

Employment Record for the Past 10 Years

Begin with your most recent employer; provide 10 years of work history for driving jobs, 5 years of work history for non-driving jobs, all full and part-time employment. All time must be accounted for, including military service, self-employment, periods of unemployment. Provide documentation for periods of self-employment (tax records, 1099's, and/or business invoices). You must indicate whether your prior job(s) were regulated by Federal Motor Carrier Safety Regulations (FMCSR) or subject to drug and/or alcohol testing. **If you require additional space to list past employers, photocopy this blank page or use a sheet of blank paper and include the required information.**

Period of Non-Employment: From _____ To _____

Employer 1: Name: _____		Employment Dates: ____/____/____ to ____/____/____	
Address: _____			
Street	City	State	Zip Code
Phone: _____		Contact Person: _____	
Position Held: _____		Truck Type Driven: Semi <input type="checkbox"/> Straight <input type="checkbox"/> Other <input type="checkbox"/> Rate of Pay: _____	
States Driven In: _____		Reason for leaving: _____	
Are you currently employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to FMCSR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety sensitive function in any DOT Regulated Mode subject to drug and alcohol testing requirements of 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Period of Non-Employment: From _____ To _____

Employer 2: Name: _____		Employment Dates: ____/____/____ to ____/____/____	
Address: _____			
Street	City	State	Zip Code
Phone: _____		Contact Person: _____	
Position Held: _____		Truck Type Driven: Semi <input type="checkbox"/> Straight <input type="checkbox"/> Other <input type="checkbox"/> Rate of Pay: _____	
States Driven In: _____		Reason for leaving: _____	
Are you currently employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to FMCSR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety sensitive function in any DOT Regulated Mode subject to drug and alcohol testing requirements of 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Period of Non-Employment: From _____ To _____

Employer 3: Name: _____		Employment Dates: ____/____/____ to ____/____/____	
Address: _____			
Street	City	State	Zip Code
Phone: _____		Contact Person: _____	
Position Held: _____		Truck Type Driven: Semi <input type="checkbox"/> Straight <input type="checkbox"/> Other <input type="checkbox"/> Rate of Pay: _____	
States Driven In: _____		Reason for leaving: _____	
Are you currently employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to FMCSR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety sensitive function in any DOT Regulated Mode subject to drug and alcohol testing requirements of 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Period of Non-Employment: From _____ To _____

Employer 4: Name: _____		Employment Dates: ____/____/____ to ____/____/____	
Address: _____			
Street	City	State	Zip Code
Phone: _____		Contact Person: _____	
Position Held: _____		Truck Type Driven: Semi <input type="checkbox"/> Straight <input type="checkbox"/> Other <input type="checkbox"/> Rate of Pay: _____	
States Driven In: _____		Reason for leaving: _____	
Are you currently employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to FMCSR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety sensitive function in any DOT Regulated Mode subject to drug and alcohol testing requirements of 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 or 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.

List all accidents/incidents you have been involved in within the past 5 years, regardless of fault, severity or motor vehicle type. If None write NONE

Last Accident: Date: ___/___/___ Fault: Yes No Accident Type: _____
 Type of Vehicle: _____ Number of Vehicles Involved: _____ Number of Injuries: _____ Number of Fatalities: _____
 Were any vehicles towed away? Yes No

Last Accident: Date: ___/___/___ Fault: Yes No Accident Type: _____
 Type of Vehicle: _____ Number of Vehicles Involved: _____ Number of Injuries: _____ Number of Fatalities: _____
 Were any vehicles towed away? Yes No

Last Accident: Date: ___/___/___ Fault: Yes No Accident Type: _____
 Type of Vehicle: _____ Number of Vehicles Involved: _____ Number of Injuries: _____ Number of Fatalities: _____
 Were any vehicles towed away? Yes No

Moving Convictions – List all tickets and forfeitures for the past 5 years (excluding parking tickets).

