



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 5 years listing the most recent first previous to the address above

Street _____	City _____	Zip _____	From Mo./Yr _____	To _____
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. You must also include all employers that you have driven a commercial motor vehicle for during the previous 7 years (a total of 10 years). 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 \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? Yes  No

Was this position safety sensitive in any DOT regulated mode and subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes  No

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

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

**2.** Name of Present or Last Employer: \_\_\_\_\_

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

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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? Yes  No

Was this position safety sensitive in any DOT regulated mode and subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes  No

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

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

**3.** Name of Present or Last Employer: \_\_\_\_\_

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

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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? Yes  No

Was this position safety sensitive in any DOT regulated mode and subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes  No

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

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

**4.** Name of Present or Last Employer: \_\_\_\_\_

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

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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? Yes  No

Was this position safety sensitive in any DOT regulated mode and subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes  No

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

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

**5.** Name of Present or Last Employer: \_\_\_\_\_

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

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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? Yes  No

Was this position safety sensitive in any DOT regulated mode and subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes  No

Duties and Responsibilities:

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

**6.** Name of Present or Last Employer: \_\_\_\_\_

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

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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? Yes  No

Was this position safety sensitive in any DOT regulated mode and subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes  No

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**

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 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."

**X** \_\_\_\_\_  
DATE

**X** \_\_\_\_\_  
APPLICANT'S SIGNATURE / Electronic Signature accepted

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.

# Authorization for Release of Information

(Sign, date and Initial each section below)

I hereby authorize you to release the following information to **Jahn Transfer Inc.** for purposes of investigation as required by 49 CFR 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)

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**MOTOR VEHICLE RECORD:** The person named above has made application with our company, Jahn Transfer, Inc. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish Jahn Transfer, as listed above, with the applicant's driving record for the past three years.

X \_\_\_\_\_ Initials

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**BACKGROUND CHECK AND REFERENCES:** I hereby authorize Jahn Transfer Inc. to conduct any and all reference and background checks it desires that are listed under the terms of the Background Check Policy, and with this I authorize the Company to speak with my acquaintances, personal and professional, to gather information about me. I authorize all former employers and references to provide any information about me to the Company, and release them of all liabilities and damages of all kinds for providing this information. I authorize the Company to verify the accuracy of all information that I have provided, and also release my educational transcripts to the Company for education verification purposes. I understand and agree that the results of my reference and background checks may affect the employment decision of, and I hereby release from any and all claims which may result from my reference and background check results. I also understand that the Background Check Policy is subject to change without notice, in order to maintain compliance with government and industry standards, and Company policy.

X \_\_\_\_\_ Initials

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**DRUG AND ALCOHOL:** I hereby authorize Jahn Transfer Inc. to conduct any and all drug testing required and under the terms of the Drug and Alcohol Testing Policy. In conjunction with this, I hereby authorize physicians, nurses and technicians from medical and health care facilities or collections of laboratories to collect urine, blood, and breath specimens for the purpose of determining the presence, content and/or quantity of a controlled substance or alcohol in my body. I understand and agree that my test results will be disclosed to Jahn Transfer Inc. I hereby release the medical or health care facility, collection laboratory and any of its employees or agents involved in my test(s) and Jahn Transfer Inc. from any and all claims which may result from the disclosure of my test results.

X \_\_\_\_\_ Initials

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**PHYSICAL:** This Consent for Pre-employment Physical Examination ("Consent") is made and effective the date of signature. I understand that as a prospective employee of Jahn Transfer Inc. ("the Company"), the position that I am being conditionally offered requires a significant amount of physical activity and/or physical activity of a difficult nature. I understand that a physical examination is necessary to assess my fitness for the essential functions of my job. In consideration for my desire for a safe work environment and for my own safety as well as the safety of my fellow employees, I give my consent for the Company to conduct a physical examination at the facility of their choosing as a condition of my employment. I have been notified of my right to ask questions and receive a copy of the written evaluation upon request. I authorize the laboratory or medical personnel retained by the Company for the physical examination to release the results to the Company for use in determining fitness for duty.

X \_\_\_\_\_ Initials

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Below this line is for Company use only

Applicant's Name		SSN	
License #		Date of Birth	
Applicant's Address			
Former Address			

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)) and be in compliance with government and industry standards, and Company policy.

\_\_\_\_\_  
(Signature of Jahn Transfer Rep.)

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