



L1

244 S Sturm Rd • Pigeon, MI 48755 • PH 989-453-3915 • Fax 989-453-2149

Note: Please print all information

Qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status or disability.

Driver Application

Date: _____

Social Security Number: _____

APPLICATION MUST BE RENEWED AFTER 30 DAYS.

Name: _____ Phone: (_____) _____
FIRST MIDDLE LAST

Cell Number: (_____) _____

Home Address _____
STREET CITY STATE ZIP CODE

How long have you lived at this address? _____

If at the above residence for less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.
YOU MUST LIST A STREET ADDRESS IN ADDITION TO ANY P.O. BOX ADDRESS

STREET CITY STATE ZIP CODE

How long did you live at this address? _____

STREET CITY STATE ZIP CODE

How long did you live at this address? _____

Position Applying for: **Owner Operator** **Company Driver** **Lease Driver** (driver for an Owner Operator or Contractor)
(If you checked Owner Operator or Lease Driver, you are not a company employee and not eligible for company employee benefits.)

Who referred you? _____ Rate of pay expected? _____

Have you worked for this company before? Yes No / Dates: Start _____ End _____ Where? _____
MONTH/YEAR MONTH/YEAR

If YES, Reason for leaving _____

Names of any relatives employed or contracted by this company _____

Are you currently employed or contracted? Yes No -- If not, how long since leaving last employment? _____

Is there any reason you are unable to perform the functions of the job for which you have applied? **YES** **NO**

If YES, please explain _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended: _____
NAME ADDRESS

Have you **EVER** been convicted of a crime: felony or misdemeanor? **YES** **NO**

If YES, Describe in full: (Year, Charge, Penalty, etc) _____

A conviction may not necessarily bar drivers from being qualified. Occurrences are taken on a case by case basis.

DRIVING EXPERIENCE AND QUALIFICATION

L1

Print Name: _____

Date of Birth (month/day/year) _____ **Social Security #** _____ - _____ - _____
 The Federal Motor Carrier Safety Regulations require that driver applicants state their date of birth per §391.21(b)(2)

COMPLIANCE CERTIFICATE

In compliance with the Federal Motor Carrier Safety Regulations and the stated policy of the motor carrier and in consideration of my continued qualification as a driver for the motor carrier, I understand and will comply with the following provisions as required by the Federal Motor Carrier Safety Regulations:

- (1) I do not hold any driver licenses other than the one from my state of domicile.
- (2) I will notify the motor carrier **before the next dispatch** of any conviction of a moving violation.
- (3) I will notify the motor carrier immediately if my operator's license is suspended, revoked or canceled or if I am disqualified as a driver.

DRIVER'S LICENSE INFORMATION

List **ALL** licenses and permits held in the last 3 years. Including present license.

| | STATE | LICENSE # | TYPE | EXPIRATION DATE |
|---------------------|-------|-----------|------|-----------------|
| DRIVER'S LICENSE | | | | |
| | | | | |
| | | | | |
| | | | | |

- 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 been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No
 D. Do you hold more than one license to operate a motor vehicle? Yes No

If the answers to A, B, C or D is YES, give details below: _____

DRIVING EXPERIENCE

| | TYPE OF EQUIPMENT (Auto Carrier, Van, Tank, Flat, Etc.) | DATES: FROM | DATES: TO | APPROX. NUMBER OF MILES OR HOURS (TOTAL) |
|---|--|-------------|-----------|---|
| <input type="checkbox"/> Straight Truck | | | | |
| <input type="checkbox"/> Tractor – Semi-Trailer | | | | |
| <input type="checkbox"/> Tractor – 2 Trailers | | | | |
| <input type="checkbox"/> Auto Carrier | | | | |
| <input type="checkbox"/> Other _____ | | | | |

List states operated in for last 5 years: _____

ACCIDENT RECORD FOR PAST 5 YEARS

If none, write NONE. Do Not leave blank. (Commercial & Private Auto)

| DATE | TYPE OF VEHICLE (Auto, Commercial Vehicle) | DESCRIBE ACCIDENT (Head-on, Rear-End, Lane Change, etc.) | NUMBER OF FATALITIES | NUMBER OF VEHICLES TOWED | NUMBER OF INJURIES |
|---------------|---|---|----------------------|--------------------------|--------------------|
| Last Accident | | | | | |
| Next Previous | | | | | |
| Next Previous | | | | | |
| Next Previous | | | | | |

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 5 YEARS (other than parking violations)

If none, write NONE. Do Not leave blank (Commercial & Private Auto)

| LOCATION | TYPE OF VEHICLE (Auto, Commercial Vehicle) | DATE | CHARGE | PENALTY |
|----------|---|------|--------|---------|
| | | | | |
| | | | | |
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PLEASE PRINT. FORM MUST BE COMPLETE AND LEGIBLE.

- ❖ Motor carriers are required to obtain and review the "safety performance history" of each applicant per FMCSR 391
- ❖ **Provide 10 years of employment history.**
- ❖ A complete listing of Past Employers for the **preceding 3 years** and
- ❖ Drivers are required to **provide an additional 7 years of information** regarding previous employers for whom the driver operated commercial motor vehicles.
- ❖ **Time GAPS are not acceptable.** If unemployed, list the dates. If self employed (Owner Operators), provide Tax Statement and complete an additional form.

Attach additional sheets if necessary.

| | | |
|--|--|-------------|
| 1 Present or Previous Employer: | | Phone #: |
| Address: | | |
| Dates: Start: / / End: / / | | Supervisor: |
| Reason for Leaving: | | Pay Rate: |
| Position, check one: <input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Driver employed by Owner Operator <input type="checkbox"/> Other: _____ | | |
| Equipment Operated, check one: <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Double Trailers <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Auto Carrier-Describe Tractor Make: _____ Trailer Configuration/ Capacity: _____ | | |
| Were you subject to DOT / FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO Were you subject to Drug / Alcohol Testing? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| List any accident with this company: | | |

| | | |
|--|--|-------------|
| 2 Present or Previous Employer: | | Phone #: |
| Address: | | |
| Dates: Start: / / End: / / | | Supervisor: |
| Reason for Leaving: | | Pay Rate: |
| Position, check one: <input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Driver employed by Owner Operator <input type="checkbox"/> Other: _____ | | |
| Equipment Operated, check one: <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Double Trailers <input type="checkbox"/> Other: _____ | | |
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| List any accident with this company: | | |

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|--|--|-------------|
| 3 Present or Previous Employer: | | Phone #: |
| Address: | | |
| Dates: Start: / / End: / / | | Supervisor: |
| Reason for Leaving: | | Pay Rate: |
| Position, check one: <input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Driver employed by Owner Operator <input type="checkbox"/> Other: _____ | | |
| Equipment Operated, check one: <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Double Trailers <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Auto Carrier-Describe Tractor Make: _____ Trailer Configuration/ Capacity: _____ | | |
| Were you subject to DOT / FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO Were you subject to Drug / Alcohol Testing? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| List any accident with this company: | | |

| | | |
|---|--|--|
| 4 Present or Previous Employer: | | Phone #: |
| Address: | | |
| Dates: Start: / / End: / / | | Supervisor: |
| Reason for Leaving: | | Pay Rate: |
| Position, check one: <input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Driver employed by Owner Operator <input type="checkbox"/> Other: _____ | | |
| Equipment Operated, check one: <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Double Trailers <input type="checkbox"/> Other: _____ | | |
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| Were you subject to DOT / FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Were you subject to Drug / Alcohol Testing? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| List any accident with this company: | | |

| | | |
|---|--|--|
| 5 Present or Previous Employer: | | Phone #: |
| Address: | | |
| Dates: Start: / / End: / / | | Supervisor: |
| Reason for Leaving: | | Pay Rate: |
| Position, check one: <input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Driver employed by Owner Operator <input type="checkbox"/> Other: _____ | | |
| Equipment Operated, check one: <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Double Trailers <input type="checkbox"/> Other: _____ | | |
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| Were you subject to DOT / FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Were you subject to Drug / Alcohol Testing? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| List any accident with this company: | | |

| | | |
|---|--|--|
| 6 Present or Previous Employer: | | Phone #: |
| Address: | | |
| Dates: Start: / / End: / / | | Supervisor: |
| Reason for Leaving: | | Pay Rate: |
| Position, check one: <input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Driver employed by Owner Operator <input type="checkbox"/> Other: _____ | | |
| Equipment Operated, check one: <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Double Trailers <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Auto Carrier-Describe Tractor Make: _____ Trailer Configuration/ Capacity: _____ | | |
| Were you subject to DOT / FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Were you subject to Drug / Alcohol Testing? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| List any accident with this company: | | |

| | | |
|---|--|--|
| 7 Present or Previous Employer: | | Phone #: |
| Address: | | |
| Dates: Start: / / End: / / | | Supervisor: |
| Reason for Leaving: | | Pay Rate: |
| Position, check one: <input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Driver employed by Owner Operator <input type="checkbox"/> Other: _____ | | |
| Equipment Operated, check one: <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Double Trailers <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Auto Carrier-Describe Tractor Make: _____ Trailer Configuration/ Capacity: _____ | | |
| Were you subject to DOT / FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Were you subject to Drug / Alcohol Testing? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8 Present or Previous Employer: | | |
| | | Phone #: |

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of the driver application. It is agreed and understood that the company or its agents may investigate my background, including criminal record checks, to ascertain any and all information of concern to my previous employment history, whether same is of record or not. I release employers, supervisors, personal references and all other persons from any liability for providing truthful and accurate responses to any such inquiry. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. I also understand that if offered a job, the offer may be conditioned on the results of a physical examination and drug/alcohol tests.

I further certify that I am a genuine applicant for a driving position and this application is being submitted solely for the purpose of seeking a driving position with the company and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, previous employment, drug and alcohol testing reports and driving record.

I agree to furnish such additional information and complete such examinations as may be required to complete my driver qualification application and file. I also understand that misrepresentation or omission of information or facts may result in the rejection of my application for a driving position.

If I accept a driving position, I agree to abide by all the rules and policies of the company.

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

Signing this document certifies that I completed this application and that all of the information I have supplied or will supply in this application and associated documents to Buchholz Transport Inc. (the company), its affiliates or its agents, is a full and complete statement of facts. It is understood that if any falsification is discovered, it will constitute grounds for termination as a driver upon discovery thereof. I also understand that this application is not a contract of employment. I understand that if I begin a driving position for the company I will be utilized as an at-will driver and I may voluntarily leave my position as a driver or cancel my owner operator contract or the driving position or the owner operator contract may be terminated at any time for any reason. I acknowledge that no written or oral statements have been made to or relied upon by me regarding the length of the term of the driving position or owner operator contract or the reasons for which my driving position or owner operator contract can be terminated.

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

In consideration of this application for driver qualification and during any future driving position or owner operator contract with this company, I hereby authorize any physician, dentist, hospital, clinic, pharmacy, medical provider, insurance company, or other entity to provide to this company or any representative or agent thereof any and all information which may be requested regarding my physical and/or mental condition. If requested, I authorize same to provide this company or its representative or agent with a photocopy of any and all medical records, bills, and other documentation or materials in their possession pertaining to examination, evaluation, treatment, therapy or rehabilitation rendered by them and to allow this company or any representative or agent thereof or any physician appointed by them to examine any and all records, reports, slides, radiographs, test results or other materials in their possession. I agree that a photocopy of this authorization is as valid as the original.

Applicant Printed Name: _____

Applicant Signature: _____

Date: _____

*****THIS SECTION IS ONLY FOR*****
OWNER OPERATOR / LEASE DRIVERS (driver for an owner operator or contractor)

Position Applying for: **Owner Operator** **Lease Driver** (driver for an Owner Operator or Contractor)
(If you checked Owner Operator or Lease Driver, you are not a company employee and not eligible for company employee benefits.)

I agree and understand, that I am an (check one)

Owner Operator **Lease Driver (driver for an Owner Operator or Contractor).**

I further understand that I will not be treated as an employee for social security taxes, federal tax purposes, state tax purposes, workers' compensation coverage, company employee benefits (i.e. medical insurance, dental insurance, retirement plan, vacation pay, etc...) or, for that matter, for any other reason.

Printed Name: _____

Signature: _____

Date: _____

***** Please provide the following information if you have operated under your own DOT Authority within the last ten years.**

Completed the following information, as it is listed with the Department Of Transportation.

Your Company's US DOT Number: _____

Name of YOUR company: _____

Address of record: _____

Dates: Start _____ **End** _____

Name of Insurance Company: _____

Address: _____ **Phone:** _____

Name of your Drug Consortium: _____

Address: _____ **Phone:** _____