



Martin's Bulk Milk Services, Inc.
1101 Water St
PO Box 276
Wilton WI 54670
Phone (608) 435-6561 | Fax (608) 435-6138
www.martinmilk.com

Driver's Application for Employment

Dear Applicant: Per FMCSR 391.21(d) Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment history may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. The prospective employer must also notify the driver in writing of his/her due process rights as specified in §391.23(i) regarding information received as a result of these investigations. You the applicant have the following rights: (i) The right to review information provided by previous employers; (ii) The right to have errors in the information corrected by the previous employer and for the previous employer to re-send the corrected information to the prospective employer; (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver Applicant Printed Name _____ Date _____

Driver Applicant Signature _____

Name	SSN	DOB	Phone
Street Address	City	State	Zip Code
Previous Address 1 (if current residence is less than 3 years)	City	State	Zip Code
Previous Address 2 (if current residence is less than 3 years)	City	State	Zip Code
Emergency Contact	Phone	Relationship	
Emergency Contact Address	City	State	Zip Code
Position Applying for	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		Pay expected \$
Who referred you?	Have you worked here before? <input type="checkbox"/> No <input type="checkbox"/> Yes, dates:		Where
Reason for Leaving	Position		Rate of Pay
Have you ever worked here under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Bonding Company
List names of relatives working for this company:			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, how long since leaving last employment?	
Education: Circle the highest grade completed			
Primary: 1 2 3 4 5 6 7 8 9 10 11 12		College: 1 2 3 4	
Last school attended?		Address	
List special courses or training that will help you as a driver:			

Employment Record

Complete all data for EACH last employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past three years. Effective July 1, 1987, they must also show commercial driver employment for the seven years preceding this three year period. §391.21(b) (10) (11). Account for any gaps in employment between employers.

Last Employer		Phone	
Street Address	City	State	Zip Code
Position Held		Dates	
Type of Equipment Driven	Were you regulated by FMCSA during this job? <input type="checkbox"/> Y <input type="checkbox"/> N		
Type of Equipment Driven	Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance and alcohol testing? <input type="checkbox"/> Y <input type="checkbox"/> N		
Reasons for leaving:			

Second Last Employer		Phone	
Street Address	City	State	Zip Code
Position Held		Dates	
Type of Equipment Driven	Were you regulated by FMCSA during this job? <input type="checkbox"/> Y <input type="checkbox"/> N		
Type of Equipment Driven	Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance and alcohol testing? <input type="checkbox"/> Y <input type="checkbox"/> N		
Reasons for leaving:			

Third Last Employer		Phone	
Street Address	City	State	Zip Code
Position Held		Dates	
Type of Equipment Driven	Were you regulated by FMCSA during this job? <input type="checkbox"/> Y <input type="checkbox"/> N		
Type of Equipment Driven	Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance and alcohol testing? <input type="checkbox"/> Y <input type="checkbox"/> N		
Reasons for leaving:			

* Copy this page as needed in order to completely describe all previous employers.

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Reasons for leaving:			

* Copy this page as needed in order to completely describe all previous employers.

Driver Experience and Qualifications

Licenses: List all licenses held in the last 3 years

State	License Number	Type/Endorsements	Expiration Date

Do you currently hold more than one valid license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any license, permit or privilege ever been suspended or removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If answered Yes to any above, give details:	

Experience

Class of Equipment	Type (Van, Tank, etc.)	Dates (to - from)

List States operated in during last 5 years:

List safe driving awards held and who presented by:

Accident review for the past 3 years:

Date	City, State	# Fatalities	# Injuries	Nature of Accident (head-on, rear-end, etc.)

Motor Vehicle Laws and Ordinances for the past 3 years other than parking violation

Location	Date	Charge	Penalty

Applicant: Read and sign before submitting this application.

I understand that the information in this application will be used and that prior employers will be contacted for the purposes of investigating my safety performance history information as required by §391.23 (d) (e). 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.

Signature of Applicant	Date
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OFFICE USE ONLY

Hire Date	Employment Dental Date	Staff Initials
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Driver's Certification and Annual Review

The Federal Motor Carrier Safety Regulations require drivers to furnish a list of motor vehicle traffic law violations at least once every 12 months. The regulation further requires motor carriers to review the driving records at least once every 12 months.

