

EMPLOYMENT APPLICATION
PAUL J. SCHMIT TRUCKING, INC.
N56 W23418 MITCHELL LANE - PO BOX 150
SUSSEX, WI 53089

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None," do not leave the item blank, but write "No" or "None." This is important.

Date: _____ Check one: ___ Contractor ___ Driver

Name: _____
(First) (Middle) (Last)

Current Address: _____

Previous Address: _____
(If at current address for less than 3 years)

Phone Number: (____) _____ Cell Number: (____) _____

Emergency Phone Number: (____) _____

Age: _____ Date of Birth: _____ Social Security Number: _____

Physical Exam Expiration Date: _____

Education and Employment History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 Post-Graduate: 1 2 3 4

Give a complete record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Month/Year	Month/Year	Present or Last Employer:
From: _____	To: _____	Name: _____
Position Held: _____	Address: _____	
Reason For Leaving: _____	Phone: _____	

Were you subject to the FMCSR's while employed? ___ Yes ___ No

Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No

Month/Year **Month/Year** **Present or Last Employer:**
From: _____ To: _____ Name: _____
Position Held: _____ Address: _____
Reason For Leaving: _____ Phone: _____
Were you subject to the FMCSR's while employed? ___ Yes ___ No
Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No

Month/Year **Month/Year** **Present or Last Employer:**
From: _____ To: _____ Name: _____
Position Held: _____ Address: _____
Reason For Leaving: _____ Phone: _____
Were you subject to the FMCSR's while employed? ___ Yes ___ No
Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No

Month/Year **Month/Year** **Present or Last Employer:**
From: _____ To: _____ Name: _____
Position Held: _____ Address: _____
Reason For Leaving: _____ Phone: _____
Were you subject to the FMCSR's while employed? ___ Yes ___ No
Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No

Month/Year **Month/Year** **Present or Last Employer:**
From: _____ To: _____ Name: _____
Position Held: _____ Address: _____
Reason For Leaving: _____ Phone: _____
Were you subject to the FMCSR's while employed? ___ Yes ___ No
Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No

Month/Year **Month/Year** **Present or Last Employer:**
From: _____ To: _____ Name: _____
Position Held: _____ Address: _____
Reason For Leaving: _____ Phone: _____
Were you subject to the FMCSR's while employed? ___ Yes ___ No
Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No

Month/Year _____ Month/Year _____ Present or Last Employer: _____
 From: _____ To: _____ Name: _____
 Position Held: _____ Address: _____
 Reason For Leaving: _____ Phone: _____
 Were you subject to the FMCSR's while employed? ___ Yes ___ No
 Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No

Class of Equipment	Dates From - To	Approximate Total Number of Miles
Straight Truck		
Tractor and Semi-trailer		
Tractor-two trailers		
Others		

List states operated in for the last five years: _____

List special courses/training completed (PTD/DDC, Haz Mat, etc): _____

List any safe driving awards you hold and from whom: _____

Accident Record for past three years:

Date of Accident	Nature of Accident (Head on, rear end, ect.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years:

Date	Location	Charge	Penalty

Drivers License (list any held for the past three years)

State	License Number	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

Has any license, permit or privilege ever been suspended or revoked? YES NO

Have you ever been convicted of a felony? YES NO

If you answered "YES" to any of the above questions, please explain:

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Reference #1

Name: _____

Address: _____

Phone: _____

Reference #2

Name: _____

Address: _____

Phone: _____

Reference #3

Name: _____

Address: _____

Phone: _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

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

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ me.

It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse.

This certifies that the 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.

