



Ultimate Freightways, LLC  
 1111 West Layton  
 Milwaukee, WI 53221  
 Ph: 414-769-9778  
 Fax : 414-769-9845

# Driver Application

## Applicant Information

Name \_\_\_\_\_  
 (First) (Middle) (Last)

Current Address \_\_\_\_\_ How Long? \_\_\_\_\_  
 (Street) (City) (State,Zip)

Previous Address (es) \_\_\_\_\_ How Long? \_\_\_\_\_  
 (Street) (City) (State,Zip)

\_\_\_\_\_ How Long? \_\_\_\_\_  
 (Street) (City) (State,Zip)

Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relation \_\_\_\_\_

Contact Address \_\_\_\_\_ Phone # \_\_\_\_\_

## Driver's License Information

State	License #	Type	Expiration Date
____ / ____ / ____	_____ / _____	_____ / _____	_____ / _____
____ / ____ / ____	_____ / _____	_____ / _____	_____ / _____

## Driver's Experience

Type of Equipment	From (Date)	To (Date)	Approx. # of Miles
_____	_____	_____	_____
_____	_____	_____	_____

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 you answered yes to either of the above 2 questions, attach a statement of explanation.

## Tickets / Accidents / Etc.

Accident Record for Past 3 Years		
Date	Description	# of Injuries/ Fatalities

  

Traffic Convictions & Forfeitures for Past 3 Years			
Location	Date	Charge	Penalty

## Employment Record

**NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.**

Employer 1 _____	Employment: From _____ To _____
Address _____	City _____ State ____ Zip _____
Phone # _____	Supervisors' Name _____
Job Title _____	Reason for leaving _____
Were you subject to the FMCSRs 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 the drugs & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer 2 _____	Employment: From _____ To _____
Address _____	City _____ State ____ Zip _____
Phone # _____	Supervisors' Name _____
Job Title _____	Reason for leaving _____
Were you subject to the FMCSRs 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 the drugs & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer 3 _____	Employment: From _____ To _____
Address _____	City _____ State ____ Zip _____
Phone # _____	Supervisors' Name _____
Job Title _____	Reason for leaving _____
Were you subject to the FMCSRs 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 the drugs & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer 4 \_\_\_\_\_ Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drugs & alcohol testing requirements of 49 CFR Part 40?  Yes  No

Employer 5 \_\_\_\_\_ Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drugs & alcohol testing requirements of 49 CFR Part 40?  Yes  No

Employer 6 \_\_\_\_\_ Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drugs & alcohol testing requirements of 49 CFR Part 40?  Yes  No

Employer 7 \_\_\_\_\_ Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drugs & alcohol testing requirements of 49 CFR Part 40?  Yes  No

Employer 8 \_\_\_\_\_ Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drugs & alcohol testing requirements of 49 CFR Part 40?  Yes  No

NOTE: If needed, make additional copies of this page to capture info regarding all employers during the past 10 years.

## Declaration of Employment Status

-this refers to any gaps in employment history

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment for longer than 1 month are explained as follows:

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

During this time, I was engaged in the following activity:

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In addition:

\_\_\_\_\_ I was not employed by any company or individual

\_\_\_\_\_ I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial Vehicle

### To Be Read and Signed By Applicant

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 conditional offer of employment has been extended.) I hereby release employer, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used and those employers will be contacted, for the purpose of investigation my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by the previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the correct information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413 and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employer Witness

\_\_\_\_\_  
Company Name

## Alcohol and Controlled Substance Consent and Release

Have you ever refused to be tested for drugs & alcohol at any time in the last 2 years?  Yes  No  
Have you ever tested positive for drugs or alcohol at any time in the last 2 years?  Yes  No  
Have you ever tested positive on any pre-employment drug or alcohol test for a job which you applied for but did not obtain?  Yes  No

If you answered yes to any of the above questions, attach a statement of explanation and provide proof of return to duty process.

I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post-Accident

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employer Witness

\_\_\_\_\_  
Company Name

## Certification of Compliance with Driver License Requirements

**MOTOR CAREER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicles weighing 26,001 pounds or more can transport more than 15 people or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.

If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it: you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regualtions require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

**DRIVERS CERTIFICATION:** I certify that I have read and understand that above requirements.

The following license is the only one I will possess:

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Drivers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTES: \_\_\_\_\_

## Hours of Service Record for First-time or Intermittent Drivers

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Day	Total Time on Duty
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
Total	_____

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from my duty was:

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

This form is to be completed on the day before or day of driver's first dispatch.

## Safety Performance History Records Request

### Section 1 To Be Completed By Prospective Employee

I, (Print Name) \_\_\_\_\_  
 First, M.I., Last \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB \_\_\_\_\_

**Hereby authorize:**

Previous Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Street: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 City, State, Zip : \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing Records within the previous 3 years from \_\_\_\_\_ To: \_\_\_\_\_  
 (date of employment application)

Attn: \_\_\_\_\_ Phone : \_\_\_\_\_  
 Prospective Employer : \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Fax: \_\_\_\_\_

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, letter, or email.