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

**List ALL driver licenses numbers assigned to you in the past 10 years.
 (Starting With Your Current License)**

State: _____ License No. _____ Type: _____ Endorsements: _____ Exp. Date: ___/___/___
 State: _____ License No. _____ Type: _____ Endorsements: _____ Exp. Date: ___/___/___
 State: _____ License No. _____ Type: _____ Endorsements: _____ Exp. 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
 If yes, give details: _____

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 State
 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: _____

Military

Branch: _____ Dates of Service: From _____ To _____
 Type of Discharge _____ MOS _____

Truck Driver (intrastate, interstate and Canadian commerce) Job Description

Qualifications

- Operate commercial motor vehicle in a safe and efficient manner.
- Comply with all Federal, state or local regulations that govern the trucking industry. This includes but is not limited to DOT and FMCSR.
- Have a working knowledge of FMCSR regulations and Hours of Service regulations.
- Possess and maintain a valid CDL – Class A (A copy of your valid Class A CDL will be required for DOT files).

Duties

- Conduct yourself in a manner that promotes professionalism within the company and the industry and provide safe, superior customer service in an efficient, professional manner.
- Have and demonstrate the necessary driving skills to operate a commercial combination vehicle at varying speeds in difficult situations that may include, but is not limited to heavy traffic, inclement weather or at shipper or receiver locations that may include docking situations.
- Conduct pre-trip and post-trip inspections on tractor-trailer combination vehicles.
- Load and unload general freight products by hand when necessary.
- Operate mobile (satellite) in truck communication systems to include utilizing electronic on board logs.
- Conduct minor repairs of commercial motor vehicles following company procedures when instructed to perform such services at the direction of company authorized personnel.
- Install and remove tire chains when required by local law or as required by weather conditions.
- Perform other duties as assigned.

Statements included in this job description do not necessarily represent an exhaustive list of all responsibilities, skills, duties, requirements, efforts or working conditions associated with the truck driving job.

Applicants – Are you able, with or without accommodation:

- 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 to a distance of more than 53 feet?
- Yes No Pull a 5th wheel pin with an average of 200 lbs. of force?
- Yes No Raise and lower the landing gear which involves repetitious turning of trailer dolly handle (crank)?
- 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 and/or post-trip inspections on tractor and trailer?
- Yes No Fuel and perform minor or preventive maintenance on a tractor or trailer?
- Yes No Operate a commercial motor vehicle in a safe and efficient manner during daytime and/or nighttime hours?
- Yes No Can you read, write and speak English sufficiently to converse with the general public, understand highway and traffic signs and signals, respond to official inquires, read a bill of lading and make accurate entries in the driver's daily log or electronic on board recorder as required by Federal regulations?
- Yes No Legally enter and exit Canada?
- Yes No Can you transport all commodities, including alcohol or all types of food products?

AUTHORIZATION AND CERTIFICATION
PLEASE PRINT NAME, SIGN AND DATE BELOW

Must be carefully read and authorized by applicant. If you have any questions or require an explanation of the terms of this Authorization and Certification, please call Veriha Trucking (Carrier) 800-333-9291.

