

# JEFF FOSTER

## TRUCKING INCORPORATED

### SUPERIOR, WI

313 Winter Street Superior, WI 54880  
 Toll Free: 800-669-5043 Fax: 715-394-6157  
 Qualified applicants are considered for all positions without regard to race, color, religion,  
 gender, national origin, age, marital status or non-job related disability.

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

APPLICATION MUST BE RENEWED AFTER 90 DAYS.

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
FIRST MIDDLE LAST AREA CODE

Current Address\* \_\_\_\_\_  
STREET CITY STATE ZIP CODE

*\*If at the above residence for less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.*  
**YOU MUST LIST A STREET ADDRESS IN ADDITION TO ANY P.O. BOX ADDRESS**

STREET CITY STATE ZIP CODE

STREET CITY STATE ZIP CODE

Position Applying for: \_\_\_\_\_ Casual  Part Time  Full Time

Are you currently employed?  Yes  No If not, how long since leaving last employment? \_\_\_\_\_

### Driving Experience and Qualification

Date of Birth (month/day/year) \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The Federal Motor Carrier Safety Regulations require that driver applicants state their date of birth (§391.21(b)(2))

**Licenses** Drivers Licenses held in the past three years must be shown. (Attach separate sheet if more space is needed.) **If none, write NONE**

STATE	LICENSE NO.	CLASS (check one) A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> <input type="checkbox"/> _____	ENDORSEMENTS (Check those you now have) <input type="checkbox"/> Hazardous <input type="checkbox"/> Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Passenger <input type="checkbox"/> Air Brake	EXPIRATION DATE
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STATE	LICENSE NO.	CLASS (check one) A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> <input type="checkbox"/> _____	ENDORSEMENTS (Check those you now have) <input type="checkbox"/> Hazardous <input type="checkbox"/> Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Passenger <input type="checkbox"/> Air Brake	EXPIRATION DATE
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**~IMPORTANT: APPLICANT MUST READ AND ANSWER ALL OF THE FOLLOWING QUESTIONS~**

- 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 disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes  No
- D. Have you ever refused any drug or alcohol test or tested positive for same within the last 3 years? Yes  No
- E. Have you ever been convicted of a felony?  Yes  No If yes, please explain fully on a separate piece of paper.  
 Conviction of a crime is not an automatic bar to employment--all circumstances will be considered.

If you answered "yes" to A, B, C, explain here. If "yes" to D, list the company name, telephone # and date(s): \_\_\_\_\_

## Driving Experience

<input type="checkbox"/> Straight Truck				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tank, flat, yard, etc.)	DATES From	To	APPROXIMATE TOTAL MILES
<input type="checkbox"/> Tractor/Semi-Trailer				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tank, flat, yard, etc.)	DATES From	To	APPROXIMATE TOTAL MILES
<input type="checkbox"/> Other				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tank, flat, yard, etc.)	DATES From	To	APPROXIMATE TOTAL MILES

List states operated in during last five years \_\_\_\_\_

List special courses or training that will help you as a driver (include any T-T driving schools) \_\_\_\_\_

## Accident Review For Past 5 Years (Attach separate sheet of paper if more space is needed) If none, write NONE \_\_\_\_\_

Last Accident \_\_\_\_\_

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	FATALITIES	INJURIES
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Next Previous \_\_\_\_\_

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	FATALITIES	INJURIES
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Next Previous \_\_\_\_\_

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	FATALITIES	INJURIES
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## Traffic Convictions/Forfeitures for the previous 3 years: other than parking violations. If none, write NONE \_\_\_\_\_

LOCATION	DATE	CHARGE	PENALTY
LOCATION	DATE	CHARGE	PENALTY
LOCATION	DATE	CHARGE	PENALTY

## Employment Record

List all employers for last **ten (10) years**. Start with last or current position, including military experience, and work back. If unemployed more than 1 month, list as separate item as "unemployed." (Attach a separate sheet of paper if necessary)

Are you presently employed ? ( Yes ( No If yes, may we contact your current employer? ( Yes ( No

1. Current or most recent Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
 Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSR's ( Yes ( No Was this job designated as a DOT Safety Sensitive function subject to Drug & Alcohol Testing as required by 49CFR? ( Yes ( No

2. Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
 Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

3. Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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4. Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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5. Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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6. Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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7. Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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8. Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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9. Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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10. Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

## **Applicant Must Read and Sign**

I certify that I have read and understand all of the employment application. It is agreed and understood that the employer or his agents may investigate my background, including criminal record checks, to ascertain any and all information of concern to my employment history, whether same is of record or not. I release employers, supervisors, personal references and all other persons from any liability for providing truthful and accurate responses to any such inquiry. 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 that are pertinent to the job. I also understand that if offered a job, the offer may be conditioned on the results of a physical examination and drug/alcohol tests.

It is also agreed and 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 the rejection of my application for employment.

