

Green Bay Terminal
3070 Commodity Lane
Green Bay WI 54302
800-333-0515
920-337-6380 Phone



Corporate Headquarters
2830 Cleveland Ave
P.O. Box 456
Marinette WI 54143
800-333-9291
888-750-1649 Fax
715-732-4251 Alt. Fax

APPLICATION FOR EMPLOYMENT
 CERTIFICATION QUESTIONNAIRE FOR INDEPENDENT CONTRACTOR

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Answer all Questions and Please Print

Date of Application: _____

Date of Birth: ___/___/___

Name: _____ Social Security No. _____
Last First Middle

E-Mail Address: _____ Phone: _____ / _____
Home Cell

Address: _____
Street City How long? _____
State Zip Code

Address for past 3 years:

_____ How long? _____
Street City St Zip Code

_____ How long? _____
Street City St Zip Code

Do you have the legal right to work in the United States? Yes No Can you provide proof of age? Yes No

Have you ever worked for this company before? Yes No If Yes, when? From _____ to _____

Who referred you? _____

Have you ever been convicted of a felony? Yes No If yes, list date, charge and sentence _____

Conviction will not necessarily prevent employment

Are you currently on parole or probation? Yes No If yes, please explain _____

Have you ever been bonded? Yes No If Yes, Name of Bonding Company? _____

Have you ever tested positive for drugs or alcohol following a pre-employment, random, or reasonable suspicion test? Yes No

Have you ever refused to take a pre-employment, random, or reasonable suspicion test? Yes No

EMPLOYMENT RECORD FOR THE PAST 10 YEARS

Begin with your most recent job, list all your employers/ lessors for at least the past 10 years including all full and part time employment. All time must be accounted for, including military service, self-employment, periods of unemployment, and time spent incarcerated for conviction of a crime. Please start with your most recent employer.

EMPLOYER 1: Name: _____ Employment Dates: From _____ to _____
Address: _____
Street _____ City _____ State _____ Zip Code _____
Phone: _____ Contact Person: _____
Position Held: _____ Salary/ Wage: _____
Reason for Leaving: _____
Were you subject to FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your job designated as a safety sensitive function in any DOT Regulated Mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer 2: Name: _____ Employment Dates: From _____ to _____
Address: _____
Street _____ City _____ State _____ Zip Code _____
Phone: _____ Contact Person: _____
Position Held: _____ Salary/ Wage: _____
Reason for Leaving: _____
Were you subject to FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your job designated as a safety sensitive function in any DOT Regulated Mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYER 3: Name: _____ Employment Dates: From _____ to _____
Address: _____
Street _____ City _____ State _____ Zip Code _____
Phone: _____ Contact Person: _____
Position Held: _____ Salary/ Wage: _____
Reason for Leaving: _____
Were you subject to FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your job designated as a safety sensitive function in any DOT Regulated Mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYER 4: Name: _____ Employment Dates: From _____ to _____
Address: _____
Street _____ City _____ State _____ Zip Code _____
Phone: _____ Contact Person: _____
Position Held: _____ Salary/ Wage: _____
Reason for Leaving: _____
Were you subject to FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your job designated as a safety sensitive function in any DOT Regulated Mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYER 5: Name: _____ Employment Dates: From _____ to _____
Address: _____
Street _____ City _____ State _____ Zip Code _____
Phone: _____ Contact Person: _____
Position Held: _____ Salary/ Wage: _____
Reason for Leaving: _____
Were you subject to FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your job designated as a safety sensitive function in any DOT Regulated Mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>

NOTE: The Federal Motor Carrier Safety Regulations (FMCSR's) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1. Weighs or has a GVWR of 10,001 lbs or more, 2. Is designed or used to transport 9 or more passengers, or 3. Is of any size and is used to transport hazardous materials in a quantity requiring placards.

ACCIDENT RECORD FOR THE PAST 5 YEARS

List all accidents/ incidents, whether you feel you were at fault or not

Last Accident:	Date: _____	Fault: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Accident Type: _____
Type of Vehicle: _____	Number of Vehicles Involved: _____	Number of Injuries: _____	Number of Fatalities: _____	
Were any vehicles towed away? Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Next Previous:	Date: _____	Fault: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Accident Type: _____
Type of Vehicle: _____	Number of Vehicles Involved: _____	Number of Injuries: _____	Number of Fatalities: _____	
Were any vehicles towed away? Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Next Previous:	Date: _____	Fault: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Accident Type: _____
Type of Vehicle: _____	Number of Vehicles Involved: _____	Number of Injuries: _____	Number of Fatalities: _____	
Were any vehicles towed away? Yes <input type="checkbox"/>	No <input type="checkbox"/>			

TRAFFIC CONVICTIONS FOR THE PAST 5 YEARS

1. Date: _____	State: _____	Violation? _____	Penalty Amount: _____
2. Date: _____	State: _____	Violation? _____	Penalty Amount: _____
3. Date: _____	State: _____	Violation? _____	Penalty Amount: _____
4. Date: _____	State: _____	Violation? _____	Penalty Amount: _____

