR | <input type="checkbox"/> TIRE SERVICE | <input type="checkbox"/> HAZARDOUS MATERIALS | |

PLEASE LIST SPECIFIC CERTIFICATIONS OR TRAINING YOU HAVE RECEIVED:

PLEASE LIST ANY ADDITIONAL JOB-RELATED SKILLS OR QUALIFICATIONS:

MILITARY EXPERIENCE:

DID YOU SERVE IN THE U.S. ARMED FORCES? YES (WHAT BRANCH?) _____ NO

DESCRIBE ANY MILITARY TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

ARE YOU CURRENTLY SERVING IN THE MILITARY RESERVES? YES NO

ARE YOU CURRENTLY SERVING IN THE NATIONAL GUARD? YES NO

EMPLOYMENT EXPERIENCE:

LIST MOST RECENT POSITION FIRST

PLEASE LIST THE NAMES AND ADDRESSES OF ALL EMPLOYERS DURING THE PRECEDING TEN YEARS.
IF YOU ARE CURRENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? YES NO

COMPANY: _____ FROM: _____ TO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE#: _____

NAME OF SUPERVISOR: _____ STARTING PAY: \$ _____ END PAY: \$ _____

REASON FOR LEAVING: _____ PT FT TEMP

COMPANY: _____ FROM: _____ TO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE#: _____

NAME OF SUPERVISOR: _____ STARTING PAY: \$ _____ END PAY: \$ _____

REASON FOR LEAVING: _____ PT FT TEMP

COMPANY: _____ FROM: _____ TO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE#: _____

NAME OF SUPERVISOR: _____ STARTING PAY: \$ _____ FINAL PAY: \$ _____

REASON FOR LEAVING: _____ PT FT TEMP

ACKNOWLEDGMENTS:

ALL APPLICANTS- PLEASE READ THE FOLLOWING AND ADDRESS ANY QUESTIONS TO A HUMAN RESOURCE REPRESENTATIVE BEFORE SIGNING.

- I affirm that the information provided on this application or in connection with the processing of this application (and any resume or any other accompanying documents) is true and complete to the best of my knowledge. I understand that if employed, false statements, significant omissions, or misleading information regardless of when discovered, made on or in connection with my application and accompanying documents may result in dismissal.

- I authorize investigation of all statements contained in this application (and any resume or any other accompanying documents) as may be necessary in arriving at an employment decision.
- I understand that the applicant's prior employers may be contacted for the purpose of investigating the applicant's background as required by 49CFR 391.23.
- I authorize all personnel, schools, companies, corporations, credit bureaus, and law enforcement agencies to supply any and all pertinent information and release the same from liability resulting from providing such information.
- I understand that from time to time the company may be asked to submit/release certain information, including but not limited to, my employment or application for employment. I release the company and its agents from any liability from submitting/releasing such information.
- I acknowledge that the company may request, as a condition of any offer of employment that is made for continued employment, that I undergo a medical exam or drug testing, and I consent and agree to any such exam, if required now or in the future. I understand that when drug testing is required, a satisfactory result may be a condition of employment.
- I understand that federal law prohibits the employment of unauthorized aliens and requires satisfactory proof of employment authorization and identity.
- All persons hired must submit satisfactory proof of employment authorization and identity. Please have the necessary documents promptly available for inspection as required by law.
- If employed, I agree to abide by the rules and regulations of the company.
- I understand that if I am employed, my employment is for no fixed period and is at-will unless contrary to state laws/regulations. I understand that I may quit at any time for any or no reason. This understanding can not be altered by anyone unless it is in writing and signed by the president of the company.
- I understand that this application does not create an offer of employment.
- I understand that this company is an Equal Opportunity Employer.
- 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 have read and understand the above notice, including the at-will basis of employment.

Signature of Applicant:

Date:

**AFFIRMATIVE ACTION
VOLUNTARY INFORMATION**

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, creed, color, national origin, ancestry, age, sex, disability, arrest or conviction record, sexual orientation, marital status, military service membership, use of lawful products, or other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE TYPE OR PRINT

POSITION(S) APPLIED FOR: _____ DATE: _____

REFERRAL SOURCE:

- WALK-IN
- GOVERNMENT EMPLOYMENT AGENCY
- PRIVATE EMPLOYMENT AGENCY
- EMPLOYEE
- RELATIVE
- SCHOOL
- ADVERTISEMENT SOURCE: _____
- OTHER: _____

NAME OF PERSON WHO REFERRED YOU (if applicable): _____

APPLICANT INFORMATION

NAME: _____ TELEPHONE # () _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

- MALE
- FEMALE

PLEASE CHECK ONE OF THE FOLLOWING EQUAL EMPLOYMENT OPPORTUNITY IDENTIFICATION GROUPS:

- WHITE (NOT OF HISPANIC ORIGIN)
- BLACK (NOT OF HISPANIC ORIGIN)
- HISPANIC
- AMERICAN INDIAN / ALASKAN NATIVE
- ASIAN / PACIFIC

FOR ADMINISTRATIVE PURPOSES ONLY

POSITION(S) APPLIED FOR: AVAILABLE NOT AVAILABLE

OTHER POSITIONS CONSIDERED FOR: _____

HIRED? YES NO

POSITION HIRED FOR: _____ DATE OF HIRE: _____

Truck Driver

FROM THE EEO JOB CLASSIFICATIONS LISTED BELOW, WHICH ONE BEST DESCRIBES THE POSITION FILLED?