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

**Driver Safety Performance History Investigations and Collection:** The rule sets forth the minimum information requirements for driver safety performance history that a prospective employer must obtain and a previous employer must provide before a new driver is permitted to operate a motor vehicle (CMV) Driver safety performance records must be collected from all previous employers for the preceding three years from the date of the employment application. The investigations must be made beginning October 29, 2004 for all drivers applying for employment as a CDL driver

**Your Rights Regarding Safety Performance History Information:** The information you provided on this application may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Regulations 49 CFR Sec. 391.23 (i)(1) you have the following rights with regard to the safety performance history information provided by your previous employers:

**The Right to Review Safety Performance Records:** You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment made. You will be provided with the records within five (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five-day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick-up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

**The Right to Have Erroneous Information Corrected:** If you believe there is an error in the records, you have the rights to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must retain the corrected information as part of your safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

**The Right to Rebut Disputed Information:** If the previous employer does not agree that information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must forward a copy of the rebuttal to the prospective employer; append the rebuttal to your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of three-year data retention requirement period. You may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

**The Right to Report Failures To Correct Erroneous Information:** You may report failures to of a previous employer to correct information or include your rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

All of the information I have supplied or will supply in this application and associated documents to Jeff Foster Trucking, Inc. is a full and complete statement of facts, and it is understood that if any falsification is discovered, it will constitute grounds for dismissal from employment upon discovery thereof. I also understand that this application is not a contract of employment. I understand that if employed, I will be considered an at-will employee and I may voluntarily leave my employment at any time, or my employment may be terminated at any time for any reason. I acknowledge that no written or oral statements have been made to or relied upon by me regarding the length of my employment or the reasons for which my employment can be terminated.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **DAC DISCLOSURE AND RELEASE**

In connection with my application for employment (including contract for services) with you, I understand that consumer reports that may contain public record information may be requested from DAC Services. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from state agencies, and state provided driving records.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any records on me, which DAC has previously furnished within the three (3) year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information, which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies that subscribe to DAC Services.

I hereby authorize procurement of consumer reports. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment period.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**Alcohol and Drug Release Consent Form**

I, \_\_\_\_\_ understand that as a condition of employment with  
(Applicants name)

JEFF FOSTER TRUCKING, INC. I must provide the Company with a written authorization to obtain the results of all U.S. Department of Transportation required alcohol and drug tests, refusals to test, rehabilitation and follow-up testing when I was employed as a driver other safety sensitive employee positions I held for the preceding three years. I also understand that signing this authorization does not constitute an offer of employment or any guarantee of future employment with the Company.

I hereby authorize JEFF FOSTER TRUCKING, INC. to obtain from my previous employers listed below, and hereby authorize the below named previous employers, to release to the Company the following information from my personnel and alcohol and drug files for the preceding three years.

- Instances of reporting for duty or remaining on duty requiring the performance of safety sensitive functions while having an alcohol concentration of 0.04 or greater.
- Instances of performing safety sensitive functions within four hours after using alcohol.
- Any use of alcohol for eight hours following an accident, while waiting for a post-accident test.
- Any refusals to submit to a post- accident alcohol or controlled substances test.
- Refusals to submit to a random alcohol or controlled substances test.
- Refusals to submit to a reasonable suspicion alcohol or controlled substances test.
- Refuse to submit to a follow-up alcohol or controlled substance test.
- Instances of reporting for duty or remaining on duty requiring the performance of safety-sensitive functions when under the influence of any unauthorized controlled substance.
- Reporting for duty, remaining on duty or perform a safety-sensitive function, after testing positive for, or adulterating or substituting a test specimen for controlled substances.
- Records pertaining to completion, or failure to complete alcohol and/or drug rehabilitation prescribed by a Substance Abuse Specialist.
- Any post rehabilitation positive test for alcohol with a result of 0.04 or higher concentration.
- Any post rehabilitation verified positive drug test or refusal to test for alcohol or drug (including verified adulterated or substituted drug test results).

The following list is a list of my previous employers during the preceding three years for whom I am authorizing the release of the aforementioned alcohol and drug information to the Company.

<u>Employer Name</u>	<u>Dates Of Employment</u>
_____	_____
_____	_____
_____	_____
_____	_____

I have carefully read and fully understand this authorization to release my alcohol and drug testing information. I certify that all information provided on this form is true and complete and that I have identified all of my previous employers for the preceding three years.

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date)

# **JEFF FOSTER**

## **TRUCKING INCORPORATED**

### **SUPERIOR, WI**

#### PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Prospective Employee Name: \_\_\_\_\_  
(Please Print)

The prospective employee is required by Section 40.250(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 three years?

Check one:     YES     NO

- 2) If you answered yes, can you provide/obtain proof that you've successfully complete the DOT return-to-duty requirements?

Check one:     YES     NO

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_

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 three 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(b)(5) and (e))

If Your Product Can Go **ON** or **IN** a Trailer  
We Can Do It!

**MAILING ADDRESS**  
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