

CDL Driver Employment Application



3083 30th Street Hopkins, Mi 49328

APPLICANT INFORMATION			
Last Name	First Name	Middle Initial	Date
Street Address	City	State	ZIP
Cell Phone	E-mail Address		
Home Phone	Emergency Contact	Phone	
Position Applied For		Desired Pay	
Are you a citizen of the United States?	Yes	No	If no, are you authorized to work in the U.S.?
			Yes No
Have you ever worked for this company?	Yes	No	If so, when?
Have you ever been convicted of a felony?	Yes	No	If yes, explain.
Have you ever been denied a license, permit or the privilege to operate a motor vehicle?	Yes	No	If yes, explain.
EDUCATION			
High School	Did you graduate?	Yes	No Concentration of study
Other	Did you graduate?	Yes	No Degree or Description
REFERENCES (please list 3 professional references)			
Full Name		Relationship	
Company		Phone Number	
Full Name		Relationship	
Company		Phone Number	
Full Name		Relationship	
Company		Phone Number	

PREVIOUS EMPLOYMENT- Any gaps in unemployment and/or employment, must be explained

Company	Phone
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Address	Contact Person
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Responsibilities

From	To	Reason for leaving
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Company	Phone
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Address	Contact Person
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Responsibilities

From	To	Reason for leaving
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Company	Phone
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Address	Contact Person
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Responsibilities

From	To	Reason for leaving
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Company	Phone
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Address	Contact Person
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Responsibilities

From	To	Reason for leaving
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EXPERIENCE

CDL License Classification (A,B or C):	List Endorsements:
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Type of Equipment Operated	Task(s) Performed	Years of Experience
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Type of Equipment Operated	Task(s) Performed	Years of Experience
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Type of Equipment Operated	Task(s) Performed	Years of Experience
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SIGNATURE & DISCLAIMER

This company requires all employees to be controlled substance tested with a negative result prior to hiring.

Do you consent to such testing? Yes - No

Are you over 18 years old? Yes - No

Are you over 21 years old? Yes - No

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release from employment.

Signature	Date
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MOTOR VEHICLE AUTHORIZATION FORM



I, _____, (print name) authorize Schaendorf Custom Farming Inc. to process a Motor Vehicle Record according to my personal information listed below. This information is confidential and will be maintained as such.

Please complete the following: (Please print legibly)

Full Name (including middle name): _____

Date of Birth: _____

Michigan Driver's License Number: _____

Social Security Number: _____

Today's Date: _____

Signature of Applicant: _____

PRE-EMPLOYMENT DRUG TESTING POLICY



All job applicants at this Company will undergo screening for the presence of illegal drugs as a condition for employment.

Applicants will be required to voluntarily submit to lab-based or Point-of-Collection urine, hair or oral fluid test at the Company's sole discretion, and by signing a consent agreement, will release the Company from liability.

Any applicant with a positive test result, or who adulterates or substitutes a test sample or who attempts to do so, will be denied employment at that time. Any applicant who refuses to be tested or to provide a sample to be tested will be denied employment at that time.

The Company will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that the Company will not tolerate.

PRE-EMPLOYMENT AGREEMENT- PLEASE READ CAREFULLY

I freely and voluntarily agree to submit to a drug test as part of my application for employment. I understand that either refusal to submit to a drug test or failure to qualify according to the minimum standards established by the Company for this drug test might disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the Company, I may again be required to submit to a test of my urine, hair or oral fluid. I understand that refusal to take a requested drug test or failure to meet the minimum standards set for the drug test may result in immediate suspension or termination.

In the event that employment commences prior to the Company receiving the drug test results, I understand that I will be immediately terminated if the result comes back positive, adulterated or substituted. I understand that a negative drug test result is required for consideration for permanent employment.

I have read in full and understand the above statements and conditions of employment.

Name (please print) _____

Signature _____ Date _____

Employee Release of Information



3083 30th St. Hopkins, Mi 49328 269-793-0007
 Fax: 269-793-3038, Email:HR@Schaendorf.com

Applicant Name (please print): _____

I hereby authorize and request (prior Employer Company Name, Address and Phone Number), _____, to
 Release any and all information pertaining to my employment records as required by 49 CFR Section 391.23 to the above named company.
 You are released from any and all liability which may result from releasing such information.

Signed: _____ Date: _____ SS # _____

Witnessed by: _____

Below to be filled out by Employer

The above applicant shows that he/she worked for your company.

