COMMERCIAL DRIVER APPLICATION BLUE NORTHERN DISTRIBUTING LLC. 5640 Old Town Hall Rd. Eau Claire WI, 54701

NAME					
		EMER		E ()	
AGE	DA'	FE OF BIRTH			
(The Age Discrimit but less than 70 yea		nt Act of 1967 prohibits discriming	ation on the basis of age	with respect to individua	ls who are at least 40
PHYSICAL EX	KAM EXPIRATI	ON DATE			
CURRENT & I	PREVIOUS THR	EE YEARS ADDRESSES			
				ТО	
			EDON	TO	
			FROM	ТО	
	-	·····			
EDUCATIC	DN 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 Grad	luate: 1 2 3 4	
		EMPLOYME	NT HISTORY:		
		of all employment for the pa nmercial driving experience			oyment or self
Mo/Yr From	Mo/Yr	Present or Last Emplo	•		

From	10	Name			
Position Held		Address			
Reason for leavi	ing			Company pho	ne ()
Were you subject	ct to the FMCSF	s while employed here?		Yes	No
Was your job de	esignated as a sa	fety-sensitive function in a	ny DOT- r	egulated mode sul	bject to the drug and alcohol
testing requirem	ents of 49 CFR	Part 40?	Yes		No
		Present or Last Emplo			
Position Held		Address			
		Rs while employed here?			ne ()
• •		I V –			No bject to the drug and alcohol
testing requirem	ents of 49 CFR	Part 40?	Yes		No

Mo/Yr From	Mo/Yr To	Present or Last Employ	yer
Position Held		Address	
Reason for leav	ring		Company phone ()
Was your job de	esignated as a sat	fety-sensitive function in any	Yes No y DOT- regulated mode subject to the drug and alcohol Yes No
Mo/Yr From	Mo/Yr To	Present or Last Employ Name	yer
Position Held		Address	
Reason for leav	ing		Company phone ()
Was your job de	esignated as a sat	fety-sensitive function in any	YesNo y DOT- regulated mode subject to the drug and alcohol YesNo
Mo/Yr	Mo/Yr	Present or Last Employ	yer
Position Held		Address	
Reason for leav	ring		Company phone ()
Was your job de	esignated as a sat	fety-sensitive function in any	YesNo y DOT- regulated mode subject to the drug and alcohol YesNo
Mo/Yr From	Mo/Yr To	r r r r r r r r r r	yer
Position Held		Address	
Reason for leav	ring		Company phone ()
Were you subje	ect to the FMCSR	s while employed here?	YesNo
			y DOT- regulated mode subject to the drug and alcoholYesNo
Mo/Yr From	Mo/Yr To	Present or Last Employ Name	yer
Position Held		Address	
Reason for leave	ing		Company phone ()
Were you subject to the FMCSRs while employed here?		s while employed here?	YesNo
			y DOT- regulated mode subject to the drug and alcohol
	nents of 49 CFR and the sheets for 10-	Part 40? year history, if needed.)	YesNo

DRIVING EXPERIENCE

Class of Equipment	From	То	Approximate Number of Miles
Straight Truck			
Tractor & Semi- trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years:_____

List special courses/training completed (PTD/DDC, HAZMAT, ETC)_____

List any Safe Driving Awards you hold and from whom:_____

Accident Record for past three (3) years: (attach sheet if more space is needed):

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

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three(3) years:

State	License	Туре	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Has any license, permit or privilege ever been suspended or revoked?	Yes Yes	No No
Is there any reason you might be unable to perform the functions of the job for which y the job description)?	you have applied (as Yes	described inNo
Have you ever been convicted of a felony? If the answers to any questions listed above are "yes", give details	Yes	No

Job References

List three (3) persons for references, 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 obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person 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 this Application in no way obligates the motor carrier to employ or hire the applicant.

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 Signature____

Date

Remarks: (For office use only)