



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)

Phone Number _____ Emergency Phone Number _____

*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 _____

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: _____

Telephone 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