

Dairyland Transportation LLC

16517 US Highway 14, Richland Center, WI 53581

Phone: 608-649-3044

Email: joe.hall@dairylandtrans.com



DRIVER APPLICATION

TO BE READ AND SIGNED BY APPLICANT

I authorize Dairyland Transportation LLC 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 decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment 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, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating 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 current/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.

Signature

Date

Personal Information

Last		First		MI	Date Available	
Street	City	ST	Zip	Home Phone		Mobile Phone
email				Are you 18 or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
						if yes, Date of Birth

Past Three Year Residency

Street	City	ST	Zip	Number of Years
Street	City	ST	Zip	Number of Years
Street	City	ST	Zip	Number of Years

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Prior Work Experience

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten-year employment record).

You are required to list the complete mailing address: street number and name city, state and zip code.

	Current or most recent	Prior	Prior
Employer			
Address			
City, ST, Zip			
Telephone			
Position Held			
Dates of Employment	From To	From To	From To
Account for periods between jobs; include dates (month/year) and reason*			
Reasons for Leaving			
Were you subject to the Federal Motor Carrier Safety Regulations while employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

* Any gaps in employment and/or unemployment must be explained. The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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Experience and Qualifications (Attach separate sheet if more space is needed)

Driving Experience

If no driving experience within the last 3 years - check here

Class of Equipment	Type of Equipment	Start Date	End Date	-Or-	Approximate number of miles for each class of equipment
Straight Truck	Van, Reefer, Tank, Flat				
Tractor & Semi-trailer	Van, Reefer, Tank, Flat				
Tractor - Two trailers	Van, Reefer, Tank, Flat				
Tractor - Three trailers	Van, Reefer, Tank, Flat				
Motorcoach - School bus (greater than 8 passengers)	N/A				
Motorcoach - School bus (greater than 15 passengers)	N/A				
Other:	Van, Reefer, Tank, Flat, N/A				

Accident History (3 years)

If no traffic convictions and/or forfeitures in the last 3 years - check here

Date Convicted (month/year)	Violation (Other than violations involving parking only)	State of Violation	Penalty (Forfeited bond, collateral and/or points)

License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License Number	Expiration Date
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A. Were you subject to the Federal Motor Carrier Safety Regulations while employed?

Yes No

If yes, give details:

B. Has any license, permit, or privilege ever been suspended or revoked?

Yes No

If yes, give details:

Applicant Certification

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
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Previous Pre-Employment Employee Alcohol and Drug Test Statement

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(6)(5) and (e))

Prospective Employee Name (print)	ID Number
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The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I certify that the information provided on this document is true and correct.	Prospective Employee Signature	Date
	Witness Signature	Date

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Past Employment Verification

APPLICANT FILL OUT INSIDE THIS BOX ONLY

I authorize Dairyland Transportation, LLC (DTL), and its agents or representatives the right to investigate all references and to secure additional information about my employment background, and information related to my controlled substance and alcohol testing and/or results pursuant to Regulation 49 CFR 391.23d & e. I further authorize DTL and its agents or representatives to receive consumer reports regarding my employment history, criminal background, and worker compensation claims from third party agencies whose services may be retained by DTL to provide such information. I hereby release from all liability for damages DTL and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information:

Applicant Print Name: _____ Date of Birth: _____

Applicant's Signature: _____ Date: _____

PAST EMPLOYER'S NAME: _____ PHONE #: _____

ADDRESS: _____ CONTACT: _____

1. Dates of Employment: From: _____ To: _____ AND From: _____ To: _____

2. What type of position held? _____ If driver, see below:

Type of Driving: Solo Team Type of operation: Company Driver Owner Operator Drive for Owner Operator

Was It: Over the Road Regional Local

Type Equipment: Tractor-Trailer Straight Truck Tri-Axle Other

Type of Trailer: Pneumatic Van/Reefer Dump Tank Flatbed

Other _____ Trailer dimensions/capacity: _____

Types of commodities hauled: Dry Bulk Iron, Steel, Etc. Coils Machine Gen. Freight Produce Liquid Scrap

Other _____

3. Number of accidents/incidents while employed: _____

Date City/Town, State # of Injuries # of Fatalities Hazmat Release Y/N Vehicles Towed Y/N Comments

4. Was your equipment returned to an authorized location: YES NO

5. What was reason for leaving? Voluntarily Quit Layoff Discharged Why? _____

6. Is driver eligible for rehire? Yes No Why? _____

7. DRUG/ALCOHOL TEST (S):

Was this person employed in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40 Yes No

Has this person had an alcohol test with a result of .04 or higher alcohol concentration? Yes No

Has this person tested positive or adulterated or substituted a test specimen for controlled substance? Yes No

Has this person refused to submit to a Post Accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Yes No

Has this person committed other violations of Sub Part B of Part 382 or Part 40? Yes No

Has this person violated a DOT drug or alcohol regulation and completed a SAP prescribed rehabilitation program in your employ, including a return to duty and follow-up test. Yes No

If Yes above, has this person, after successfully completing a SAP's Rehabilitation referral, remained in your employ, but subsequently had an alcohol test result of .04 or greater, or a verified positive drug test or refusal to be tested? Yes No

In providing this information, any drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT regulations is included:

Name _____ Address _____ Phone: _____

VERIFIED BY: _____ TITLE: _____ DATE: _____

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Applicant's Notice of Due Process Rights

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