



**209 N. 4<sup>TH</sup> STREET  
ST. NAZIANZ, WI 54232**

## APPLICATION FOR EMPLOYMENT FOR CDL DRIVERS

NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ CURRENT MEDICAL CARD **YES NO** ENDORSEMENT: **F N**

### PREVIOUS THREE YEARS RESIDENCY (ATTACH SHEET IF MORE SPACE IS NEEDED)

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

### LICENSE INFORMATION

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
<b>DRIVER LICENSES</b>				

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX NO. 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 FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO

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

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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)**

NOTE: DOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN

LAST EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASONS 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 (FMCSRs) while employed by the previous employer? **Yes** **No**  
 Were you subject to DOT alcohol and controlled substances testing requirements as required by 49 CFR Part 40? **Yes** **No**

LAST EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASONS 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 (FMCSRs) while employed by the previous employer? **Yes** **No**  
 Were you subject to DOT alcohol and controlled substances testing requirements as required by 49 CFR Part 40? **Yes** **No**

LAST EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASONS 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 (FMCSRs) while employed by the previous employer? **Yes** **No**  
 Were you subject to DOT alcohol and controlled substances testing requirements as required by 49 CFR Part 40? **Yes** **No**

LAST EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASONS 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 (FMCSRs) while employed by the previous employer? **Yes** **No**  
 Were you subject to DOT alcohol and controlled substances testing requirements as required by 49 CFR Part 40? **Yes** **No**

Have you ever been tested positive, refused to test on any pre-employment drug or alcohol tests administered by an employer to which you applied for, but did not obtain safety sensitive work covered by the DOT rules in past two years? **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 re-send the corrected information to the prospective employer;
- 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."

\_\_\_\_\_  
 DATE APPLICANT'S SIGNATURE

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.

\_\_\_\_\_  
 DATE APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

**NOTICE OF INSURANCE INFORMATION PRACTICES:**

Personal information about you may be collected from persons other than you including consumer credit reporting agencies. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent for instruction on how to submit a request to us.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning a fact material thereto, commits a fraudulent insurance act, which is a crime and may subject the person to criminal and civil penalties, including rescission of coverage.

**APPLICANT'S STATEMENT:** As part of my application for insurance with Rural Mutual Insurance Company, I have read and understand the Notice of Insurance Information Practices.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent Signature                     *Rachel King*                     Date \_\_\_\_\_

C-1799 (8-99)

 **RURAL MUTUAL INSURANCE**  
COMPANY  
P.O. Box 5555 • Madison, WI 53705-0555  
A Farm Bureau Service