#### TOM GULLICKSON INC

# APPLICATION FOR QUALIFICATION

#### 3474 Hwy 73, PO Box 426 Deerfield, WI 53531

(Attach a separate sheet of paper if necessary for any additional information requested)

	(Alla	in a separate	sheet of paper if fieldssary	ior any addit		cu)		
the motor carrier shall employers may be con motor carrier must als as a result of these im employers; (ii) The rig the corrected informat	inform the a ntacted, for the o notify the overtigations. In to have en ion to the pro-	pplicant that he purpose of Iriver in writin You the app rors in the in ospective mo	<b>IND CHECK - Dear App</b> the information he/she p of investigating the applic ng of his/her due process licant have the following formation corrected by the otor carrier; (iii) The right river cannot agree on the	orovides for ant's safety rights as s rights: (i) T ne previous to have a r	the work history may y performance history specified in § <u>391.23(i)</u> he right to review infor employer and for that rebuttal statement attac	be used, and information. regarding information provid previous emp	the applicant's prior The prospective ormation received ded by previous ployer to re-send	
Driver Applicant Printed Name							Date	
Last, First, Middle Initial								
Name					Phone	( )		
Current Address								
		eet		City	State	Zip	Duration	
If at the above res	idence les	s than 3 ye	ears, list below all re	sidences	for the past 3 yea	rs.		
Previous:								
	Street		С	ity	State	Zip	Duration	
Email Address				2	Cell Phone	•		
Date of Birth*	1	1	* Drivers only to	S	Social Security No.	/		
	<b>NI</b> (16		complete Date of B	rtn				
In Case Of Emerge	ency Notify	/: Name				() Phone		
						FIIUIIE		
Have you ever app	blied with t	his compa	ny before? Yes		yes, when?			
Have you ever wo	rked for th	is compan	y under another nan	ne? Yes [	🗌 No 🗌 Name?			
Are you applying a	is a 🗌 cor	mpany driv	ver or an 🗌 owner o	perator?	(Check appropriat	e)		
Are you currently e	employed?	Yes 🗌 N	No 🗌 🛛 If not, h	ow long s	since leaving last e	mployment	.?	
Date you are avail	able to sta	rt work?	Ho	w long ar	e willing to be awa	ly from hom	ıe?	
How much home			How many miles or	-	How	much do yo	bu	
time will you need			hours are you	-			t to make per	
when you return?			expecting per weel	(?	week	(gross)?		
2			ne? Yes 🗌 No 🗌 ployment) (Attach a sepa		0 0 0	ainst you? `	Yes 🗌 No 🗌	
If yes, explain for e 3) State in which c	•	,	conviction or pending	g charge'	? 2) Date of convic	tion or upc	oming hearing, and	
EDUCATION								
Circle highest gra	de comple	ted: 1 2	3 4 5 6 7 8 9	9 10 11	12 College: 1	234		
Last school attend	ed							
	Na	me		Address	6			
List special course	s or trainir	ng that will	help you as a drive					

**EMPLOYMENT RECORD** Complete all data for EACH previous employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past three years. Effective July 1, 1987, they must also show commercial driver employment for the seven years preceding this three year Account for any gaps in employment between employers. period. Sec.391.21 (b) (10) (11). Last Employer: Name Phone Address Street Citv State Zip Position Held Dates: 1 Were you regulated by FMCSA during this job? Type Equip. Driven Yes 🗋 No 📋 Was this job a FMCSA safety sensitive function position subject to DOT Areas Driven In regulated controlled substance & alcohol testing? Yes I No I Reasons for Leaving Second Last Employer: Name Phone Address Street City State Zip Position Held Dates: / / -Were you regulated by FMCSA during this job? Type Equip. Driven Yes 🗌 No 🗌 Was this job a FMCSA safety sensitive function position subject to DOT Areas Driven In regulated controlled substance & alcohol testing? Yes ☐ No ☐ Reasons for Leaving Third Last Employer: Name Phone Address Street Citv State Zip Position Held Dates: / / 1 Were you regulated by FMCSA during this job? Type Equip. Driven Yes 🗌 No 🗌 Was this job a FMCSA safety sensitive function position subject to DOT Areas Driven In regulated controlled substance & alcohol testing? Yes I No I Reasons for Leaving Fourth Last Employer: Name Phone ( Address Street Citv State Zip Position Held Dates: / / - / / Were you regulated by FMCSA during this job? Type Equip. Driven Yes 🗌 No 🗌 Was this job a FMCSA safety sensitive function position subject to DOT Areas Driven In regulated controlled substance & alcohol testing? Yes I No I Reasons for Leaving

## **DRIVER EXPERIENCE & QUALIFICATION**

ndorsements Expiration Date									
Yes 🗌 No 🗌									
a motor vehicle? Yes 🗌 No 🗌									
I? Yes □ No □									
Have you ever tested positive or refused a pre-employment drug test for a motor carrier that Yes INO I didn't hire you in the last three (3) years?									
Have you ever been disqualified for violations of the Federal Motor Carrier Safety Yes No Regulations (including Drug & Alcohol)?									
If answered Yes to any of the above questions, please give details:									
Nature of Accident									
(Head-on, Rear-end, etc.)									
other than parking violation									
Penalty									
Dates (From/To)									

## **DISCLOSURE STATEMENT**

### Applicant: <u>Read and sign</u> before submitting this application

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty and reason for non-consideration or subsequent dismissal if hired or denial of authorization to drive. It is also agreed and understood that the motor carrier and 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/her furnishing such information.

I understand that nothing contained in this application or in the granting of any interview or a road test is intended to create an employment contract between this company and myself, for either employment, authorization to drive, or for the providing of any benefits. I agree to furnish such additional information that may be necessary and complete such examinations as may be required to complete my application file including but not limited to a pre-employment negative urine test and successful completion of a human performance evaluation including a Department of Transportation Physical. No promises regarding employment or authorization to drive have been made to me, and no such promises exist unless specifically made by this Company in writing. It is agreed and understood that if qualified, hired, or contract started, I may be on a probationary period during which time I may be disqualified without recourse. I understand employment or authorization to drive and with or without cause. 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.

Name			Phone ( )			
Current Addres	SS					
	Street	City	State	Zip		
LICENSES						
State	License Number	Type/Endorsen	nents Expi	Expiration Date		

By this document, **Tom Gullickson Inc** discloses to you that an investigative report containing information as to your driving record will be obtained as part of an annual recertification and review <u>and</u> as needed while employed by Tom Gullickson Inc. You have the right to demand a complete and accurate disclosure of the nature and scope of the report. Please sign below to signify receipt of the foregoing disclosure.

**Applicant's Printed Name** 

Applicant's Signature

Date