Qualification Application

3800 S. Draxler Drive
P.O. Box 1121, Marshfield, WI 54449
Phone: 715-591-2222/Fax: 715-591-6983

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Please print in ink. All questions must be answered.

Position applying for: Driver ☐ Contractor ☐ Contractor's Driver ☐ Mechanic ☐ Other ☐

Date/Initial when received: _____ (completed by Employer)

Personal Information

Last Name	**First Name**	**Middle Name**	**Date of Birth** (Required by 49 CFR 391.21)

Street Address	**City**	**State**	**Zip Code**

Previous Address (if at current address < 5 years): **From**_____ **To**_____

Previous Address (if at current address < 5 years): **From**_____ **To**_____

Year(s) at current address: **E-Mail Address:**

Home Phone: (_____)_____-_____) **Cell Phone:** (_____)_____-_____) **Emergency Contact:** (___)_____-_____) Name of Contact: _____	**Are you a United States Citizen or legally eligible to work in the U.S.?** _____**Yes** _____**No** (***if hired, you will be required to provide documentation that you are eligible to work in the U.S.)***
Social Security Number	**Physical Exam Expiration Date:**

Have you been previously interviewed or employed by Draxler Transport, Inc.? ____**Yes** ____**No**
If Yes, list date(s) and job title(s):_____
Reason for leaving:_____
Referred by: _____

Are you currently employed? _____ **If Yes, may we contact your present employer?** _____

EDUCATION:

School

Please circle the highest grade completed:

Grade School 1 2 3 4 5 6 7 8 9 10 11 12
College 1 2 3 4 Post-Graduate 1 2 3 4

Military

Branch: _____ Date(s) of Service: From_____ to _____

Type of Discharge: _____ MOS _____

Employment History *Starting with your most recent employer, provide **10 years** of work history for driving jobs and/or **5 years** of work history for non-driving jobs. Please include all phone numbers. Account for all the time, including military service, periods of self-employment and unemployment for more than 2 weeks. You must indicate whether your prior job(s) were regulated by Federal Motor Carrier Safety Regulations (FMCSR) or subject to drug and alcohol testing.* **If you require additional space to list past employers, photocopy this page prior to completing.**

Employer:	**Dates Employed:** **From**_____ **To**_____	**Job Title:**
Address:		
Telephone:		**Job Duties:**
Weekly Pay Start:	**Finish:**	
Reason for Leaving:		

Were you subject to FMCSR's while employed at this employer? Yes ☐ No ☐
Was this job designated as a Safety Sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes ☐ No ☐

Employer:	**Dates Employed:** **From**_____ **To**_____	**Job Title:**
Address:		
Telephone:		**Job Duties:**
Weekly Pay Start:	**Finish:**	
Reason for Leaving:		

Were you subject to FMCSR's while employed at this employer? Yes ☐ No ☐
Was this job designated as a Safety Sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes ☐ No ☐

Employer:	**Dates Employed:** **From**_____ **To**_____	**Job Title:**
Address:		
Telephone:		**Job Duties:**
Weekly Pay Start:	**Finish:**	
Reason for Leaving:		

Were you subject to FMCSR's while employed at this employer? Yes ☐ No ☐
Was this job designated as a Safety Sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes ☐ No ☐

Period(s) of non-employment from _____ **to** _____ **Reason(s):**_____

The Federal Motor Carrier Safety Regulations (FMCSR's) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

References List three (3) persons for reference, other than family members, who have knowledge of your safety habits				
Name	Address	Phone #	Relationship/Occupation	Yrs Known

EXPERIENCE HISTORY

CLASS OF EQUIPMENT	Dates From:	To:	Approximate Number of Miles (Total)	
Straight Truck				
Tractor and Semi-Trailer				
Tractor-Two Trailers				
Tractor- Three Trailers				
Other				

List special courses/training completed (PTD/DDC, HAZMAT, etc.):_____

List any Safe Driving Awards details _____

Moving Violations: List all tickets and forfeitures for the **past 5 years**. Be sure to list all driving convictions or pending driving citations as such (IF NONE, WRITE *NONE*)

Dates	Conviction/Type	If Speed, List mph over the Limit	State	Details

Accidents: List all accidents you have been involved in within the **last 5 years** regardless of fault, severity or motor vehicle type. (IF NONE, WRITE *NONE*) (Please use an additional sheet of paper for complete accident description if necessary)

Please describe the nature of accident in detail

Dates	Nature of Accident	State	Preventable or Non-Preventable	# Fatalities	# Injuries

Licenses: (List all driver license number(s) assigned to you in the **past 10 years.)**

