

# Driver Employment Application



3083 30<sup>th</sup> Street Hopkins, Michigan 49328

## APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		Cell Phone		E-mail Address	
Date Available		Emergency Contact:		Phone ( )	
Position Applied for				Desired Salary	
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?	YES	NO
Have you ever worked for this company?	YES	NO	If so, when?		
Have you ever been convicted of a felony?	YES	NO	If yes, explain		
Have you ever been denied a license, permit or the privilege to operate a motor vehicle?	YES	NO	If yes, explain		

## EDUCATION

High School	Did you graduate?	YES	NO	Degree
Other	Did you graduate?	YES	NO	Degree

## REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ( )
Full Name	Relationship
Company	Phone ( )
Full Name	Relationship
Company	Phone ( )

## ACCIDENTS / TRAFFIC OFFENSES IN THE PAST 3 YEARS.

Date	Type:	Fatalities:
Location:		Injuries:
Date	Type:	Fatalities:
Location:		Injuries:

Date	Type:	Fatalities :
Location:		Injuries:

### PREVIOUS EMPLOYMENT

\*Any gaps in unemployment and/or employment **must be explained.**

Company		Phone ( )
Address		Contact Person
Responsibilities		
From	To	Reason for Leaving
Company		Phone ( )
Address		Contact Person
Responsibilities		
From	To	Reason for Leaving
Company		Phone ( )
Address		Contact Person
Responsibilities		
From	To	Reason for Leaving
Company		Phone ( )
Address		Contact Person
Responsibilities		
From	To	Reason for Leaving
Company		Phone ( )
Address		Contact Person
Responsibilities		
From	To	Reason for Leaving

### DRIVING EXPERIENCE

Straight Truck	Year(s) Driven:	Approximate Miles Driven:
Tractor Trailer	Year(s) Driven:	Approximate Miles Driven:
Tractor Trailer w/ Doubles	Year(s) Driven:	Approximate Miles Driven:
Tractor Trailer w/ Triples	Year(s) Driven:	Approximate Miles Driven:
Tractor Trailer w/ Tanker	Year(s) Driven:	Approximate Miles Driven:
Other	Year(s) Driven:	Approximate Miles Driven:

### SIGNATURE & DISCLAIMER

This company requires all drivers who drive commercial motor vehicles (CMV), which require a Commercial Drivers License (CDL), to be controlled substance tested with a negative result prior to driving.

Do You Consent to such Testing?	YES	NO
Are you over 18 years old?	YES	NO
Are you over 21 years old?	YES	NO

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

**Schaendorf Custom Farming, Inc.**  
**3083 30<sup>th</sup> St. Hopkins, MI 49328**  
**269-793-0007 or Fax 269-793-3038**

Employee Release of Information

**Applicant Name:** \_\_\_\_\_

**(Print Name)**

I hereby authorize and request (Prior Employer **Company Name/Address/Phone Number**), \_\_\_\_\_, to

release any and all information pertaining to my employment records as required by 49 CFR Section 391.23 to the above named company. You are released from any and all liability which may result from releasing such information.

**Signed:** \_\_\_\_\_

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

**Witnessed by:** \_\_\_\_\_

**SS#** \_\_\_\_\_

**EMPLOYER**

1. The above applicant shows that he/she worked for you.

Employment Dates:                      From: \_\_\_\_\_ To: \_\_\_\_\_

2. Type of equipment driven:  Straight truck  Tractor semi-trailer  Bus  
 Trailers used:  Van  Flatbed  Refrigerated  Cargo Tank  Triples   
 Doubles

3. Was the applicant safe and efficient?  Yes  No

4. Did the applicant have any accidents?  Yes  No

Date	Location- City, State	Towed	Injury	Fatal

5. Reason for leaving your employ:

Discharged  Laid Off  Resigned  Other

How was the driver in:	Excellent	Good	Poor
Quality of work			
Cooperation with others			
Safety Habits			
Personal Habits			

Driving Skills			
Attitude			

Mailed or Faxed On:

Date:

Verified by Phone & Talked to:

Signature:

# MOTOR VEHICLE AUTHORIZATION FORM

I, \_\_\_\_\_, **(print name)** authorize Schaendorf Custom Farming Inc. to process a Motor Vehicle Record according to my personal information listed below. This information is confidential and will be maintained as such.

## **Please complete the following: (Please print legible)**

Full Name (including middle name): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Michigan Drivers License Number: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

## MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

I verify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral in the past 12 months.

DATE	OFFENCE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

\_\_\_\_\_  
(Date of Certification)

Schaendorf Custom Farming Inc.  
(Motor Carrier's Name)

Denise Jacobs  
(Reviewed by: Signature)

\_\_\_\_\_  
(Driver's Signature)

3083 30th St., Hopkins MI 49328  
(Motor Carrier's Address)

Office Assistant  
(Title)

## Previous DOT-Testing History Form

Pursuant to federal Department of Transportation (DOT) regulation 49 CFR § 40.25, the employer listed below must request information regarding a prospective employee's DOT testing history form his/her previous employer(s). The previous DOT-regulated employer(s) must immediately release the requested information on receipt of the written inquiry. 49 CFR § 40.25 (h).

