

WEATHER SHIELD®

WINDOWS & DOORS

Transportation Ltd.

Driver's Application for Employment

Weather Shield Transportation Ltd

642 Whelen Avenue, Medford, Wisconsin 54451

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.

Position(s) applied for: _____ Date: _____

Name: _____ Social Security Number: _____
(Last) (First) (Middle)

Please list your addresses of residency for the past 3 years:

Current Address: _____
(Street) (City) (State) (Zip)

Home Phone Number: _____ Cell Phone Number: _____

Previous Address: _____
(Street) (City) (State) (Zip) How Long?

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

Date of Birth: _____ Can you provide proof of age?: Yes No
(Required for Truck Drivers)

Have you worked for this company before?: Yes No

Dates: From: _____ To: _____ Rate of Pay: _____ Position: _____

Reason for leaving _____

Are you employee now?: Yes No If not, when did you leave your last employment?: _____

Who referred you?: _____ Rate of pay expected: _____

Have you ever been convicted of a felony?: Yes No If yes, please explain fully on a separate piece of paper.
Note: Conviction or pending charges will not automatically disqualify an applicant from consideration for employment. Prior conviction(s) or pending charges will be considered as they relate to the job applied for.

Is there any reason you might be unable to perform the functions of the job for which you have applied?: Yes No

If yes, explain if you wish: _____

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle* in 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	PHONE		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED?..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?..... <input type="checkbox"/> Yes <input type="checkbox"/> No				

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* Includes vehicles having a 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.

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport more than 8 passengers (including the driver), or (3) is of any size and is 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)

DATES	NATURE OF ACCIDENT (Head-on, Rear-End, Upset)	FATALITIES	INJURIES
Last Accident _____	_____	_____	_____
Next Previous _____	_____	_____	_____
Next Previous _____	_____	_____	_____

Traffic Convictions and Forfeitures for the Past 3 Years (other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed)

Education (Highest grade completed)

Elementary: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: _____
(Name) (City)

Experience and Qualifications - Driver (List all drivers licenses or permits held in the past 3 years)

DRIVERS LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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 A or B is Yes, please give details: _____

Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROXIMATE TOTAL NUMBER OF MILES
		FROM	TO	
Straight Truck _____				
Tractor and Semi-Trailer _____				
Tractor - Two Trailers _____				
Other _____				

(Attach sheet if more space is needed)

List States Operated in for the Last 5 Years: _____

Special Courses or Training That Will Help You as a Driver: _____

Safe Driving Awards Held / From Whom?: _____

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):

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three schools or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN

Recruitment Source

How did you learn about this position (if not by referral)?:

Authorizations

TO BE READ AND SIGNED BY APPLICANT

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. 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 I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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.

I understand and agree that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that if I am hired, the length of my employment is not guaranteed.

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.

Signature of Applicant: _____ Date: ____/____/____

*If you are unable to sign this form electronically,
you may sign it upon your first interview.*