

Application for Employment

Kutzler Express, Inc
12737 60th Street
Kenosha, WI 53144

ID Number

DOH / /

DOT / /

DAC #

Applicant Signature _____ Date _____

Home Phone _____ Cell Phone _____

Full Name
First Middle Last

*Current Address
Street City State Zip

* If at the above address for less than 3 years, list below all residences for the past 3 years. Attach a separate sheet if necessary

Street City State Zip

Street City State Zip

Position Applying for _____ Temporary _____ Part Time _____ Full Time _____

Who Referred you? _____ Rate of pay Expected? _____

Have you worked for this company before? _____ Dates: From: _____ To: _____
month/year month/year

Where? _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Are you currently employed? _____ If not, how long since leaving last employment _____

EDUCATION

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

GENERAL

Have you ever been bonded? _____ Name of bonding company _____

Have you ever been convicted of a felony? _____

Have you ever been convicted of a crime involving dishonesty? _____

Have you failed or refused a drug or alcohol test in the past three years? _____

Have you ever been convicted or arrested on any Drug or alcohol related offence? _____

If you answered yes to any of the 3 questions above please explain on a separate sheet of paper.

Drivers Experience and Qualification

Answer the questions in this section only if applying for a driver position

Date of Birth / / The U.S. Department of transportation requires that driver applicants state
month / day / year their date of birth. (391.21(B)(2))

Social Security No. - -

LICENSES

All Driver Licenses held in past 3 years must be shown	State	Licenses #	Class	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes	No
Has any license, permit or privilege ever been suspended or revoked?	Yes	No
Have you ever been disqualified for violations of the Federal Motor Carrier Regulations?	Yes	No

If you answered yes to any of the above attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment	From	To	Approximant Miles.
Straight Truck		/	/	
Tractor and Semi-Trailer		/	/	
Twin Trailer		/	/	
Other		/	/	

List all states operated in during the last five years. _____

List special courses or training that will help you as a driver. _____
 List driving awards held and who awards were presented by. _____

Accident Review for past 3 years

Dates	Type of Accident. (Head-on, Rear-end, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years.

Location	Date	Charge	Penalty

Employment Record

The U.S. Department of Transportation requires that driver applications show all employment for the past 3 years
They must also show commercial driver employment for the 7 years immediately preceding this 3 year period.
S 391.21(b) (10),(11) Start with the last or current position, including military experience, and work back.
Attach a separate sheet of paper

Current Employer: _____ Supervisor's full name _____
Full Address: _____ Zip: _____ Phone: () _____
Position Held: _____ From: _____ To: _____
Reason for leaving: _____ Salary: _____
Where you subject to the FMCSRs While Employed at this employer? _____
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and
Alcohol testing requirements of 49CFR Part 40? _____

Past Employer: _____ Supervisor's full name _____
Full Address: _____ Zip: _____ Phone: () _____
Position Held: _____ From: _____ To: _____
Reason for leaving: _____ Salary: _____
Where you subject to the FMCSRs While Employed at this employer? _____
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and
Alcohol testing requirements of 49CFR Part 40? _____

Past Employer: _____ Supervisor's full name _____
Full Address: _____ Zip: _____ Phone: () _____
Position Held: _____ From: _____ To: _____
Reason for leaving: _____ Salary: _____
Where you subject to the FMCSRs While Employed at this employer? _____
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and
Alcohol testing requirements of 49CFR Part 40? _____

Past Employer: _____ Supervisor's full name _____
Full Address: _____ Zip: _____ Phone: () _____
Position Held: _____ From: _____ To: _____
Reason for leaving: _____ Salary: _____
Where you subject to the FMCSRs While Employed at this employer? _____
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and
Alcohol testing requirements of 49CFR Part 40? _____

Past Employer: _____ Supervisor's full name _____
Full Address: _____ Zip: _____ Phone: () _____
Position Held: _____ From: _____ To: _____
Reason for leaving: _____ Salary: _____
Where you subject to the FMCSRs While Employed at this employer? _____
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and
Alcohol testing requirements of 49CFR Part 40? _____

Past Employer: _____ Supervisor's full name _____
Full Address: _____ Zip: _____ Phone: () _____
Position Held: _____ From: _____ To: _____
Reason for leaving: _____ Salary: _____
Where you subject to the FMCSRs While Employed at this employer? _____
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? _____

Past Employer: _____ Supervisor's full name _____
Full Address: _____ Zip: _____ Phone: () _____
Position Held: _____ From: _____ To: _____
Reason for leaving: _____ Salary: _____
Where you subject to the FMCSRs While Employed at this employer? _____
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? _____

Past Employer: _____ Supervisor's full name _____
Full Address: _____ Zip: _____ Phone: () _____
Position Held: _____ From: _____ To: _____
Reason for leaving: _____ Salary: _____
Where you subject to the FMCSRs While Employed at this employer? _____
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? _____

Past Employer: _____ Supervisor's full name _____
Full Address: _____ Zip: _____ Phone: () _____
Position Held: _____ From: _____ To: _____
Reason for leaving: _____ Salary: _____
Where you subject to the FMCSRs While Employed at this employer? _____
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? _____

Past Employer: _____ Supervisor's full name _____
Full Address: _____ Zip: _____ Phone: () _____
Position Held: _____ From: _____ To: _____
Reason for leaving: _____ Salary: _____
Where you subject to the FMCSRs While Employed at this employer? _____
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? _____

Past Employer: _____ Supervisor's full name _____
Full Address: _____ Zip: _____ Phone: () _____
Position Held: _____ From: _____ To: _____
Reason for leaving: _____ Salary: _____
Where you subject to the FMCSRs While Employed at this employer? _____
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? _____

General Question.

Do you have a current DOT Medical? Yes No

Are you currently under any medical restrictions? Yes No

Can you lift 50 lbs over your head? Yes No

Do you have any relatives currently working for Kutzler Express, Inc? Yes No

If you answered yes to the above question please name the employee. _____

What are your expectations of this company? _____

What do you have to offer this company that makes you more qualified then the next driver?

Are you able to work a full 14 hour shift if needed? Yes No

Are you able to report to work on short notice? Yes No

Do you have any issues that would prevent you from being here on a daily basis? Yes No

Maintenance Experience

Please list all Maintenance Experience that you have.

Please list all shop equipment that you can use.

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. 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 which are pertinent to the job. I all so understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

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

It is also 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, personal characteristics, and mode of living.

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

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal

If hired, I agree to abide by all the rules and policies of the employer.

All employees are governed by an "at will" relationship which means that both the company and the employee have the right to terminate the employment relationship at any time, for any reason, with or without notice. No manager or supervisor has any authority to vary, by contract or otherwise, the employment-at-will relationship between an employee and the company, except the President of the company. This authority can only be given in writing signed by both the President and the employee.

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 SIGNATURE

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:	_____
Company Contact Name:	_____
Fax #:	(____) _____ - _____
USIS Customer #:	_____ 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: _____

**IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP
*Online Service***

In connection with your application for employment with Kutzler Express, Inc, it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. 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:

I authorize Kutzler Express, Inc 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.

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.

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.

Sign _____

Date _____