



2414 Hemstock Drive, La Crosse WI 54603  
Ph# 608-781-5377 Fax# 608-781-5435  
E-mail: drivingahead@Jahntransfer.com

Position and shift applied for:

Full-time or part-time:

Date:

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Intl. \_\_\_\_\_  
SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone # \_\_\_\_\_  
Street Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail: \_\_\_\_\_

Address last 3 years listing the most recent first:  
\_\_\_\_\_  
Street City Zip From Mo./Yr \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_  
Street City Zip From Mo./Yr \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_  
Street City Zip From Mo./Yr \_\_\_\_\_ To \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ NO \_\_\_\_\_ YES (explain)  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever tested positive for any controlled substance Pre-Employment test for any other company? \_\_\_\_\_ NO \_\_\_\_\_ YES (explain)  
\_\_\_\_\_  
\_\_\_\_\_

Have you refused to be tested for any controlled substance test for any other Company? \_\_\_\_\_ NO \_\_\_\_\_ YES (explain)  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever tested above .04 on any alcohol test for any other Company? \_\_\_\_\_ NO \_\_\_\_\_ YES (explain)  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical limitations? \_\_\_\_\_ NO \_\_\_\_\_ YES (explain)  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? \_\_\_\_\_ NO \_\_\_\_\_ YES (explain)  
\_\_\_\_\_  
\_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_ NO \_\_\_\_\_ YES (explain)  
\_\_\_\_\_  
\_\_\_\_\_

Experience and qualifications

<b>Driver's License Information</b>			
State: _____	License Number _____	Lic. Type _____	Exp. Date _____
State: _____	License Number _____	Lic. Type _____	Exp. Date _____

<b>Driving Experience</b>			
Type of Equipment	Date From	Date To	Approx. No. of Miles
Straight Truck			
Tractor-Semi			
Doubles			
Other			
Other			

<b>Accident Record for past 3 years</b>			
Date	Type of Crash (head on, rear end, rollover, etc)	Fatalities	Injuries

<b>Traffic Convictions and Forfeitures for past 3 years other than parking violations</b>			
Date	Location	Charge	Penalty

<b>EMERGENCY CONTACT INFORMATION</b>		
Name _____	Phone _____	Relationship _____ (Spouse, friend, etc)

**PERIODS OF EMPLOYMENT**

Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position or gap in employment.

All information in this section must be completed. Resumes may be attached to provide additional information.

**1** Name of Present or Last Employer: \_\_\_\_\_

Full Address: \_\_\_\_\_ Ph. \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for leaving: \_\_\_\_\_

**2** Name of Next Previous Employer: \_\_\_\_\_

Full Address: \_\_\_\_\_ Ph. \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for leaving: \_\_\_\_\_

**3** Name of Next Previous Employer: \_\_\_\_\_

Full Address: \_\_\_\_\_ Ph. \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for leaving: \_\_\_\_\_

**4** Name of Next Previous Employer: \_\_\_\_\_

Full Address: \_\_\_\_\_ Ph. \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for leaving: \_\_\_\_\_

**5** Name of Next Previous Employer: \_\_\_\_\_

Full Address: \_\_\_\_\_ Ph. \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Reason for leaving: \_\_\_\_\_

**6** Name of Next Previous Employer: \_\_\_\_\_

Full Address: \_\_\_\_\_ Ph. \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Reason for leaving: \_\_\_\_\_

Please list any other experience and/or information here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHO REFERRED YOU TO THIS COMPANY?** \_\_\_\_\_

**To Be Read And Signed by Applicant**

This certifies that this application was complete by me and that all the entries on it and all information required in it are true and complete to the best of my knowledge. Any information found to be not answered truthfully will render this application invalid, and will be cause for Jahn Transfer to not consider the applicant for employment or for dismissal of an employee already hired.

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to **Jahn Transfer Inc.** for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

**X (Applicant's Signature)** Electronic Signature Accepted

**X (Date)**

----- Below this line is for Company use only -----

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's **Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

\_\_\_\_\_  
(Signature of Requester)

\_\_\_\_\_  
(Date)

TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

The following named person has made application with our company for the position of \_\_\_\_\_ .  
In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of \_\_\_\_\_ .  
In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_

(Number & Street)

(City)

(State)

(Zip Code)

FORMER ADDRESS \_\_\_\_\_

(Number & Street)

(City)

(State)

(Zip Code)

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

REQUESTED BY: JAHN TRANSFER INC.

2414 HEMSTOCK DRIVE  
LA CROSSE, WI 54603

Requested By: \_\_\_\_\_  
(Signature)

Title \_\_\_\_\_