Prospective Employer: Schaendorf Custom Farming Inc. DER: \_\_\_\_\_  
Address: 3083 30th Street Hopkins, MI 49328  
Telephone Number: (269) 793-0007 Fax Number: (269) 793-3083

### Section 1: To be completed by the prospective employee

Employee Printed Name: \_\_\_\_\_ SSN of ID No.: \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ Employer Representative: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Cit, State, Zip: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I hereby authorize my previous employer to release and forward information regarding my Department of Transportation (DOT) regulated drug and alcohol testing and treatment records to my potential employer. I understand the information to be released by my previous employer is described below in section 2.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 2: To be completed by the previous employer

You are hereby requested to provide the following information and transmit it to prospective employer's DER, as listed above.

In the two years prior to the date of the prospective employee's signature in Section 1, for DOT-regulated testing:

	<u>Yes</u>	<u>No</u>
1. Did the individual receive an alcohol test with a result of 0.04 or greater?	_____	_____
2. Did the individual receive a verified positive drug test result?	_____	_____
3. Did the individual refuse to be tested (including verified adulterated or substituted drug test results)?	_____	_____
4. Did the individual have other violations of DOT agency drug and alcohol testing regulations?	_____	_____
5. Did a previous DOT-regulated employer report a drug and alcohol rule violation to you?	_____	_____
6. If you answered "yes" to any of the above items, did the individual complete the return-to-duty process?	_____	_____

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing records).*

Name of person providing information: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 2: To be completed by the prospective employer

<u>Receipt of Information from Previous Employer</u>	<u>Method of Communication</u>
Date Information Received: _____	_____ Letter
	_____ Fax
Received by: _____	_____ E-mail

**NOTE:** *This certificate should be retained in a secure file.*



## Pre-Employment Testing History Form

Employers regulated by the department of Transportation (DOT) must ask all prospective employees offered DOT-regulated positions whether they have tested positive or refused to test on any DOT-required pre-employment drug or alcohol test in the preceding two years. Please respond "yes" or "no" to the following questions by placing an "X" in the appropriate space.

### To be completed by the prospective employee

In the last two (2) years:

- |                                                                                                                                                                                                                                                         | <u>Yes</u> | <u>No</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1. Have you tested positive on any preemployment drug or alcohol test administered by a DOT-regulated employer to which you applied for, but did not obtain safety-sensitive transportation work?                                                       | _____      | _____     |
| 2. Have you refused to test (including adulterated or substituted test results) on any pre-employment drug or alcohol test administered by a DOT-regulated employer to which you applied for, but did not obtain, safety-sensitive transportation work? | _____      | _____     |
| 3. If you responded "Yes" to either Question 1 or 2 above, have you successfully completed the DOT-required return-to-duty process                                                                                                                      | _____      | _____     |

- or -

If you responded "No" to both Questions 1 and 2 above, please mark the following space

\_\_\_\_\_

Please provide the name, address and telephone number of the Substance Abuse Professional (SAP), if any, to which you were referred as a part of the DOT-required return-to-duty process:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_

**I certify that the information set forth above is true and complete to the best of my knowledge. I understand that failure to provide this information is grounds for withdrawal of the conditional job offer. I further understand that if I am subsequently employed, any false statements I provide on this form may result in my dismissal.**

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**NOTE:** *This certificate should be retained in a secure file.*

**Schaendorf Custom Farming Inc**

**PRE-EMPLOYMENT DRUG TESTING POLICY**

*(Attach to job applications)*

All job applicants at this Company will undergo screening for the presence of illegal drugs as a condition for employment.

Applicants will be required to voluntarily submit to lab-based or Point-of-Collection urine, hair or oral fluid test at the Company’s sole discretion, and by signing a consent agreement, will release the Company from liability.

Any applicant with a positive test result, or who adulterates or substitutes a test sample or who attempts to do so, will be denied employment at that time. Any applicant who refuses to be tested or to provide a sample to be tested will be denied employment at that time.

The Company will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that the Company will not tolerate.

**PRE-EMPLOYMENT AGREEMENT**

PLEASE READ CAREFULLY

I freely and voluntarily agree to submit to a drug test as part of my application for employment. I understand that either refusal to submit to a drug test or failure to qualify according to the minimum standards established by the Company for this drug test might disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the Company, I may again be required to submit to a test of my urine, hair or oral fluid. I understand that refusal to take a requested drug test or failure to meet the minimum standards set for the drug test may result in immediate suspension or termination.

In the event that employment commences prior to the Company receiving the drug test results, I understand that I will be immediately terminated if the result comes back positive, adulterated or substituted. I understand that a negative drug test result is required for consideration for permanent employment.

I have read in full and understand the above statements and conditions of employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Driver License Information:

State: \_\_\_\_\_ DL # \_\_\_\_\_