



Burnett Dairy Cooperative

11631 State Rd. 70
Grantsburg, WI 54840
715-689-2468

Commercial Driver Application

An Equal Opportunity Employer
Physicals & Drug Screens Required

Please fill in ALL Blanks & Provide ALL Information Requested--Print or Type.

Date: _____

Name: _____ First _____ Middle _____

Last _____

Address _____ Home phone: _____

City _____ State _____ Zip _____ Cell phone: _____

Date of Birth: _____ Social Security Number: _____-_____-_____-

Three Years Previous Addresses:

_____ From _____

To _____

_____ From _____

To _____

_____ From _____

To _____

Driver's License (List each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date

Experience:

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-tow trailer			
Tractor-three trailers (triples)			
Other			

List all accidents for the last three years: (if none, write NONE)

Date_____Describe_____Fatalities_____Injuries_____

Date_____Describe_____Fatalities_____Injuries_____

Date_____Describe_____Fatalities_____Injuries_____

List All Traffic Violations Convictions, last 3 years: (If none, write NONE)

Date_____ Violation_____ State _____ Commercial Vehicle: Yes /

No

Date_____ Violation_____ State _____ Commercial Vehicle: Yes /

No

Date_____ Violation_____ State _____ Commercial Vehicle: Yes /

No

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes No If yes; state of issuance; explanation:

Have you been known by another name? Yes No If yes; what name:

Who referred you Burnett Dairy Co-op (BDC)?

Have you ever worked for BDC? Yes No If yes give date and title:

Employment History, last 10 years (383.35)—account for gaps between employers;

(If owner/operator, list carriers leased to)

1. _____ Employer:

_____ Dates: _____ to _____

Address: _____

Supervisor: _____

City, State, Zip Code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason _____ for _____ leaving: _____

2. _____ Employer: _____

Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip Code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason _____ for _____ leaving: _____

3. _____ Employer: _____

Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip Code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason _____ for _____ leaving: _____

* If you need additional space, please write on the back.

Important Notice

In Connection with your application for employment with Burnett Dairy Cooperative may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the prospective employer uses any information it obtains from a background report in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon a background report, the Prospected Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below.

I authorize Burnett Dairy Cooperative to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five years and inspection history from the previous three years, as well as any reference-related information about me held or known by former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and education institutions, professional or business associates, and friends and acquaintances that Burnett Dairy might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability of employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or managers or representatives.

Disclaimer and Signature

I certify that the information provided on this application is true and complete. I agree that if there is any misrepresentation or omission concerning the information on this application, any offer of employment may be withdrawn, and if I have already been hired, my employment may be terminated.

No promises concerning the nature or length of my employment have been made to me. If I am hired, I understand that I have a right to terminate my employment at any time, and for any reason. I also understand that Burnett Dairy Cooperative (BDC) has the right to terminate my employment at any time and for any reason.

I have read the *Important Notice Regarding Background Reports* and I authorize BDC and its representatives to make an investigation of my past employment, criminal history and credit. I authorize any past present employer to release information concerning my employment to BDC. I hereby release all persons and past and present employers from any liability to me if they supply information to BDC as part of its investigation.

49 CFR 40.25(j)

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, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?		YES	NO
If YES-	Have you successfully completed the return-to-duty process?	YES	NO
If YES-	Documentation Must Be Provided before any safety-sensitive transportation function is performed.		

Applicant's Signature

Date Signed

The Federal Motor Carrier Safety Regulations require ALL previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted.

TO: _____

Date: _____

Former Employer

Mailing Address

City/State/Zip

Telephone #

Fax #

I, _____ hereby authorize _____ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant's Signature & Date _____

Witness's Signature & Date _____

REQUEST FROM:

Company:

Burnett Dairy Cooperative

Address: 11631 State Road 70 Grantsburg, WI

54840

Telephone Number: 715-689-2468 x2012 Contact Person & Title: _____

NAME OF APPLICANT: _____ SSN _____

JOB APPLYING FOR: _____

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

• Did applicant work for you as a _____ from ____/____/____ to ____/____/____ YES or No

• If employed as driver, please answer the following: Company Driver? _____ Owner/Operator? _____ Other? _____

Type of tuck(s) and/or truck/tractor(s) operated: _____

Commodities transported: _____ Area of operations: _____

• Accidents? YES or NO If YES, please give date(s) and brief description of each accident:

• Why did this employee leave your company?

• Would you re-employ this person? YES or NO If NO, please explain:

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCE INFORMATION, PRECEDING 2 YEARS

• Alcohol tests with a result of 0.04 or greater YES or NO If yes, please give date(s) _____

• Verified positive controlled substances test results? ... YES or NO If yes, please give date(s) _____

• Refusals to be tested?..... YES or NO If yes, please give date(s) _____

• Was rehabilitation completed as required?..... YES or NO If yes, please give date(s) _____

Person providing the above information:

Name: _____ Title: _____

Company: _____ Date: _____



Burnett Dairy Cooperative
11631 State Road 70
Grantsburg, WI 54840
Phone: 715-689-2468 Fax: 715-689-2135

Driver's Name

Driver's Operators Lic. No.

Driver's Social Sec. No.

Dear _____

The above listed individual has made application with us for employment as a driver. Application has indicated that the above numbered operator's license or permit has been issued by your state to applicant and that it is in good standing.

In accordance with section 391.23(a) (1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every state in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this letter and attached request form does not satisfy your requirements for making such inquiries, please send us the necessary forms for us to complete our inquiry into the driving record of this individual.

You may fax this form back to me at 715-689-2135 or mail to the address listed above.

Thank you for your cooperation,

(Printed) name of person making inquiry

Title

Date