Driver Name	Date
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I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted of or forfeited bond or collateral during the last 12 months.

I certify I have not been convicted of or forfeited bond or collateral on account of any violations to be listed during the past 12 months.

- or -

I have received violations to my driving record in the past 12 months and they include:

Conviction Date	Offense	Location	Type of Motor Vehicle Operated

Driver Signature	Date
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Motor Carrier's Annual Review

The regulation requires motor carriers to consider any evidence of driving records and consider the driver's accident record (including all applicable incidents) while reviewing the record.

The above driver's driving record has been reviewed along with all pertinent records (violations, accidents, etc.)

- This driver's driving record is acceptable
 This driver's driving record is not acceptable

Staff Member Signature	Date
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**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 Martin's Bulk Milk Service, 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 Martin's Bulk Milk Service, 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.

LAST UPDATED 12/22/2015

Martin's Bulk Milk Service, Inc

1101 Water Street, Wilton, WI 54670

**General Consent for Limited Queries of the Federal Motor
Carrier Safety Administration (FMCSA) Drug and Alcohol
Clearinghouse**

I, _____, hereby provide consent to Martin's Bulk Milk Service, Inc to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent is valid for unlimited number of limited queries and never expires for the duration of your employment.

I understand that if the limited query conducted by Martin's Bulk Milk Service, Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Martin's Bulk Milk Service, Inc. without first obtaining additional specific consent from me. (Which requires me to create and account with the clearinghouse and grant permission for a full query to be conducted.)

I further understand that if I refuse to provide consent for Martin's Bulk Milk Service, Inc. to conduct a limited query of the Clearinghouse, Martin's Bulk Milk Service, Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations. We will also report on the clearinghouse that you refused to provide consent.

Employee Signature

Date

Past Employment Verification

Martin's Bulk Milk Services, Inc.
 1101 Water St, PO Box 276, Wilton WI 54670
 Phone (608) 435-6561 | Fax (608) 435-6138
 www.martinmilk.com

I, (printed name) _____ (SSN#) _____ hereby authorize release of information from my Department of Transportation regulated drug and related testing records by my previous employer, listed below, to the Potential Employer. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher
2. Verified positive drug tests
3. Refusals to be tested
4. Other violations of DOT agency drug and alcohol testing regulations
5. Information obtained from previous employers or a drug and alcohol rule violation
6. Documentation, if any, of completion of the return-to-duty process following a rule violation

I further authorize my former employer to release my safety performance history information to my Potential Employer for investigation purposes as required by FMCSR391.23, 382.405 (f) and 382.413 (b) for the 3 years preceding this release. You are released from any and all liability that may result from furnishing such information. A photocopy of this release shall be as valid as the original.

Applicant Signature		Date	
Employer	City	State	Fax

Dates of Employment: If dates provided are not correct, please show corrections

From / /	To / /	From / /	To / /
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Experience

<input type="checkbox"/> Tractor Trailer	<input type="checkbox"/> Straight Truck	<input type="checkbox"/> Other:
Type of Trailer:	<input type="checkbox"/> Reefer	<input type="checkbox"/> Dry Van
	<input type="checkbox"/> Flat Bed	<input type="checkbox"/> Other:
States Traveled or Mile Radius:		
Position:	<input type="checkbox"/> Company Driver	<input type="checkbox"/> Owner Operator
	<input type="checkbox"/> Other:	
Work Record Satisfactory:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If No, Explain:	
Company Policy Violations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes, Explain:	
Reason for Leaving:	<input type="checkbox"/> Resigned	<input type="checkbox"/> Laid Off
	<input type="checkbox"/> Discharged, Explain:	
Eligible for Rehire:	<input type="checkbox"/> Upon Review	<input type="checkbox"/> Yes
	<input type="checkbox"/> No, Explain:	

Accidents: Yes No

Date	P/NP	Description	Damages (\$)

Drug and Alcohol Testing Results for Past 3 Years:

Has this person tested positive for controlled substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has this person had an alcohol test with a Breath Alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Concentrate of 0.04 or greater?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has this person refused a controlled substance test and/or alcohol test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has this person violated other DOT drug/alcohol regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received information from a previous employer that this individual violated DOT drug and/or alcohol regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Released by:	Title:	Date:
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Comments: