

DRIVER EMPLOYMENT APPLICATION

SCHOOL DISTRICT OF NEW HOLSTEIN
1715 Plymouth Street, New Holstein, WI 53061
An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States? YES NO

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed. Check this box if none

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked? YES NO

If yes, explain

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER				
NAME			PHONE	
ADDRESS				
POSITION HELD		FROM MO/YR		TO MO/YR
REASON FOR LEAVING				SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)				

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

SECOND (MOST RECENT) EMPLOYER

NAME				PHONE		
ADDRESS						
POSITION HELD			FROM MO/YR			TO MO/YR
REASON FOR LEAVING					SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

THIRD (MOST RECENT) EMPLOYER

NAME				PHONE		
ADDRESS						
POSITION HELD			FROM MO/YR			TO MO/YR
REASON FOR LEAVING					SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

EDUCATION						
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			

Disclosure Statement & Consent to Conduct Criminal Check

The tremendous responsibility the School District of New Holstein has to its school children and community necessitates the following information from all applicants regarding convictions*. A record of conviction does not prohibit employment; however, failure to complete this form accurately and completely may mean disqualification from consideration for employment or may be cause for dismissal if employed. Applicants must report any convictions that occur subsequent to the time they initially completed this form. Please provide all the information requested within three work days to the District Administrator, School District of New Holstein, 1715 Plymouth Street, New Holstein, WI 53061.

Name _____
(Last Required) (First Required) (Middle Required)

Current Address _____
(Street) (City/State) (Zip Code) (No. of Years at this address) (Required)

Other Names Used _____ Sex (Required) _____ Race (Required) _____

Social Security Number (Required) _____ Date of Birth (Required) _____

Have you ever been convicted* of or do you presently have pending any violations of law other than minor traffic violations? (In accordance with state law convictions or pending charges will not be used or considered unless they are substantially related to circumstances of the particular job.) No Yes. If yes, please fill in the information below and attach a letter of explanation. If you have more than two convictions or pending charges, list them on a separate sheet.

1. Conviction Charge		Date of Conviction	Court of Conviction
City	State	Amount of Fine	Length of Jail Term
Remarks:		Length and Terms of Probation:	
3. Conviction Charge		Date of Conviction	Court of Conviction
City	State	Amount of Fine	City
Remarks:		Length and Terms of Probation:	

*Conviction means the final judgment of a verdict or a finding of guilty, or a plea of *nolo contendere*, in any municipal, state, or federal court of competent jurisdiction in a misdemeanor, civil, or criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

I authorize the School District of New Holstein to contact the Wisconsin Department of Justice (Criminal Information Bureau) as well as any other local or state law enforcement office, to investigate all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of the School District of New Holstein. I also authorize the District to obtain any and all information resulting from background checks or investigations conducted by the Department of Public Instruction. I understand that my employment is not finalized until the background investigation has been completed. This consent shall be interpreted liberally in favor of the District's access to information.

I certify that the information provided above is true and correct without omissions of any kind. I agree that the District shall not be held liable in any respect if my employment is denied or terminated because of false statements, answers provided, or omissions made by me in this application. In consideration of the school district's review of this application, I hereby release the District as well as all providers of information from any liability and for any damage which may result from the furnishing and receiving of this information.

Signature _____

Date _____

The School District of New Holstein is an equal opportunity employer and does not discriminate against any employee or applicant for employment because of age, race, color, creed, national origin, sex, physical, mental, emotional, learning, or developmental disability, handicapping conditions, marital or parental status, ancestry, sexual orientation, arrest record, conviction record, religion, pregnancy, physical condition, membership in the national guard, state defense force or any other reserve component of the military forces of the United States or this state or use or nonuse of lawful products as required by Title VI, Title IX, Section 504, and Title II of the ADA in employment.

EMPLOYER DISCLAIMER, AUTHROIZAITON AND RELEASE:

Through my signature below, I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading, or incorrect, my employment with the School District of New Holstein may be terminated. I agree that the School District of New Holstein shall not be held liable in any respect if my employment is terminated because of false, incomplete, or misleading statements, answers, or omissions made by me in this application.

I am informed that the School District of New Holstein will conduct an inquiry regarding my qualifications, background and suitability for the position of employment, for which I have made application and I consent to the inquiry.

I also authorize former employers, educational institutions, government agencies, personal references, professional references, and other appropriate sources to provide the School District of New Holstein with any information requested regarding my employment, character, experience, and qualifications, and/or suitability for employment, including any record of civil or criminal conviction or arrest, the circumstances of which substantially relate to the circumstances of the position for which I have applied; record of civil judgment; police record; driving record; check of my fingerprints; record of professional license revocation, and opinions related to my suitability for hire. I understand that such information is sought on a confidential basis and will not be released to me in any form whatsoever. I waive any right or claim of access to this information.

I authorize disclosure to the School District of New Holstein of my complete personnel file and all personnel records maintained by the previous employers, identified in this application.

I further voluntarily and knowingly, fully release and discharge, absolve, indemnify, and hold harmless such former employers, persons, firms, corporations, schools, or government agencies, their officials, employees, and agents from any and all claims, liability, demands, causes of action, damages, and costs, including attorneys' fees, present and future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any information, records, or opinions concerning my employment pursuant to this authorization, except for the malicious and willful disclosure of derogatory facts concerning employment, made for the express purpose of preventing me from obtaining employment which the officer, employee, or agent, disclosing such facts, knows are untrue.

A copy of this authorization is as valid as the original and should be recognized as such.

Signature _____

Date _____

This school district is an equal opportunity employer and does not discriminate in its employment practices on the basis of race, creed, sex, national origin, disability, age, color, religion, genetic information, marital status, citizenship status, veteran status, military service (as defined in Sec. 111.32, Wis. Stats.), sexual orientation, national origin, ancestry, arrest record, conviction record, use or non-use of lawful products off School District premises during non-working hours, or any other characteristic protected by law, except as permitted by law.