\_\_\_\_\_  
 Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section 2 To Be Completed By Previous Employer

#### ACCIDENT HISTORY

The applicant named above was employed by us.  Yes  No  
 Employed from (m/yr) \_\_\_\_\_ to (m/yr) \_\_\_\_\_

1. Did he/she drive motor vehicle for you?  Yes  No  
 If yes, what type?  Straight truck  Tractor Trailer  Other (specify) \_\_\_\_\_

2. Reason for leaving your employ:  Discharged  Resignation  Lay Off  Military Duty

If there is no safety performance history to report, check here  , sign below and return.

**ACCIDENTS:** 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 above, or check here  if there is no accident register data for this driver.

	Date	Location	# of Injuries	# of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

**Continued on next page**



Please provide information concerning any other accidents involving the applicant that were reported to government agencies or Insurers or retained under internal company policies: \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Section 3 To Be Completed By Previous Employer**

If driver was not subject to DOT testing requirements while employed by this employer please check here  fill in the dates of Employment from (m/yr) \_\_\_\_\_ to (m/yr) \_\_\_\_\_, \_\_\_\_\_ complete bottom of Section 3, sign, and return. Driver was subject to DOT testing requirements from (m/yr) \_\_\_\_\_ to (m/yr) \_\_\_\_\_.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Has this person has an alcohol test with a result of a 0.04 or higher?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow up . controlled substance test?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382 or Part 40?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug & alcohol regulation, did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up test? If yes, please send documentation with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed SAP's rehabilitation referral and remained in your employ, did did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?   | <input type="checkbox"/> | <input type="checkbox"/> |

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

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Section 3 completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**Section 4**

**To Be Completed By Company**

**1<sup>st</sup> attempt**

This form was (check one)  Faxed to previous employer  Mailed  Other \_\_\_\_\_

By: \_\_\_\_\_

Date : \_\_\_\_\_

**2<sup>nd</sup> attempt**

This form was (check one)  Faxed to previous employer  Mailed  Other \_\_\_\_\_

By: \_\_\_\_\_

Date : \_\_\_\_\_

**3<sup>rd</sup> attempt**

This form was (check one)  Faxed to previous employer  Mailed  Other \_\_\_\_\_

By: \_\_\_\_\_

Date : \_\_\_\_\_

Information was received by:  Fax  Mail  Other \_\_\_\_\_

**Certification of Violations**

MOTOR CARRIER INSTRUCTIONS: The company is required by the DOT to perform an annual records check, to ensure the company is aware of any and all traffic violations committed by its drivers, including those in a private auto as well as any in a Commercial Motor Vehicle. Please list on the following lines all violations of motor vehicle traffic laws and ordinances (other than violations for parking) if which you have been convicted, or on account of which you have forfeited bond or collateral during the last 12 months. (Per FMCSR 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\_\_\_\_\_  
Date of Certification

\_\_\_\_\_  
Drivers Signature

\_\_\_\_\_  
Motor Carrier's Name

\_\_\_\_\_  
Motor Carrier's Address

\_\_\_\_\_  
Reviewed by: Signature

\_\_\_\_\_  
Title

**Carrier's Annual Review of Driving Record  
And Certification of Continued Qualifications  
As required by FMCSR 391.25(c)(2)**

Driver's Name : \_\_\_\_\_

Driver's SSN: \_\_\_\_\_

Driver's License # : \_\_\_\_\_

This day I have reviewed the driving record of the above named driver in accordance with 391.25 if the FMCSRs. I considered any evidence that the driver has violated applicable provisions of the FMCSRs and the HMRs (if applicable). I considered the driver's accident record and any evidence that he/she has violated any laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving, and operations while under the influence of alcohol or controlled substances, that indicate the driver has exhibited a disregard for the safety of the public. Having done so, I find that:

- The driver meets the minimum requirements for safe driving, or
- The driver is disqualified to drive a motor vehicle pursuant to 391.15.

\_\_\_\_\_

Date

Name of motor carrier

Reviewed by : \_\_\_\_\_  
(Name and Signature of company official)

## Motor Vehicle Record Release and Authorization Form

TO: Wisconsin Department of Transportation

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to my current/prospective employer and its insurance agent, whose names and addresses are as follows:

**Name and Address of Employer:**

Ultimate Freightways LLC  
1111 W. Layton Ave.  
Milwaukee, WI 53221

**Name and Address of Insurance Agent:**

RC Insurance Services, Inc.  
PO Box 355  
Hartland, WI 53029

This authorization shall continue in effect until revoked by the undersigned in a subsequent writing delivered to you.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (printed) : \_\_\_\_\_

Address: \_\_\_\_\_

License Number: \_\_\_\_\_

State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_