

# Haas Sons/Haas Transport, Inc.

203 E. BIRCH ST., THORP, WI 54771  
**COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT**  
 We are Equal Opportunity Employment Companies

Before you will be considered for employment, this application must be **completely** and **accurately** filled out.  
 Please print neatly in all the provided areas.

PERSONAL INFORMATION (PLEASE PRINT)	
	DATE OF APPLICATION: _____
FIRST NAME: _____	MIDDLE: _____ LAST NAME: _____
PHYSICAL ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
NUMBER OF YEARS/MONTHS AT CURRENT ADDRESS? _____	
MAILING ADDRESS: (IF DIFFERENT FROM ABOVE) _____	
CITY: _____	STATE: _____ ZIP: _____
PRIOR ADDRESS: _____	YEARS AT THIS ADDRESS: _____
CONTACT TELEPHONE: _____	DATE AVAILABLE FOR WORK: _____
EMAIL ADDRESS: _____	DATE OF BIRTH: _____

POSITION APPLIED FOR: \_\_\_\_\_

Referral Source (please check one):  Advertisement  Employee  Walk-In  Website  Other: \_\_\_\_\_

If referred by a current employee, please provide: Employee Name: \_\_\_\_\_

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 answer to above question is yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, explain: \_\_\_\_\_

EXPIERIENCE AND QUALIFICATION: DRIVER				
	State	License No.	Type	Expiration Date
Driver Licenses List any licenses held in the last (3) years.				

DRIVING EXPIERIENCE				
Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Number of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor & Tanker				
Other				

TRAFFIC VIOLATIONS IN THE THREE (3) YEARS (EXCLUDING PARKING VIOLATIONS)			
LOCATION	DATE	CONVICTIONS: FORFEITED, BOND, OR COLLATERAL	PENALTY

ACCIDENT RECORD FOR THE THREE (3) YEARS PRECEDING DATE OF APPLICATION			
Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities	Injuries
Last Accident:			
Next Previous:			
Next Previous:			

**PHYSICAL HISTORY**

The Federal Motor Carrier Safety Regulations (49 CFR 391 Subpart E) require that all driver applicants pass certain medical examinations before they are hired to drive a motor vehicle.

Date of last Department of Transportation medical examination: \_\_\_\_\_

Can you provide a copy?  YES  NO

**ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT**

The Federal Motor Carrier Safety Regulations (49 CFR 40.25) require all persons applying for a driving position requiring a commercial driver's license to answer the following questions:

Within the last two (2) years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive work?  YES  NO

Within the last two (2) years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work?  YES  NO

**CDL ENDORSEMENTS AND RESTRICTIONS**

Endorsements	Restrictions/Waivers (List All)
<input checked="" type="checkbox"/> X TANKER & HAZMAT	_____
<input type="checkbox"/> H HAZMAT	_____
<input type="checkbox"/> N TANKER	_____
<input type="checkbox"/> P PASSENGER	_____
<input type="checkbox"/> T DOUBLE/TRIPLE TRAILER	_____
<input type="checkbox"/> OTHER (List): _____	_____

EDUCATION					
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE	
				YES	NO
High School				<input type="checkbox"/>	<input type="checkbox"/>
College				<input type="checkbox"/>	<input type="checkbox"/>
Other				<input type="checkbox"/>	<input type="checkbox"/>

**EMPLOYMENT HISTORY**

Federal Motor Carrier Safety Regulations (49 CFR 391.21) requires that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years.

Start with the last or current position, including any military experience, and work backwards (attach separate sheet if necessary). You are required to list the complete mailing address, including street number, city, state, zip, and complete all other information and questions.