State	License Number	Type Personal	Type Commercial	HAZMAT Yes	HAZMAT No	Expires

YES NO

1. ☐ ☐ Have you ever been convicted of a felony, received a deferred prosecution or have any felony charges currently pending?
2. ☐ ☐ Have you ever been convicted of a misdemeanor, received a deferred prosecution or have any misdemeanor charges currently pending?
3. ☐ ☐ Have you ever been convicted of operating a motor vehicle while under the influence of alcohol or a controlled substance or are any charges pending, including reduction to a lesser charge? (List all dates)
4. ☐ ☐ Have you even been convicted of possession, sale, transfer or use of a narcotic drug, amphetamine, inhalant or derivative thereof, or have current charges pending? (List all dates)
5. ☐ ☐ Have you ever been tested positive for drugs/controlled substances or an alcohol test?
6. ☐ ☐ Have you ever failed and /or refused a pre-employment drug test given by a company where you applied for, but did not obtain employment?
7. ☐ ☐ Have you ever been denied a license, permit or privilege to operate a motor vehicle?
8. ☐ ☐ Has any driver's license, permit or privilege ever been suspended or revoked?
9. ☐ ☐ Have you ever had a citation for leaving the scene of an accident?

Provide the following for any of the above questions that were answered "yes". If convicted, attach a copy of the court ruling. (If necessary, add additional sheets.)

Date	City	County	State
Explanation			
Date	City	County	State
Explanation			

JOB DESCRIPTION

Title: Truck Driver (intrastate, interstate, and commerce)

Qualifications

- Operate commercial motor vehicle in a safe and efficient matter
- Have a working knowledge of FMCSR and driver daily log book and/or E-Log process as required by DOT regulations
- Must meet all Federal DOT and Draxler Transport required medical standards

Major Duties

- Comply with all Federal, state or local regulations that govern the trucking industry. This includes but is not limited to DOT and FMCSR
- Load and unload general freight products by hand when necessary
- Conduct oneself in a manner that promotes superior customer service and professionalism within the company and the industry in a safe and efficient manner
- Conduct pre-trip and post-trip inspection on a tractor-trailer combination vehicle

Applicant- Are you able, with or without accommodation to: (Answer required for questions 1-10)

YES NO

☐ ☐ 1. Move freight weighing up to 75 pounds per piece from floor level or shoulder level to a distance of more than 53 feet?

☐ ☐ 2 . Couple and uncouple combination vehicles as required? This involves repetitious turning of trailer dolly handle (crank), to raise or lower landing gear and to operate the release lever of a 5th wheel?

☐ ☐ 3. Climb in and out of an over-the-road tractor, 8-10 times a day?

☐ ☐ 4. Fuel and perform limited preventative maintenance on a tractor and trailer?

☐ ☐ 5. Can you read, write and speak English sufficiently to converse with the general public, understand highway and traffic signs and signals, respond to official inquiries, read a bill of lading and make accurate entries in the driver's daily log as required by Federal regulations?

☐ ☐ 6. Can you transport all commodities, including alcohol or all types of food products?

Additional requirements for the Flatbed and Curtainside Fleet:

YES NO

☐ ☐ 7. Can you secure freight products by means of chaining, strapping and blocking in accordance with established FMSCR Regulations?

☐ ☐ 8. Can you tarp and un-tarp freight products in accordance with established company policy?

☐ ☐ 9. Are you able to climb and work up to 15 feet above ground as may be required for tarping, securing or protecting cargo?

☐ ☐ 10. Do you have the ability to handle and stow tarps weighing 75-100 pounds?

Additional Job Requirements:

- Possess and maintain a valid CDL – Class A,B,C
  (Note: A copy of your valid Class CDL will be required for DOT Files)
- Conduct minor repairs of commercial motor vehicles following company procedures when instructed to perform such services
- Have the necessary professional driving skills to operate a commercial combination vehicle at varying speeds in difficult situations that may include, but is not limited to heavy traffic, inclement weather or at shipper or receiver locations that may include docking situations
- Install and remove tire chains when required by local law or as required by weather conditions: when directed to do so
- Perform other duties assigned

Statements included in this job description do not necessarily represent an exhaustive lists of all responsibility, skills, duties, requirements, efforts or working conditions associated with the job.

AUTHORIZATION AND CERTIFICATION
PLEASE SIGN AND DATE BELOW

To be carefully read and signed by applicant. If you have any questions or require an explanation of the terms of this AUTHORIZATION AND CERTIFICATION, please call Draxler Transport, Inc. for clarification.

