



Second Harvest Foodbank
 2802 Dairy Drive
 Madison, WI 53718
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 hr@shfbmadison.org
 www.secondharvestmadison.org

Commercial Driver Employment Application

Date _____

Name _____

Address _____ City _____ State _____ Zip Code _____

Primary Phone Number _____

Secondary Phone Number _____

Best time to reach you? _____

Best time to reach you? _____

Email Address _____

Position desired _____

Are you 18 years or older? Yes ___ No ___

Are you legally eligible for employment in the USA? Yes ___ No ___

If you are not a U.S. citizen, what is your visa status? _____

Employment with this organization sometimes requires unusual hours (including nights and weekends) are you willing to accept this?
 ___ Yes ___ No

Date available for employment? _____ Salary desired _____

Employment preference? ___ Full-time ___ Part-time ___ Temporary

Preferred Starting hour: _____ Preferred Finishing hour: _____

Have you ever applied at Second Harvest Foodbank of Southern Wisconsin before? ___ Yes ___ No When? _____

Have you ever worked at Second Harvest Foodbank of Southern Wisconsin before? ___ Yes ___ No When? _____

Have you ever been convicted of a misdemeanor or felony? ___ Yes ___ No

A conviction or pending criminal charge will not automatically disqualify you from employment. No applicant will be denied a position because of a past conviction or pending criminal charge which is not substantially related to the circumstances of the employment sought.

Driver's License Information: all licenses held, last 3 years:

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

Experience:

| | | |
|------------------------|-------------|----------------------------|
| Type of vehicle driven | to Dates | Approximate mileage driven |
|------------------------|-------------|----------------------------|

| | | |
|------------------------|-------------|----------------------------|
| Type of vehicle driven | to Dates | Approximate mileage driven |
|------------------------|-------------|----------------------------|

| | | |
|------------------------|-------------|----------------------------|
| Type of vehicle driven | to Dates | Approximate mileage driven |
|------------------------|-------------|----------------------------|

All Accidents, last 3 years: (if none, write NONE)

Date _____ Describe _____ Fatalities _____ Injuries _____
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List all Traffic Violations, Convictions, last 3 years: (If none, write NONE)

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No
Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No
Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No
Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency? Yes No

If Yes; state of issuance; explanation: _____

Employment (Please list employment for last 10 years (383.35) – account for gaps between employers (if owner/operator, list carriers leased to)

Employer: _____ Position: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for leaving: _____

Employer: _____ Position: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for leaving: _____

Employer: _____ Position: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip code: _____ Telephone: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for leaving: _____

Employer: _____ Position: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip code: _____ Telephone: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for leaving: _____

Employer: _____ Position: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip code: _____ Telephone: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for leaving: _____

Employer: _____ Position: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip code: _____ Telephone: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for leaving: _____

(Please attach additional paper if there are more employers to add)

May we obtain references from the employers named above? Yes No

Please identify any employer you do not wish us to contact _____

Have you ever worked for these organizations under a different name? Yes No

Give name and organization(s): _____

Education and Training

| | |
|---|----------------------------------|
| High School (Circle highest year completed) | Name and location of high school |
| 1 2 3 4 5 6 7 8 9 10 11 12 | |

Graduated HS? Yes No or GED? Yes No

Education beyond High School: (College, University, Vocational or other schools).

Circle the number of years in college or University: 1 2 3 4 5 6 7 8

| Name and Location of Educational Institute | Credits | Did you graduate? | Degree & Major Field |
|--|---------|-------------------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Are you currently pursuing further studies? Yes No

If so, what courses and when? _____

Are the courses in the days or evenings? _____

Do you speak any language(s) other than English? Yes No If yes, please indicate: _____

Professional Registration (Job related and consistent with business necessity)

Type _____ State _____ Lic. No. _____ Exp. Date _____

Type _____ State _____ Lic. No. _____ Exp. Date _____

Other _____

Describe any relevant training or experience not covered above (give dates). List memberships or honors in professional or technical associations. _____

How were you referred to this company?

- Second Harvest Foodbank of Southern Wisconsin Website
- Employee of Second Harvest Foodbank of Southern Wisconsin (name) _____
- Community Agency (specify) _____
- School/University (specify) _____
- Special Event (specify) _____
- Online Job Board (Specify) _____
- Other _____

References

Please list the names of three professional references (not related to you) who can testify to your ability to perform in the potential work area. (Students please include academic/clinical references.) Please indicate your relationship to the listed references.

| Name | Address/Business | Relationship | Telephone Number(s) | Email Address |
|------|------------------|--------------|---------------------|---------------|
| | | | | |
| | | | | |
| | | | | |

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Please read carefully before signing:

Authorization, Release and Certification

All qualified applicants will receive consideration for employment without regard to sex, race, color, national origin or ancestry, age, handicap, marital status, source of income, class, physical characteristics, sexual orientation, or political beliefs, as required by federal, state or local laws. No information on this application will be used for the purpose of discrimination on the basis of any such protected category.

I understand that receipt of this application does not guarantee a job interview or offer of employment. I understand that misrepresentation or omission of facts shall be sufficient cause for removal from consideration for employment or for dismissal after employment. I authorize a representative of Second Harvest Foodbank of Southern Wisconsin to investigate, without liability, all statements contained in this application and hereby release such person, corporation, or other organization from any and all liability for providing such information. I also authorize listed employers and references, without liability, to make full response to any inquiries by Second Harvest Foodbank of Southern Wisconsin in connection with my application for employment.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of Second Harvest Foodbank of Southern Wisconsin. I understand that policies, rules, regulations of employment or anything said in the interview process shall not be deemed to constitute an implied employment contract. I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either the company or myself.

I understand this application will be considered active for six months, and that if I wish to be considered after that time, I must reapply for employment. I must contact the Human Resources Department if I wish to have my application considered for any specific opening that occurs within that period. I acknowledge that I have read (or have had read to me) and understand this authorization, release and certification.

Applicant's Signature _____ Date Signed _____