Driver Application for Employment

Rynders, Inc.
10322 Hwy 70 W Minocqua, WI 54548
Phone: 715-356-3600 Fax: 715-358-7974
Email: staff@rynders.com

Last Name _____ First _____ Middle _____

SSN _____-_____-_____ Date of Birth (MM/DD/YY) _____/_____/_____

Current Address _____City _____ State _____ ZIP _____

Phone (_____) _____ County of Residence _____

Email Address:_____

List any other addresses at which you have resided during the past 3 years:

Address _____ City _____ State ____ ZIP _____ From ____/____ to ____/____

Address _____ City _____ State ____ ZIP _____ From ____/____ to ____/____

Address _____ City _____ State ____ ZIP _____ From ____/____ to ____/____

Position Applying For _____ Temporary _____ Part Time _____ Full Time _____

Are you applying as an employee or owner operator? _____

Who referred you? _____ Rate of Pay Expected _____

Have you worked for Rynders before? _____ Dates: From _____ To _____ Position _____

Reason for Leaving _____

Have you ever worked for Rynders under another name? _____ If so, what name? _____

Are you currently employed? _____ If not, how long since leaving last employment? _____Yrs _____Months

Education

Highest Grade Completed _____ Trade School _____

Last School Attended _____ City_____ State _____

Driving School Attended _____City _____State _____Completion Date _____

General

Have you ever been bonded? _____ Name of Bonding Company _____

Have you ever been convicted of a felony? ____ YES ____ NO

If yes, please explain. A conviction of a crime is not an automatic bar to employment, all circumstances will be considered.

_____

_____

Have you ever been convicted of/or have a pending DWI/DUI? _____ If yes, when? _____

Are you authorized to work in the United States? _____

Employment Record

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July, 1987 driver's applicants must also show commercial driver employment for the seven years immediately preceding this three-year period. 391.21(b)(10), (11).

Start with the current or most recent position, including military experience.

Employer _____ Supervisor's Name _____

Address _____City_____ State ____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____

Address _____City_____ State ____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____

Address _____City_____ State ____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____

Address _____City_____ State ____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Driver Employment Record – 7 year

For those drivers applying to operate a commercial motor vehicle as defined by part 383 of Subpart C in the Code of Federal Regulations, a list of names and addresses of the applicant's employers during the 7-year period preceding the 3 years contained in paragraph (b)(10) of *Subpart C – Background and Character* for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment.

Employer _____ Supervisor's Name _____

Address _____City_____ State ____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____

Address _____City_____ State ____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____

Address _____City_____ State ____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____

Address _____City_____ State ____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____

Address _____City_____ State ____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Driver Experience and Qualification

State	License Number	Type	Expiration Date

Driver licenses held in the past 3 years must be shown.

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
2. Has any license, permit or privilege ever been suspended or revoked? Yes ____ No _____
3. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes ____ No ___

If you answered "Yes" to any of the above, please explain: _____

_____

_____

Driving Experience

Class of Equipment	Types of Equipment (Van, Flat, Tank, etc)	From	To	Approximate Miles
Straight Truck				
Tractor & Semi Trailer				
Twin Trailers				
Other				

List states operated in during the last 5 years _____

List special courses or training that will help you as a driver _____

List safe driving awards held and who presented the awards _____

Accident Review for Past 3 Years

Dates (Most Recent First)	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the Past 3 Years Other than Parking Violations

Location	Date	Charge	Penalty

Note: If you need additional space for the accident portion or traffic violations, please attach a separate sheet.

Drug and Alcohol Testing

Pursuant to Part 40 of the Federal Motor Carrier Safety Regulations, this section must be completed by each applicant. These changes require each motor carrier to inquire of prospective drivers the information in the question below.

Have you, the applicant, had a positive alcohol or drug test result or refused to take a DOT drug or alcohol pre-employment test within the past three years from a motor carrier who did not hire you? Yes _____ No _____

Name of Motor Carrier _____ Phone (____) _____

Address _____City_____ State _____ ZIP _____

In addition, if the answer to the above question was "Yes", please list the name and contact information for the Substance Abuse Professional (SAP) who completed your evaluation.