DRIVING EXPERIENCE

Straight Truck	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dates: From _____	To _____	Approx. Total Miles: _____
Tractor Trailer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dates: From _____	To _____	Approx. Total Miles: _____
Tractor Trailer (Doubles/ Triples):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dates: From _____	To _____	Approx. Total Miles: _____
Experience in:	Van <input type="checkbox"/>	Flatbed <input type="checkbox"/>	Refrigerated <input type="checkbox"/>	Tanker <input type="checkbox"/>	Other <input type="checkbox"/> Explain: _____
List states operated in for the last five years:	_____				

LIST ALL DRIVER LICENSES HELD (Starting with your Current License)

State: _____	Lic. No. _____	Type: _____	Endorsements: _____	Expiration Date: _____
State: _____	Lic. No. _____	Type: _____	Endorsements: _____	Expiration Date: _____
State: _____	Lic. No. _____	Type: _____	Endorsements: _____	Expiration Date: _____
Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Has any license, permit or privilege ever been suspended or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
IF the answer to either is yes, give details:	_____			

Are you able to do the following? If No, please explain in the comments section below.

- Yes No Operate a commercial vehicle for up to 11 hours per day
- Yes No Move freight weighing up to 70 lbs. from floor level to shoulder height
- Yes No Pull a 5th wheel pin with an average of 200lbs of force?
- Yes No Pull yourself in the tractor at 60% of your body weight?
- Yes No Reach shoulder level or above to load and unload freight for extended periods of time
- Yes No Climb in and out of a tractor or trailer 8 to 10 times per day
- Yes No Complete written daily record of duty status forms (Logs)
- Yes No Conduct thorough pre-trip inspections on tractor and trailer
- Yes No Fuel and perform minor preventive maintenance on a tractor or trailer
- Yes No Operate a commercial motor vehicle at night
- Yes No Read, recognize, and obey traffic signs and electronic control devices
- Yes No Legally enter and exit Canada?

Explanation for any "NO" answers: _____

Do you require any special accommodations? If so, please explain: _____

Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 **College:** 1 2 3 4

Last School
 Attended: _____
Name City

Did you attend a Truck Driving School? Yes No

School
 Attended: _____
Name City State

Phone Number: _____ Graduation Date: ____/____/____ Overall GPA: _____

Contact Person: _____ Total Hours Attended: _____

INDEPENDENT CONTRACTOR INFORMATION

If applicable

Year of Truck: _____ Make: _____ Model: _____ Weight: _____

Wheel Base: _____ Fifth Wheel Height: _____ Fuel Capacity: _____ Max Cargo Weight: _____

ADDITIONAL COMMENTS

This certifies that this application was completed by me, and that all entries on it, information on it, and attachments to it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of 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.

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

I am familiar with and understand the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts 383, 387, 390-399, Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations.

I understand and agree that if I am hired as a **company driver**, I will be considered an employee only upon successful completion of road test, physical & drug screen, and orientation. I further understand that if employed, I will be considered a Wisconsin based employee for all purposes of employment, due to the facts that I was offered employment and was employed in the state of Wisconsin and that I will receive all work orders from a supervisor also based in Wisconsin, and will be paid from the corporate office in Wisconsin.

Signature of Applicant

Date

REQUEST FOR VERIFICATION OF EMPLOYMENT AND SAFETY PERFORMANCE HISTORY

FROM: John Veriha Trucking, Inc – Recruiting PO Box 456 - Marinette, WI 54143

Return Fax: 888-750-1649

I, (print name) hereby authorize you to release to John Veriha Trucking, Inc., all records of my employment. Including, assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant's Signature: Date:

SSN: JOB APPLYING FOR:

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

Applicant worked for you as a from / / to / /

If Employed or Leased as a driver, please answer the following: Company Driver Owner/Operator Other

Did this employee operate a CMV as a part of his/ her job? Yes No

Type: OTR Regional Short haul Local Equipment: Van Dump Flatbed Reefer

Commodities transported: Area of operations:

Accidents? YES: NO:

- 1. Preventable: YES NO DOT Recordable: YES NO Description:
2. Preventable: YES NO DOT Recordable: YES NO Description:
3. Preventable: YES NO DOT Recordable: YES NO Description:

Why did this employee leave your company? Quit Discharge Layoff Other

Would you re-hire this person? YES NO, If NO, please explain:

Did this person return all company property in a timely manner? Yes No

Did this person give proper notice upon leaving? Yes No Problems with Attendance? Yes No

Did this person pick up and deliver on time? Yes No

Additional comments:

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 3 YEARS

- 1. Alcohol tests with a result of 0.04 or greater? YES NO If yes, please give date(s):
2. Verified positive controlled substances test results? YES NO If yes, please give date(s):
3. Did applicant ever refuse to be tested? YES NO If yes, please give date(s):
4. Was rehabilitation completed as required? YES NO If yes, please give date(s):
5. Any other violations of DOT agency drug or alcohol testing regulations? YES NO If yes, please give date(s):
6. Have you ever been notified of a positive drug or alcohol test from any previous employer about this employee? YES NO If yes, please give date(s):

Person providing the above information:

Name: Title:
Company: Date:

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted.