

Application for Qualification

Company: W & A Distribution Services Inc. Address:

1618 Summit Dr. Ft. Atkinson, WI. 53538

W.&A.

DISTRIBUTION SERVICES, INC.

P.O. BOX 309

FORT ATKINSON, WI 53538

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

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

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Emergency Phone Number	
Position Applied for	LOCAL OR OTR DRIVER		
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for this company?	YES	NO	If so, when?
Have you ever been convicted of a felony?	YES	NO	If yes, explain
License#	State	Expiration Date	
Physical Exam Expiration Date	DOB (MM/DD/YYYY):		

THREE YEARS PREVIOUS ADDRESSES:

1.
2.
3.

EDUCATION

High School	Address	
From	To	Did you graduate? YES NO Degree
College	Address	
From	To	Did you graduate? YES NO Degree
Other	Address	
From	To	Did you graduate? YES NO Degree

DRIVING EXPERIENCE

Class of Equipment:	From	To	Approx. Number of Miles
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Straight Truck			
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Tractor and Semi-trailer			
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Tractor-Two Trailers			
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Other			
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List States Operated in for last five years:

List Special courses/training completed: (DDC, Haz-Mat ect.)

List any Safe Driving Awards and from whom:

Accident Record for the past three years

Date of Accident	Type	Location	Injuries/Fatalities
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Traffic Convictions and Forfeitures for the past three years (other than parking violations)

Date	Location	Offense	Penalty
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Have you ever...

(Answer Below-write YES or NO)

If YES please provide Details

A. Been denied a license, permit or privilege to operate a motor vehicle?

B. Had any license, permit or privilege suspended or revoked?

C. Tested positive or refused a DOT drug or alcohol pre-employment test within the past 3 years from an employer who did not hire you?

D. Ever been convicted of a Felony? Yes/No

DISCLAIMER AND SIGNATURE

It is agreed and understood that any misrepresentation on this application for qualification *shall be considered an act of dishonesty.*

I give the Motor Carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability the Motor Carrier and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this application for qualification in no way obligates the Motor Carrier to employ me.

It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse.

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

Date

Certification of Compliance
With Driver License Requirements

Motor Carrier Instruction: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirement in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more can transport more than 15 people, or transports hazardous materials that require placarding.

Driver Requirements: Parts 383 and 391 of the Federal Motor Carrier Safety regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990
If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it: you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) Section 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the next business day of any revocation or suspension of you driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state the state that issued your license within 30 days.

Driver certification: I certify that I have read and understand the above requirements.

The Following license is the only one I possess:

Driver's License No.

State

Exp. Date

Signature

Date _____

CompanyName

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the *Fair Credit Reporting Act*, (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that a consumer report may be obtained on you for employment purposes.

I acknowledge the receipt of the above disclosure and authorize the above-named company to obtain a consumer report on me for employment purposes. This authorization is ongoing in the event such a report is needed in the future.

Applicant's signature

Date

Print name

Social Security number

MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS
IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

1. In connection with your application for employment with **W & A Distribution SVCS** ("Prospective Employer"), it 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

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:

2. I authorize **W & A Dist.** ("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.

3. 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I 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.

Date:

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver's written or electronic consent prior to accessing the driver's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1 -4 of this document to obtain a prospective driver's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**