



COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

NAME _____
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS _____ **How Long?** _____
(Street) (City) (State & Zip Code)

Telephone or Cell Number _____ **Email Address** _____

PREVIOUS 3 YEARS RESIDENCY

(Street) (City) (State & Zip Code) # Years _____

(Street) (City) (State & Zip Code) # Years _____

(Street) (City) (State & Zip Code) # Years _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states, "No person who operates a commercial motor vehicle shall at any time have more than one driver's license".
I certify that I do not have more than one motor vehicle license, the following for which is listed below.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (Forfeited bond, collateral and/or points)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES NO
If yes, explain _____

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous 3 years. You must give the same information for all employers you have driven a commercial motor vehicle for the 7 years prior to the initial 3 years (total of 10 years employment record).

Must list complete mailing address – street number and name, city, state and zip code.

LAST EMPLOYER: Name _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

SECOND LAST EMPLOYER: Name _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

THIRD LAST EMPLOYER: Name _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

APPLICANT SIGNATURE

DATE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

APPLICANT SIGNATURE

DATE

Badger Corrugating Company
1801 West Avenue S. La Crosse, WI 54601



COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

How did you find out about Badger?

- Radio
- Newspaper
- Friend
- Badger Employee Referral
- Indeed
- Job Center of Wisconsin
- Workforce Development Center
- College or University
- Community-based Organization/Program
- Other _____