Applicant's Signature

Date

Remarks (for office use only)

PRE-APPLICATION QUESTIONNAIRE

Print Full Name: _____ Date: _____ Age: _____

Address: _____

Phone: _____

How many years of tractor/trailer experience? _____

Can you prove your previous work experience? _____

Has your driver's license **EVER** been revoked, suspended or restricted? _____

If "YES," explain: _____

Commercial Driver's License (CDL)? _____ What state? _____

List any endorsements to your CDL: _____

Check the make of tractor(s) driven

(Circle one)

IHC/Navistar _____ Cab Over Conventional

Kenworth _____ Cab Over Conventional

Freightliner _____ Cab Over Conventional

Peterbilt _____ Cab Over Conventional

Ford _____ Cab Over Conventional

Other _____

Check the type of transmission(s) familiar with:

4 x 4 (16 speed) _____ 5 speed _____ 6 speed _____ 9 speed _____ 10 speed _____

RT 910 _____ Fuller 913 (13 speed) _____ Fuller 12513 (13 speed) _____

5 speed main - 3 speed aux. _____ Triplex (15 speed) _____

Other _____

Check the type of trailer(s) pulled:

Regular van _____ Reefer unit _____ Flat bed _____ Drop deck _____ Grain _____

Hopper _____ Livestock _____ Bulk tanker _____ liquid bulk tanker _____

Other _____

Check the commodities transported:

LTL freight _____ Livestock _____ Suspended meat _____ reefer products _____
 Dairy products _____ Grain _____ Feed _____ Steel _____ Lumber _____ Haz Mat _____
 Heavy equipment _____ Sand/gravel _____ Household goods _____ petroleum _____
 Other _____

Check states operated in:

Ala. _____ Ariz. _____ Ark. _____ Calif. _____ Colo. _____ Conn. _____ Del. _____ Fla. _____
 Ga. _____ Idaho _____ Ill. _____ Ind. _____ Iowa _____ Kans. _____ Ky. _____ La. _____
 Maine _____ Md. _____ Mass _____ Mich. _____ Mn. _____ Miss _____ Mo. _____ Mont. _____
 Neb. _____ Nev. _____ N.H. _____ N.J. _____ N.M. _____ N.Y. _____ N.C. _____ N.D. _____ Ohio _____
 Okla. _____ Oreg. _____ Pa. _____ R.I. _____ S.C. _____ S.D. _____ Tenn. _____ Texas _____
 Utah _____ Vt. _____ Virg. _____ Wash. _____ W.V. _____ Wi. _____ Wy. _____

Canada: Alberta _____ B.C. _____ Ontar. _____ Queb. _____ Mant. _____

List motor carriers driven for:

Name	City, State	Company Driver?	Owner Operator?	How Long?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all accidents and/or traffic violations for past 3 years:

Mo./Yr.	Location	Type/Circumstance	Car?	Truck?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MANDATORY USE FOR ALL ACCOUNT HOLDERS
IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.
LAST UPDATED 10/29/2012

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____ (X) _____
 First, M.I., Last _____ (X) _____
 Social Security Number _____ (X) _____
 hereby authorize: _____ (X) _____
 Date of Birth _____

Previous Employer: _____ Email: _____
 Street: _____ Telephone: _____
 City, State, Zip: _____ Fax No.: _____

to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (date of employment application) (X)

To: _____
 Prospective Employer: _____
 Attention: _____ Telephone: _____
 Street: _____
 City, State, Zip: _____

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: _____
 Prospective employer's confidential email address: _____

_____ (X) _____
 Applicant's Signature _____ Date _____

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

EMPLOYMENT VERIFICATION

The applicant named above was or is employed or used by us. Yes No

Employed as (job title) _____ from (m/y) _____ to (m/y) _____

Did he/she drive a motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus
 Cargo Tank Doubles/Triples Other (Specify) _____

Completed by: _____
 Company: _____
 Street: _____
 City, State, Zip: _____ Telephone: _____
 Signature: _____ Date: _____

If there is no safety performance history to report, check here and return. Otherwise, complete Sections 3 and 4 on SIDE 2 before returning.

SECTION 3 TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on SIDE 1 or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

SECTION 4 TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you, please check here and return. Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: YES NO
- An alcohol test with a result of 0.04 or higher alcohol concentration.
 - A controlled substances test result of positive, adulterated, or substituted.
 - A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test.
 - Alcohol use while performing or within 4 hours before performing safety-sensitive functions.
 - Alcohol use after an accident, in violation of §382.303.
 - Controlled substances use while on duty, except as allowed under §382.213.
2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here N/A
3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?

SECTION 5a TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 5b TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____