1 Employment Dates, From: _____ To: _____

2 Types of equipment driven: ()Straight Truck, ()Tractor semi-trailer, ()Bus
 Trailers used: ()Van, ()Flatbed, ()Refrigerated, ()Cargo Tank, ()Doubles, ()Triples

3 Was the applicant Safe and Efficient? ()Yes, ()No

4 Did the applicant have any accidents? ()Yes, ()No

Date	Location- City, State	Towed	Injury	Fatal

5 Reason for leaving your employ: ()Discharged, ()Laid Off, ()Resigned, ()Other

How was the employee in:	Excellent	Good	Poor	Notes
Cooperation with others				
Safety Habits				
Personal Habits				
Driving Skills				
Attitude				

Print: _____

Title: _____

Signature: _____

Date: _____

Motor Vehicle Driver's Certification of Violations



I verify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral in the past 12 months.

Date	Offence	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 required to be listed during the past 12 months.

Date of Certification _____

Driver's Signature _____

Motor Carrier's Name: Schaendorf Custom Farming

Motor Carrier's Address: 3083 30th St., Hopkins, Mi 49328

Reviewed By _____

Title _____

Previous DOT-Testing History Form

Pursuant to federal Department of Transportation (DOT) regulation 49 CFR § 40.25, the employer listed below must request information regarding a prospective employee's DOT testing history form his/her previous employer(s). The previous DOT-regulated employer(s) must immediately release the requested information on receipt of the written inquiry. 49 CFR § 40.25 (h).

Prospective Employer: Schaendorf Custom Farming
Address: 3083 30th St. Hopkins, Mi 49328
Phone: 269-793-0007, Fax: 269-793-3038

Section 1: To be completed by the prospective employee

Employee Printed Name: _____	SSN: _____
Previous Employer: _____	Employer Representative: _____
Address: _____	Telephone Number: _____
City, State, Zip: _____	Fax Number: _____
I hereby authorize my previous employer to release and forward information regarding my Department of Transportation (DOT) regulated drug and alcohol testing and treatment records to my potential employer. I understand the information to be released by my previous employer is described below in section 2.	
Employee Signature: _____	Date: _____

Section 2: To be completed by the previous employer

You are hereby requested to provide the following information and transmit it to prospective employer's DER, as listed above.

In the two years prior to the date of the prospective employee's signature in Section 1, for DOT-regulated tes:	Yes	No
1. Did the individual receive an alcohol test with a result of 0.04 or greater?	_____	_____
2. Did the individual receive a verified positive drug test result?	_____	_____
3. Did the individual refuse to be tested (including verified adulterated or substituted drug test results)?	_____	_____
4. Did the individual have other violations of DOT agency drug and alcohol testing regulations?	_____	_____
5. Did a previous DOT-regulated employer report a drug and alcohol rule violation to you?	_____	_____
6. If you answered "yes" to any of the above items, did the individual complete the return-to-duty process?	_____	_____

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

Name of person providing the information: _____	Title: _____
Telephone Number: _____	Date: _____

NOTE: This certificate should be retained in a secure file.

Pre-Employment Testing History Form



Employers regulated by the Department of Transportation (DOT) must ask all prospective employees offered DOT regulated positions whether they have tested positive or refused to test on any DOT-required pre-employment drug or alcohol test in the preceding two years. Please respond "yes" or "no" to the following questions by placing an "X" in the appropriate space.

To be completed by the prospective employee

In the last two (2) years:	Yes	No
1. Have you tested positive on any pre employment drug or alcohol test administered by a DOT-regulated employer to which you applied for, but did not obtain safety-sensitive transportation work?	_____	_____
2. Have you refused to test (including adulterated or substituted test results) on any pre-employment drug or alcohol test administered by a DOT-regulated employer to which you applied for, but did not obtain, safety-sensitive transportation work?	_____	_____
3. If you responded "Yes" to either Question 1 or 2 above, have you successfully completed the DOT-required return-to-duty process?	_____	_____

Please provide the name, address and telephone number of the Substance Abuse Professional (SAP), if any, to which you were referred as a part of the DOT-required return-to-duty process:

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

I certify that the information set forth above is true and complete to the best of my knowledge. I understand that failure to provide this information is grounds for withdrawal of the conditional job offer. I further understand that if I am subsequently employed, any false statements I provide on this form may result in my dismissal.

Date: _____ Applicant's Signature: _____