OFFICIALS AND MANAGERS

PROFESSIONALS

TECHNICIANS

SALES

OFFICE AND CLERICAL

CRAFT WORKERS (SKILLED)

OPERATIVES (SEMI-SKILLED)

LABORERS (UNSKILLED)

SERVICE WORKERS

NOTES:

COMPLETED BY:

DATE:

Candidate Reference Check Authorization

Work References for: _____
Print name

1. Name: _____
Company: _____
Phone: _____
Email: _____

2. Name: _____
Company: _____
Phone: _____
Email: _____

3. Name: _____
Company: _____
Phone: _____
Email: _____

Candidate Authorization

I authorize Angelo Luppino, Inc. or any designated representative of Angelo Luppino, Inc. to contact the above-named references regarding my past employment. I understand that Angelo Luppino, Inc. may ask questions about my educational background, work experience, achievements, wage history, performance, attendance and reason for separation from former employment.

I understand that any information provided by my references is to be used solely for the purpose of evaluating my candidacy for employment with Angelo Luppino, Inc.

I release all of the above-named references from any liability or claims related to the disclosure of information regarding my employment pursuant to this authorization, including, but not limited to, claims for defamation, interference with contract and negligence.

Candidate's Signature

Date

Company

ANGELO LUPPINO, INC.

Address

P.O. BOX 100

City, ST, ZIP

IRON BELT, WI 54536

Phone:

Fax:

Prior employer Check 49 CFR 382.413/40.25. Good Faith Effort

1. Call the company & record who you contacted. Fax the required release. Go to step 2.

2. Call the company and record who you contacted. Ask if they received the fax. If they say yes ask for the information that is required. If they say no then follow step 4.

3. Call the company and record who you contacted. Ask if they received the fax. If they say yes ask for the information that is required.

4. If the company refuses to release the information record it and send a copy of the drivers release with the company's name on the form and a copy of this documentation to the U.S. DOT FMCSA Wisconsin Division at Fax No. (608) 829-7530.

DRIVER NAME:

Date:	BY	Who contacted
1.		
Notes:		

Date:	BY	Who contacted
2.		
Notes:		

Date:	BY	Who contacted
3.		
Notes:		

Conducted By:

For:

ANGELO LUPPINO, INC.
P.O. BOX 100
IRON BELT, WI 54535

Applicant Name:

I hereby authorize and request

Prior Employer Company Name and Address and Telephone number: _____ to release any and all information pertaining to my employment records as required by 49 CFR Section 391.23 to the above named company. You are released from any and all liability which may result from releasing such information.

Signed:

Date:

Witnessed By:

SSN:

The above applicant shows that he/she worked for you. Employment dates from _____ to _____

2. Type of equipment driven Straight truck Tractor semi-trailer Bus
Trailer used. Van Flatbed Refrigerated Cargo Tank Triples Doubles

3. Was the applicant safe and efficient? Yes No

Remarks:

4. Did the applicant have any accidents? Yes No

Date	Location City, ST	Towed	Injury	Fatal

5. Reason for leaving your employ. Discharged Laid off Resigned
 Other:

How was the driver in:	EXCELLENT	GOOD	POOR
Quality of work			
Cooperation with others			
Safety Habits			
Personal Habits			
Driving Skills			
Attitude			

Mailed On:

Faxed On:

Verified by Phone Talked to:

Signature:

Date:

Release of Information Form

I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer listed in Section I-A to the employer listed in Section I-B. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following items for the past two years:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Documentation, if any, of completion of the return-to-duty process following a rule violation;
6. Information obtained from previous employers of a drug and alcohol rule violation.

Employee Signature: _____ Date: _____

A. Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

B. New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

Section II. To be completed by the previous employer and transmitted to the new employer:

A. In the previous two years, for DOT-regulated testing --

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ___ NO ___
2. Did the employee have verified positive drug tests? YES ___ NO ___
3. Did the employee refuse to be tested? YES ___ NO ___
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ___ NO ___
5. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A ___ YES ___ NO ___
6. Did a previous employer report a drug and alcohol rule violation to you? YES ___ NO ___

[NOTE: Previous employer, if you answered "yes" to any item in Section II-A, you must also transmit a copy / copies of the appropriate documentation (e.g., CCFs, MRO results reports, BATFs, SAP reports, follow-up testing record) to the new employer.]

B. Name of person providing information in Section II-A: _____

Title: _____

Phone #: _____

Date: _____