



WAGNER TRUCKING DRIVER APPLICATION

Po Box 28, Antigo, WI 54409

Phone: (715) 623-5386

TODAYS DATE: _____

PERSONAL INFORMATION

NAME: _____
FIRST MIDDLE LAST

DATE OF BIRTH _____ SOCIAL SECURITY # _____

PHONE: _____ EMAIL: _____

Are You Legally Able to Work in the U.S.? YES NO

POSITION APPLYING FOR: _____ DATE AVAILABLE TO WORK: _____

PREVIOUS THREE YEARS RESIDENCY

	STREET	CITY	STATE	ZIPCODE	YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

STATE	LICENSE NUMBER	TYPE/CLASS	ENDORSMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSE				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

CHECK THIS BOX IF NONE <input type="checkbox"/>				
DATES (MOST RECENT FIRST)	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	# OF FATALITIES	# OF INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

CHECK THIS BOX IF NONE <input type="checkbox"/>			
DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO

If yes, explain: _____

Has any license, permit, or privilege ever been suspended or revoked? YES NO

If yes, explain: _____

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment more than one (1) month must be explained. Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

POSITION HELD: _____ FROM (MO/YR): _____ TO (MO/YR): _____

REASON FOR LEAVING: _____ SALARY: _____

EXPLAIN GAPS IN EMPLOYMENT: _____
 (INCLUDE MONTH/YEAR & REASON)

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES 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? YES NO

SECOND (MOST RECENT) EMPLOYER

EMPLOYER: _____

PHONE: _____

ADDRESS: _____

POSITION HELD: _____ FROM (MO/YR): _____ TO (MO/YR): _____

REASON FOR LEAVING: _____ SALARY: _____

EXPLAIN GAPS IN EMPLOYMENT: _____

(INCLUDE MONTH/YEAR & REASON)

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES 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? YES NO

THIRD (MOST RECENT) EMPLOYER

EMPLOYER: _____

PHONE: _____

ADDRESS: _____

POSITION HELD: _____ FROM (MO/YR): _____ TO (MO/YR): _____

REASON FOR LEAVING: _____ SALARY: _____

EXPLAIN GAPS IN EMPLOYMENT: _____

(INCLUDE MONTH/YEAR & REASON)

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES 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? YES NO

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATED (Y/N)	DETAILS
HIGH SCHOOL					
COLLEGE					
OTHER					

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, 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.

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

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. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

APPLICANT SIGNATURE: _____ DATE: _____

APPLICANT NAME (PRINTED): _____