\*ANY GAPS IN EMPLOYMENT IN EXCESS OF ONE (1) MONTH AND/OR UNEMPLOYMENT MUST BE EXPLAINED\*

Current Employer Name _____	
Address: _____	Phone: _____
City: _____	State: _____ Zip: _____
Position Held: _____	From: _____ To _____ Salary: _____
Reason for leaving: _____	
May we contact employer prior to hiring?	<input type="checkbox"/> YES <input type="checkbox"/> NO
While employed here, were you subject to Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name _____	
Address: _____	Phone: _____
City: _____	State: _____ Zip: _____
Position Held: _____	From: _____ To _____ Salary: _____
Reason for leaving: _____	
While employed here, were you subject to Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name _____	
Address: _____	Phone: _____
City: _____	State: _____ Zip: _____
Position Held: _____	From: _____ To _____ Salary: _____
Reason for leaving: _____	
While employed here, were you subject to Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of the Fair Credit Reporting Act (Public La 91-508) as amended by the Consumer Credit Reporting Act of 1996. I have been informed Haas Sons/Haas Transport, Inc. will produce a motor vehicle report (MVR), FMCSA Commercial Driver's License check and reference checks, all of which are defined as a consumer report regarding my driving and background record to determine my suitability for work at Haas Sons/Haas Transport Inc.

I understand that I have the rights to request, in writing, information pertaining to the nature and scope of the inquiry and a written summary of my rights under the Fair Credit Reporting Act. I understand that I may have additional rights under applicable state and federal laws.

I hereby authorize Haas Sons/Haas Transport Inc. to obtain this information and release and hold harmless any person, firm, or entity that discloses such information in accordance with this authorization. This authorization shall remain on file and shall serve as ongoing authorization for the Company to procure a motor vehicle report (MVR) defined as a consumer report at any time during my employment period. Any copy of this authorization shall have the same authority as the original.

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

Name (Please Print): \_\_\_\_\_

**PRE EMPLOYMENT SCREENING NOTICE****IMPORTANT NOTICE REGARDING BACKGROUND REPORTS**

In connection with your application for employment with Haas Sons/Haas Transport Inc. ("Prospective Employer"), 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) Clearinghouse. I understand motor vehicle records which contains public record information may be requested. I understand that driving a company vehicle is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I understand that investigations and inquiries to my personal, employment, or medical history and other related matters may be necessary in arriving at an employment decision (generally, inquiries regarding medical history and contacting previous employers will be made only if and after a conditional offer of employment has been extended).

I understand the Prospective Employer cannot obtain background reports from the FMCSA Clearinghouse unless I consent via the FMCSA Clearinghouse Online Portal. I understand employers are required to conduct pre-employment queries on any potential new DOT FMCSA regulated driver prior to placing them in a safety-sensitive position and that the pre-employment query will be conducted to ensure a driver is not prohibited from driving due to a drug and alcohol testing violation.

I authorize Haas Sons/Haas Transport Inc. Prospective Employer to access the FMCSA Clearinghouse system to seek information to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I understand and acknowledge that the release of information may assist the Prospective Employer to make a decision regarding my suitability for work at Haas Sons/Haas Transport, Inc. and that FMCSA will not disclose that information to the Prospective Employer without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the Prospective Employer to conduct a full query of the Clearinghouse, the Prospective Employer cannot consider my application any further and that I will no longer be considered suitable for employment with the Prospective Employer.

I understand this Clearinghouse Query is in addition to the Previous Employer Check process.

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 such reports necessary to determine if I am suitable for employment. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

Name (Please Print): \_\_\_\_\_

**NOTIFICATION AND AGREEMENT**

To the extent not otherwise prohibited by FMCSA regulation or any other applicable regulations or laws, it is the policy of the company to provide equal opportunities to all individuals, regardless of race, color, creed national origin, ethnicity, ancestry, sex, sexual orientation or preference, age, religious beliefs, disability, genetic information, citizenship status, pregnancy, child bearing status, marital status, military service, or any other characteristic protected by applicable law.

I hereby authorize Haas Sons/Haas Transport, Inc. to make investigations (including contacting current and prior employers) into my personal, employment, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23

If hired, I agree to abide by all of the company rules and regulations. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

I hereby authorize Haas Sons/Haas Transport, Inc. to investigate all statements contained in this application. I hereby consent to Haas Sons/Haas Transport, Inc. conducting any checks concerning my background which are deemed necessary, advisable, or helpful by Haas Sons/Haas Transport, Inc. (except contacting my current employer prior to hiring, unless permission is granted above).

I certify and guarantee that all statements made on this application are true and complete to the best of my knowledge. I understand that falsification of this application may result in not being considered for employment or, in the event I become employed by Haas Sons/Haas Transport, Inc. in my dismissal, regardless of when such falsification is discovered.

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.

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