- I understand, agree and authorize that Veriha Trucking (Carrier) may procure one or more reports regarding my Motor Vehicle Record, driving record, credit history, criminal background history and/or past employment records from any law enforcement agency, court of record, HireRight, any third party consumer reporting agency and/or other sources as the Carrier deems necessary for the consideration of my employment.
- I authorize Veriha Trucking 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 further agree to provide access to previous medical records if required.)
- I understand, agree and authorize that Carrier may procure my safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years from the Federal Motor Carriers Safety Administration Pre-Employment Screening Program or any other third party consumer reporting agency.
- I understand, agree and authorize the release of any information about my education, experience, abilities, or work related characteristics or traits held or known by my former employers, supervisors, co-workers or by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Carrier might contact in the course of conducting a reference check or background investigation of my suitability for employment.
- I hereby authorize, without liability, any person or organization whose name I have given as a reference, or my whom I have been previously employed or contracted with, to furnish Veriha Trucking any information they may have concerning my safety performance, all accidents, including those defined in 390.5 of FMCSA, all drug and alcohol testing violations, refusals or completed rehabilitations, character, habits, ability, financial responsibility, job performance or other work related characteristics, reasons for leaving employment/lease and all information concerning my employment/lease. I hereby release all such persons and organizations from any claims for damages of any kind which may occur to me by reasons of furnishing such information.
- I understand that if I had employment with a DOT employer in the past (3) three years, I have: 1) the right to review information provided by previous employers and/or consumer reporting agency. 2) The right to have errors in information corrected by the previous employer and/or consumer reporting agency and for that previous employer and/or consumer reporting agency to re-send the corrected information to Veriha Trucking. 3) The right to have a rebuttal statement attached to the alleged erroneous information if I cannot agree with my previous employer and/or consumer reporting agency on the accuracy of the information.
- I understand and I agree to the terms and conditions of the Truck Driver Job Description.
- I understand that this application for employment will not be accepted as final until satisfactorily completing a medical examination including drug testing, a driving skill exam, a pre-work screening identifying I can safely perform essential job functions, and personal interview. The location of these exams and requirements shall be at the sole discretion of the Carrier.
- I understand and agree that, as a condition of employment with Veriha Trucking, I will be subject to the alcohol and controlled substances regulations as published in the Federal Motor Carrier Safety Regulations (FMCSR) parts 40 and 382. I further agree to submit urine and breath samples as necessary to comply with testing requirements of the regulations. I understand that a positive test result for controlled substances (including adulterated samples or refusals to test) or test results indicating a Blood Alcohol Content (BAC) of .04 or greater will be grounds for refusal to hire or immediate termination of my employment, if hired.
- I understand that any point in the future, whether I am actively employed by the Carrier or not, the Carrier may provide information concerning my employment and services with the Carrier to HireRight, Inc. and/or TenStreet any party that requests such information. I agree that said information may be furnished on my behalf without any liability or damages to the Carrier.
- I understand and agree that my submitting this application to the Carrier for employment in no way obligates the Carrier to offer me employment.
- I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Carrier has the same right.
- I understand and agree that if I am hired as a company driver, 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 by a Wisconsin incorporated company and I am paid from the corporate office in Wisconsin.
- I am familiar with and understand the Federal Motor Carrier Safety Regulations (FMCSR) Parts 383, 390-399, Subchapter B, Title 49 of the Code of Federal Regulations.
- I certify that this application and all information provided by me in connection with my application, whether on this document or not, is true and complete to the best of my knowledge. Any false, misleading, incomplete or omission of information shall be sufficient grounds for disqualification of this application, refusal to hire, or termination of my employment if this application results in employment.
- I attest I have read and understand the terms of this Authorization and Certification by placing my name at the bottom of said document.
- By placing my name below, I authorize Carriers and its employees, agents, and affiliates to obtain the information authorized in this Authorization and Certification document.

Applicant Name: _____ Social Security Number: _____

Applicant Signature: _____ Date: _____

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE

1. In connection with your application for employment with Veriha Trucking, Inc. ("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 Veriha Trucking, Inc. 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.

Signature

Date

Social Security #

REQUEST FOR VERIFICATION OF EMPLOYMENT AND SAFETY PERFORMANCE HISTORY
FROM: Veriha Trucking, Inc. – Recruiting PO Box 456 – Marinette, WI 54143 **Return Fax: 888-750-1649**

I, (print name) _____, hereby authorize you to release to Veriha Trucking, Inc., all records of my employment. Including, assessments of my job performance, employment background, ability, and fitness. Per 49CFR Part 40, the release or information from my DOT regulated drug and alcohol testing records by the carriers. I authorize the carrier to release any dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three year period, DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.40 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation and the name and phone number of any substance abuse professional who evaluated me during the past three years. 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.

I understand that if I had employment with a DOT employer in the past three years: 1. I have the right to review information provided by previous employers. 2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to Veriha Trucking, Inc. 3. The right to have a rebuttal statement attached to the alleged erroneous information, if I cannot agree with my previous employer on the accuracy of the information. I understand that in order to review information provided by previous employers I must submit a written request to Veriha Trucking, Inc. no later than 30 days after being employed or being notified of denial of employment.

Applicant's Signature _____ Date: _____
SS#: _____ Job Applying For: _____

APPLICANT SIGN AND DATE ABOVE ONLY!

Inquiry into Employment History/Alcohol and Controlled Substance Testing per FMCSA 49 DFR Parts 40 and 391.23

Company _____ Address _____ Phone/Fax _____

Dates of Employment: ___/___/___ to ___/___/___ and ___/___/___ to ___/___/___ Full Time Part Time

Position held with company _____ Driving Experience: OTR Regional Local Team

Equipment: Straight Truck Tractor-Semi Trailer Type: Van Reefer Flat Other

Type of Operation: Company Driver Owner/Operator Driver For Owner/Operator

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 Rehire: Yes No

Work Record: Outstanding Satisfactory Unsatisfactory Other: _____

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

Did this person give proper notice upon leaving? Yes No Problem with attendance? Yes No

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

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 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: _____