



2131 Second Avenue, Newport, MN 55055
Local (651)459-2384 * Toll Free (800)525-3333
Fax (651)769-3050
www.wilsonlines.com

APPLICATION FOR QUALIFICATION

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. Wilson Lines, Inc. is an Equal Opportunity Employer.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave blank, but write "No" or "None".

Date _____ Position applying for; Check One: [] Contractor [] Driver [] Contractor's driver

Name _____ (First) _____ (Middle) _____ (Last)

Cell Phone _____ Home Phone _____

*Age _____ Date of Birth _____ Social Security Number _____

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

How did you find out about this position? _____

Physical Exam Expiration Date: _____

Current & Three Years Previous Addresses:

____ From _____ To _____
____ From _____ To _____
____ From _____ To _____
____ From _____ To _____

Have you worked for this company before? Yes [] No []

If yes, give dates: From _____ To _____

Reason for Leaving? _____

Education History

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

Employment History

Please give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Present or Past Employer:

Name: _____	From: _____	To: _____
	Month/Year	Month/Year
Address: _____	Phone#: _____	
Position: _____	Reason for Leaving? _____	
Subject to Drug/Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Subject to FMCSR's? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name: _____	From: _____	To: _____
	Month/Year	Month/Year
Address: _____	Phone#: _____	
Position: _____	Reason for Leaving? _____	
Subject to Drug/Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Subject to FMCSR's? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name: _____	From: _____	To: _____
	Month/Year	Month/Year
Address: _____	Phone#: _____	
Position: _____	Reason for Leaving? _____	
Subject to Drug/Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Subject to FMCSR's? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name: _____	From: _____	To: _____
	Month/Year	Month/Year
Address: _____	Phone#: _____	
Position: _____	Reason for Leaving? _____	
Subject to Drug/Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Subject to FMCSR's? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name: _____	From: _____	To: _____
	Month/Year	Month/Year
Address: _____	Phone#: _____	
Position: _____	Reason for Leaving? _____	
Subject to Drug/Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Subject to FMCSR's? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name: _____	From: _____	To: _____
	Month/Year	Month/Year
Address: _____	Phone#: _____	
Position: _____	Reason for Leaving? _____	
Subject to Drug/Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Subject to FMCSR's? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor & Semi-trailer			
Tractor-two trailers			
Other			

List states operated in for the last five years: _____

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

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three years *(attach sheet if more space is needed)*

Date of Accident	Nature of Accidents (Head on, Rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years *(other than parking violations)*

Date	Location	Charge	Penalty

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

State	License #	Type	Endorsements	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?.... Yes No

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

C. Have you ever tested positive or refused a DOT drug or alcohol test within the past three years, or failed, (drug/alcohol test) from an employer who did not hire you?..... Yes No

D. Have you ever been convicted of a felony? Yes No

If any of the answers to A, B, C, or D is "YES", give details _____

Personal References

List three people for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Pre-Employment Screening Program (PSP) Authorization

In connection with your application for employment with Wilson Lines Inc. ("Prospective-Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. The Prospective Employer cannot obtain background reports from FMCSA 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 Wilson Lines 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 consenting to 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 am challenging 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 have read the above Notice Regarding Background Reports provided to me by Prospective Employer and understand that if I sign this consent form, 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.

Applicant's Signature _____ **Date** _____

Driver's right pertaining to release of driver information under regulation 391.23

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment/ contract decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment/ lease has been extended.) 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/ lease, I understand that false or misleading information given in my application or interview(s) may result in discharge/ lease cancellation. I understand, also, that I am required to abide by all rules and regulations of the company.

I understand that information I provide regarding current and/ or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating drug and alcohol testing results, and my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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.

I acknowledge that I have read and understand the contents of this document

Applicant's Signature _____ **Date** _____

This certifies that this application was completed by me, and that all entries on it and information in it are true and completed to the best of my knowledge.

Applicant's Signature _____ **Date** _____

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: **Wilson Lines**

Contact Person: **Judith Hofstad**

Address: **2131 Second Avenue**

City, State, Zip: **Newport, MN, 55055**

Phone Number: **651-459-2384**

Confidential Fax Number: **651-769-3050**

To be Completed by Applicant

As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, **within the past three years**, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I, _____, hereby authorize this company to release all records of employment
Print Name

including assessments of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under directions of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: _____ Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Phone Number: _____ Fax Number: _____

I worked for this company from the dates of ___/___/___ to ___/___/___

Applicant's Signature

SSN or ID Number

D.O.B

Today's Date