



W4623 HIGHWAY 67
CAMPBELLSPORT, WI 53010 • 920-269-7098

DRIVER'S APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date of application _____

Position Applied for _____

Name _____ Social Security No. _____ - _____ - _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address:

Street

City State Zip

Phone How Long?

Previous Addresses:

Street

City State Zip

How Long?

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____

Can you provide proof of age? _____

Have you worked for this company before? _____ Dates: From _____ to _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected \$ _____

EMPLOYMENT HISTORY

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall provide 7 years' information on those employers for whom the applicant operated such vehicle. List complete mailing address, street number, city, state and zip code.

(NOTE: list employers in reverse order starting with the most recent. Add another sheet if necessary)

EMPLOYER			DATE	
NAME			FROM MONTH	TO MONTH
			YEAR	YEAR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE NUMBER				

EMPLOYER			DATE	
NAME			FROM MONTH	TO MONTH
			YEAR	YEAR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE NUMBER				

EMPLOYER			DATE	
NAME			FROM MONTH	TO MONTH
			YEAR	YEAR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE NUMBER				

EMPLOYER			DATE	
NAME			FROM MONTH	TO MONTH
			YEAR	YEAR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE NUMBER				

EMPLOYER			DATE	
NAME			FROM MONTH	TO MONTH
			YEAR	YEAR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE NUMBER				

*Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

EXPERIENCE and QUALIFICATIONS - DRIVER

DRIVERS LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
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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 EITHER ANSWER ABOVE IS YES, ATTACH STATEMENT GIVING DETAIL

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE		APPROX. NO. of MILES
		TO	FROM	
DUMP TRUCK STRAIGHT TRUCK TRACTOR & SEMI				

ACCIDENT RECORD for PAST 3 YEARS or more

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS and FORFEITURES for PAST 3 YEARS or more

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____ (NAME) _____ (CITY)

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help in your work for this company

List courses and training other than shown elsewhere in this application

List special equipment or technical materials you can work with (other than those already shown)



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FMCSA – Applicant Authorization to Release Safety Performance History
(As required by 49 CFR Parts 40.25 and 391.23)

Name of Applicant: _____ (Print Clearly)
Social Security #: _____ Date of Birth: _____

I, _____, do hereby authorize you to release the following information to Batzler Trucking, Inc., for the purpose of investigation as required by Section 391.23 of the Motor Carrier Safety Regulations.

☐ Check this box if you have NOT performed DOT functions in the past three years.

Signature Date

Previous Employer: _____
Address: _____ State: _____ Zip: _____
City: _____ Fax #: _____
Phone #: _____

The above named applicant has applied to Batzler Trucking, Inc. for a position as Truck Driver and states that he/she was employed by you as (position) _____ from (m/y) _____ to (m/y) _____.
In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within 3 years proceeding the date above. • Please complete the information below and return to us within 30 days, as required by section 391.23(g). Please phone/fax/ail or email the following information to :

Batzler Trucking, Inc.
W4623 Hwy 67 Campbellsport, WI 53010
Phone: (920) 269-7098 Fax: (920) 269-7099

TO BE COMPLETED BY PREVIOUS EMPLOYER

Safety Performance History:

Did he/she drive a commercial motor vehicle for you? ☐ Yes ☐ No
If Yes, what type? ☐ Straight Truck ☐ Tractor-Semi Trailer ☐ Bus
☐ Cargo Tank ☐ Double/Triples ☐ Other (specify) _____
Reason for leaving your Company? ☐ Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty

☐ Check if there is no safety performance history to report, 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.

DATE	LOCATION	# OF INJURIES	# OF FATALITIES	HAZMAT SPILL

☐ Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (391.23(d)(2)(ii)). Any other remarks: _____

Signature: _____ Title: _____ Date: _____

**** Please Return to: Batzler Trucking, Inc. Fax: (920) 269-7099 ****



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FMCSA – Applicant Authorization to Release DOT Drug/Alcohol Test Results
(As required by 49 CFR Parts 40.25 and 391.23)

I, _____, as the Applicant, understand that as a condition of hire with Batzler Trucking, Inc., I must consent to the release of the results of all DOT mandated drug and/or alcohol tests – including refusal to test – from all of the companies for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test during the previous two (2) years.

Below, I have listed all the companies for which I have worked or pre-employment tested during the past two years. I hereby authorize my previous employers to furnish to the prospective company the DOT information described below.

PREVIOUS EMPLOYER NAME	ADDRESS	PHONE NUMBER	FAX NUMBER	DATES of EMPLOYMENT

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol results and any non-negative records to the prospective company. I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the companies for which I have worked in a DOT safety-sensitive position or DOT pre-employment test during the previous two years. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including cost involving return-to-duty testing and follow-up testing to be completed.

☐ Check this box if you have NOT performed DOT functions in the past two years.

☐ Check this box if you have tested positive, or refused to test, on any DOT pre-employment drug or alcohol test for an employer who did not hire you during the past two years.

Signature of Applicant _____

Social Security # _____

Date _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

Release of Previous Employer's DOT Drug/Alcohol Testing Results

In accordance with 49 CFR Part 40.25, the prospective company is required to obtain (and as a previous employer you are required to release) information concerning the above named Applicant's past DOT drug and alcohol test results within the last two years – including refusals to test. Please complete the following:

YES * NO

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Any alcohol test results of 0.04 or greater during the previous two years? |
| _____ | _____ | 2. Any positive drug test results during the previous two years? |
| _____ | _____ | 3. Refusal to submit to a DOT required drug/alcohol test? (Incl. Adulterated or substituted specimens) |
| _____ | _____ | 4. Other violations of DOT drug and alcohol testing regulations? |
| _____ | _____ | 5. Did a previous employer report a drug/alcohol rule violation to you within the past two years? |
| _____ | _____ | 6. If "YES" for any of the above items, did the employee complete the return-to-duty process? |

☐ 7. Check this box if your company and/or applicant was not subject to DOT regulations.

Note: If "YES" for item 5, you must provide the previous employer's report. If "YES" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Previous Employer's Company Name _____

Name of Person Completing Form _____

Date _____

**** Please Return to: Batzler Trucking, Inc. Fax: (920) 269-7099 ****

TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires 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 interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Applicant's Signature

Date

For office use only

PROCESS RECORD

Applicant Hired _____

Rejected _____

Date Employed _____

Date Terminated _____

Superior

Good

Fair

Below Average

Poor

1. APPLICATION
2. INTERVIEW
3. PAST EMPLOYMENT
4. DRIVING RECORD
5. ROAD TEST

Signature of interviewing officer _____

Note:

REQUEST & AUTHORIZATION FOR DRIVING RECORD CHECK

I hereby authorize Jackson Kahl Insurance Agency, Inc. (and/or any insurance carrier with which it is licensed) to obtain, release, and deliver all of my motor vehicle driving records (including all personal information) to Batzler Trucking, Inc. (Requester) pursuant to the Federal Driver's Privacy Protection Act. This authorization shall continue in effect until revoked by me in a subsequent writing delivered to Jackson Kahl Insurance Agency, Inc. Jackson Kahl Insurance Agency, Inc. it's employees, agents, owners, affiliates, and insurance carriers are released from any and all liability which may result from obtaining or furnishing such information.

Applicant's Signature

Date

In Accordance with the provisions of sections 604 and 607 of the Fair Credit Reporting Act, Public Law 81-508, as amended by the Consumer Credit Reporting Act of 1996 (Title 2, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following.

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the request report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicants release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Drivers Privacy Protection Act of 1994 (18 U.S.C. Section 2721 et. seq; Public Law 103-322, Title XXX, section 300002(a)). I understand that unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other distribution of the information to a person or organization not disclosed in this request is unlawful.

(Signature of Request)

(Date)

To: Jackson Kahl Insurance Agency, Inc.
39 South Marr Street
PO Box 950
Fond du Lac, WI, 54936-0950

Requester: Batzler Trucking, Inc.
W4623 Hwy 67
Campbellsport, WI 53010

NAME OF APPLICANT/DRIVER: _____

ADDRESS: _____

DATE OF BIRTH: ____/____/____ SSN ____-____-____ LICENSE NO. _____

REQUESTED BY: Halley Batzler Office Manager

(Printed Name)

(Title)

(Signature)

(Date)