



Application for Qualification

Badger Express
181 Quality Court
Fall River, WI 53932

Phone: (920) 484-5808 ext 111

Loni Carroll

Fax: (920) 484-5818

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.

Instructions to Applicant

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

The Age Discrimination in 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.

Date: _____

Check One: Contract

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

Driver

Social Security Number: _____

Age: _____ Date of Birth: _____

Phone Number: (____) _____

Current & Three Years Previous Addresses

Month/Year Month/Year
From: _____ To: _____
From: _____ To: _____
From: _____ To: _____
From: _____ To: _____

Employment

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.

Month/Year Month/Year
From: _____ To: _____
Phone Number: (____) _____
Position Held _____ Salary _____

Present or Last Employer:
Name _____
Address _____
Reason For Leaving _____

Month/Year Month/Year
From: _____ To: _____
Phone Number: (____) _____
Position Held _____ Salary _____

Next Previous Employer:
Name _____
Address _____
Reason For Leaving _____

Month/Year Month/Year
From: _____ To: _____
Phone Number: () _____
Position Held _____ Salary _____

Next Previous Employer:
Name _____
Address _____
Reason For Leaving _____

Month/Year Month/Year
From: _____ To: _____
Phone Number: () _____
Position Held _____ Salary _____

Next Previous Employer:
Name _____
Address _____
Reason For Leaving _____

Month/Year Month/Year
From: _____ To: _____
Phone Number: () _____
Position Held _____ Salary _____

Next Previous Employer:
Name _____
Address _____
Reason For Leaving _____

Month/Year Month/Year
From: _____ To: _____
Phone Number: () _____
Position Held _____ Salary _____

Next Previous Employer:
Name _____
Address _____
Reason For Leaving _____

Month/Year Month/Year
From: _____ To: _____
Phone Number: () _____
Position Held _____ Salary _____

Next Previous Employer:
Name _____
Address _____
Reason For Leaving _____

Month/Year Month/Year
From: _____ To: _____
Phone Number: () _____
Position Held _____ Salary _____

Next Previous Employer:
Name _____
Address _____
Reason For Leaving _____

Driving Experience

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

List states operated in for the last five years _____

Show special courses or training that will help you as a driver _____

What Safe Driving Awards do you hold and from whom? _____

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

Dates	Nature of Accident (Head on, rear end, upset, etc.)	# of Fatalities	# of People Injured

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

Location	Date	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 been convicted of a felony? Yes No

If the answer to A, B, or C is YES, give details _____

Personal References

Name _____	Address _____
Name _____	Address _____
Name _____	Address _____
Name _____	Address _____
Name _____	Address _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given above shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his 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 the applicant.

It is agreed and understood that if qualified, the driver may be on a probationary period during which time he 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.

_____ Date _____ Applicant's Signature _____

Remarks

Office use only

Safety Performance History Records Request Form

Section I. -- To Be Completed By Prospective Employee

I, (print name) _____		(Social Security Number) _____
(First, M.I., Last)		/ /
I hereby authorize: _____ Date of Birth _____		
Previous Employer: _____		Email: _____
Street: _____		Telephone: _____
City, State, Zip: _____		Fax No.: _____
To release and forward the information by section III of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (date of employment application)		
To: Prospective Employer: Badger Express LLC		
Attention: 181 Quality Court		Telephone: 920-484-5808
Street: Fall River, WI 53932		
City, State, Zip: _____		
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.		
Prospective employer's confidential fax number: 920-484-5818		_____
Prospective employer's confidential email address: _____		
Applicants Signature _____		Date _____
This information is being requested in compliance with §40.25 and 391.23.		

Section II. -- To Be Completed By Previous Employer

Accident History				
The applicant named above was employed by us. _____			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed as _____		from (date) _____	To (date) _____	
1. Did he/she a drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/>				
a. If yes, what type? Straight truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo tank <input type="checkbox"/>				
Doubles/Triples <input type="checkbox"/> Other(specify) _____				
2. Reason for leaving your company: Discharge <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/>				
If there is no safety history to report, check here <input type="checkbox"/> , sign below and return.				
Accidents: Complete the following for any accidents including on your accident register (§ 390.15(b)) that involve the applicant in the 3 years prior to the application date shown above, or check here <input type="checkbox"/> if there is no accident data for this driver.				
Date	Location	No. Injuries	No. Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____				
Any other remarks: _____				
Signature: _____		Date: _____		
Title: _____		_____		
Proceed to next page				

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization



Send to Fax # (800) 267-4093 (Manual Service)
 Send to Fax # (800) 257-8069 (Database Retrieval)

USIS Customer:

Company Name: Badger Express LLC

Company Contact Name: Loni Carroll

Fax #: (920) 484 - 5818

USIS Customer #: 25896 Sub-account: _____

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR
 EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to USIS for the purpose of USIS transmitting such records to the USIS customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to USIS, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____
 Applicant Signature: _____ Date: _____

**PART II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)**

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, USIS may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, USIS clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all Information in USIS's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by USIS to other parties; (ii) identification of any Suppliers utilized by USIS in compiling such Reports; and (iii) identification of any recipients of Reports furnished by USIS within the **two (2) year** period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ← Check this box if you are applying for employment in California and/or you are a California resident and, in either case, you wish to receive a copy of your credit report or investigative consumer report if one is obtained or assembled by USIS. Pursuant to the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting USIS in person or by mail. USIS is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

- ← Check this box if you are applying for employment in Oklahoma and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by USIS.

- ← Check this box if you are applying for employment in Minnesota and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by USIS.

PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize USIS to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize USIS and the USIS customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release USIS and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in USIS's possession and my employment history with Customer if I am hired, may be supplied by USIS to other USIS customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for USIS to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize USIS and any person or entity contacted by USIS to furnish the above-mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____