- I hereby authorize any law enforcement agency, court record, or any third party to furnish Draxler Transport, Inc. information concerning my Motor Vehicle Record or any felony or misdemeanor of which I have been convicted.
- I understand and agree that Draxler Transport, Inc. may procure my past employment records from any third party, and background/ credit information from a consumer credit bureau, as Draxler Transport, Inc. deems necessary for the consideration of my application.
- I understand that if I had employment with a DOT employer in the past three years, I have: 1.) The right to review information provided by previous employers. 2.) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to Draxler Transport, Inc. 3.) The right to have a rebuttal statement attached to the alleged erroneous information if I cannot agree with my previous employer on the accuracy of the information.
- I further understand that I agree to terms and conditions of the job description on pages 4 and 5 of this application.
- I understand that this application will not be accepted as final until satisfactorily completing a medical examination including drug testing, as well as a driving skill exam and personal interview. The location of these exams and requirements shall be at the sole discretion of the Carrier. I further agree to provide access to previous medical records if required.
- I understand my application may be transferred to an electronic filing system, and the original may not be retained.
- I acknowledge and agree that, I will be subject to the alcohol and controlled substances regulations as published in the Federal Motor Carrier Safety Regulations (FMCSR), part 40 and 382. I further agree to submit urine and breath samples as necessary to comply with testing requirements of the regulations. I understand that a positive test result for controlled substances (including adulterated samples or refusals to test) or test results indicating a Blood Alcohol Content (BAC) of .04 or greater will be grounds for refusal to hire or immediate termination , if hired.
- I understand at any point in the future, whether I am actively working with Draxler Transport, Inc. or not, Draxler Transport, Inc. may provide information concerning my job and services with Draxler Transport, Inc. to any party that requests such information. I agree that said information may be furnished on my behalf without any liability or damages to the Draxler Transport, Inc.
- I understand and agree that by submitting this application to Draxler Transport, Inc in no way obligates Draxler Transport, Inc. to offer me a job.
- I understand if I am hired, my job will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my job with or without notice, and that Draxler Transport Inc., has the same right. I understand that no supervisor, manager or executive of Draxler Transport Inc., other than the President, has the authority to alter the foregoing and the President may do so only in writing that is signed by both President and the applicant in question.
- I hereby authorize, without liability, any person or organization whose name I have given as reference, or by whom I have been previously employed or contracted with, to furnish to Draxler Transport Inc. any information they may have concerning my safety performance history, all accidents, including those defined in 39.05 of FMCRS, all drug and alcohol testing violations, refusals or completed rehabilitations, character, habits, ability, financial, job performance, reasons for leaving employment/lease and all information concerning my employment/lease. I hereby release all such persons and organizations from any claims for damages of any kind which may occur to me by reasons of furnishing such information.
- This certifies that this application was completed by me and that all entries on it and information in it are true and complete to best of my knowledge. Any false, misleading or incomplete statement of the information requested in this application and any supplemental material submitted shall be sufficient grounds for disqualification of this application or termination from my job, if this application results in a job. I have read and understand terms of the above Agreement.

Print Name:_____ **Social Security #:**_____

Applicant's Signature:_____ **Date:**_____

Release of Employment Information

I give Draxler Transport, Inc. the right to investigate all references and to secure information about my employment background including results of controlled substance and / or alcohol testing. I further authorize Draxler Transport Inc. to receive consumer reports regarding my employment history, credit worthiness, criminal background, and work compensation claims from third party agencies such as DAC Services. I hereby release Draxler Transport, Inc. from all liability for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that if I had employment with a DOT employer in the past three years I have right to review the information provided by those previous employers.

Printed Name: _____ Date: _____

Signature: _____ SS# _____

APPLICANT SIGN AND DATE ABOVE ONLY

Company: _____

Address: _____

Phone/Fax: _____

Requested by
DRAXLER TRANSPORT, INC
3800 S. DRAXLER DR
P.O. BOX 1121
MARSHFIELD, WI 54449
715/591-2222
715/591-6983 (FAX)

Dates of Employment: _____ to _____

Position Held: _____ Driving Experience (Yrs/Miles): _____

If employed as a driver, please check the following boxes that apply:
Company Driver ☐ Owner Operator ☐
Type of Tractor Operated: Semi ☐ Straight ☐
Type of Trailer Pulled: Van: ☐ Flat: ☐ Reefer: ☐ Other: ☐

Commodities Transported _____

General Area of Operation: _____

Accident(s): **YES** ☐ **NO** ☐ Preventable ☐ Non-Preventable ☐

Date of Accident(s) and Brief Description of Accident(s): _____

_____

_____

Violations or Suspensions: **YES** ☐ **NO** ☐ If Yes, please explain _____

Cause of Separation: Voluntarily Quit ☐ Discharged ☐ Lay Off ☐

Work Record: Satisfactory ☐ Unsatisfactory ☐ Other (please explain) ☐ _____

Eligible for Rehire: Yes ☐ No ☐ Upon Review ☐

DOT Compliance Drug/Alcohol Testing (Past Three Years)
In compliance with 49 CFR Sections 382B, 382.405. 382.413, 391.9, 392.4, 392.5, 40.37 and 40.81 (1)

Has the applicant ever violated any DOT alcohol/drug requirements while employed in a safety sensitive position? Yes ☐ No ☐
Has the applicant had an alcohol test with a breath alcohol concentration of 0.04 or greater while employed with your company?
Yes ☐ No ☐
Has the applicant refused a required test for drugs or alcohol while employed with your company? Yes ☐ No ☐
Have you ever received information of this person testing positive or refusing to test for alcohol or a controlled substance from a previous employer? Yes ☐ No ☐
Has the applicant completed a substance rehabilitation-type program? Yes ☐ No ☐ Not Applicable ☐

Completed/Verified By: _____ Position: _____
Date: _____

Form Updated March 2018

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Draxler 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).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA 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 your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Draxler Transport, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ _____

Signature

_____

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015