



Franzen Trucking LLC
W3515 County Road C
Sheboygan Falls, WI 53085

Employee Information

Date of Application: ____ / ____ / ____

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

The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Position applying for: Contractor Driver Contractor's Driver

Name: _____

(First)

(Middle)

(Last)

Phone Number: (____) ____ - ____ Emergency Phone Number: (____) ____ - ____

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

Physical Exam Expiration Date: _____

Current & Three Years Previous Addresses:

Address	From	To
Address	From	To
Address	From	To

Have you worked for this company before? Yes No

If yes, give dates: From _____ To _____

Reason for leaving: _____

Education and Employment History

Please list your highest grade completed:

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 10 years.

Company Name	From To
Address	Position Held
City State Zip	Contact Phone
Were you subject to FMCSRs® while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name	From To
Address	Position Held
City State Zip	Contact Phone
Were you subject to FMCSRs® while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name	From To
Address	Position Held
City State Zip	Contact Phone
Were you subject to FMCSRs® while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

States you have operated in, for the last five years: _____

Special courses or training you had completed: _____

Any Safe Driving Awards you hold and from whom: _____

Accident Record for past three years (*attach sheet if more space is needed*)

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

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License (List each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date

Applicant Driving Experience continued

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

Is there any reasons you might be unable to perform the functions of the job for which you have applied (as described in the job description)?

Yes No

Have you ever been convicted of a felony?

Yes No

If 'Yes' to any above questions, give details: _____

References

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

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

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.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

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

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

This certifies that this 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)