Name of SAP _____ Phone (____) _____

Address _____City_____ State _____ ZIP _____

Other comments that you would like to add that you think would help in our decision:

_____

_____

_____

Applicant must read and sign.

I certify that I have read and understood all this employment application. It is agreed and understood that the employer or its agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not. I hereby release Rynders, Inc., its officers, employees, agents, directors, affiliates and attorneys and any other persons named herein from all liability for any damages on account of furnishing such information. I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination, criminal background check and/or drug test.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation of omission of information of facts may result in my rejection or dismissal. It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

If hired, I agree to abide by all the results and policies of my 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. This also certifies that I have received a copy of the job description and company policies and all questions have been answered to my satisfaction.

Applicant Signature _____ Date _____

PAST EMPLOYMENT - INFORMATION REQUEST FORM

I hereby authorize you to release the following information to Rynders, Inc., 10322 Hwy 70 W, Minocqua, WI 54548 for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

_____ _____

Applicant's Signature Date

ISSUED TO:

COMPANY_____ NAME/TITLE _____

ADDRESS_____ CITY/STATE/ZIP _____

Dear Sir/Madam:

_____, Social Security # ____-_____-_____ has submitted an application to our company for a position as a DRIVER, and states that he/she previously worked for your company from _____/_____/_____ to _____/_____/_____. Would you please take a moment and complete the information requested below? Your reply will be held in strict confidence and we appreciate your prompt response.

Sincerely, _____Date: _____

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1. Did the above named applicant work for your company? ____ YES ____ NO

   If YES, please state the actual dates of employment: FROM _____/_____/_____ TO _____/_____/_____

2. Did he/she drive a motor vehicle for your company? ____YES ____ NO

   If YES, please check the appropriate type of vehicle ____ Straight Truck ____ Tractor/Semi-trailer

   ____ Bus Other (specify) _____

   If NO, please state what kind of work he/she performed _____

3. Was he/she a safe efficient driver? ____YES ____ NO Other _____

4. Was the above individual ever involved in a preventable collision(s)? ____YES____NO If yes, how many? _____

   Please give a brief driving history if available for the past three years _____

   _____

   _____

5. Was his/her general conduct satisfactory? ____ YES ____ NO Other _____

6. Would you permit this driver to drive for you again? ____ YES ____ NO Other_____

7. Why did this driver leave your company: Discharge ____ Lay Off ____ Resigned ____ Military Duty _____

8. Do you have any further comments concerning the named individual's driving history? _____

_____

_____

Signature _____ Title _____Date_____

DRUG/ALCOHOL TESTING HISTORY INQUIRY

I hereby authorize you to release the information below to Rynders, Inc. for purposes of investigation as required by Section 382.413 and 40.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

_____ _____
Applicant Signature Date

ISSUED TO: (Previous Employer)

COMPANY_____ NAME/TITLE _____

ADDRESS_____CITY/STATE_____

Dear Sir/Madam:

Pursuant to Part 382.413 and 40.25 of the Federal Motor Carrier Safety Regulations, I hereby request any available

information on your former commercial vehicle driver, _____ during the past three years:

Sincerely, _____ Date: _____

A. Has this person ever tested positive for a controlled substance in the last three (3) years?

_____ YES _____ NO

B. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 3 years?

_____ YES _____ NO

C. Has this person refused a required test for drugs or alcohol in the last three (3) years?

_____ YES _____ NO

D. Has this person committed other violations of DOT agency drug and alcohol testing regulations?

_____ YES _____ NO

***** If the answer to any of the above questions was **YES,** please provide the name and contact information for the Substance Abuse Professional (SAP) that the listed applicant was referred to:

SAP Name: _____ Telephone No: _____

Address: _____

Signature _____ Date _____

Title _____