

DOT Employment Application



PLEASE PRINT CLEARLY OR TYPE ALL CAPITAL LETTERS FOR ON-LINE APPLICATION

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. **JOB DESCRIPTIONS ARE AVAILABLE UPON REQUEST.**

P.O. Box 729 • 540 S Main St.
Adams, WI 53910
Phone: (608) 339-3394

CDL Applications MUST be completed entirely or it will not be considered.

PERSONAL INFORMATION (please print clearly)

Name: (first)	(middle)	(last)	
Physical Address:	City:	State:	Zip:
Number of years/months at this address?			
Mailing Address (if different from above):	City:	State:	Zip:
Contact Telephone:	Email Address:	Date available for work:	

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

I acknowledge that I have been informed that pursuant to my application/employment with **Allied Cooperative**, an investigative consumer report which may include employment, professional and/or personal references, criminal background checks and education verification as well as public record information, may be prepared and by my signature below hereby authorize the preparation of this report.

I understand that if this report is used as a basis for adverse action, that I will be informed, and further, that I have the right to contact Personnel Evaluation, Inc. 111385 W. Greenfield Ave. Milwaukee, WI 53214, 888 734-2727, www.peiasap.com, the agency which will provide this report, toll free at 1-888-734-2727 to obtain a free copy of my consumer report.

NOTICE: the consumer reporting agency that provides this report will not be a party to any decision to take adverse action and will be unable to provide the specific reason(s) why the adverse action was taken. This notice is provided under the provisions of the Fair Credit Reporting Act [15 U.S.C S 168]. A complete explanation of your rights under the Act may be obtained by referring to the Federal Statute. You may have additional rights under the applicable State Law.

DIGITAL SIGNATURES NOT AVAILABLE. YOU WILL BE ASKED TO PROVIDE A SIGNATURE AT TIME OF INTERVIEW.

Signature:	Name (Please Print):	Date:
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Note: My signature is valid for the entire length of my employment with Allied Cooperative.

PRIOR ADDRESS FOR PAST 10 YEARS (list additional addresses on separate sheet if necessary)

Years (from - to)	Address	County	State

POSITION APPLIED FOR

Position Applied For:	Date of Application:
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Have you ever applied for employment, or been employed by Allied Cooperative? Yes No

How did you hear about the company? Referred Billboard Newspaper Radio Website Internet Other

If referred by a current employee, please provide employee's name:

DATE OF BIRTH AND SOCIAL SECURITY NUMBER

The Federal Motor Carrier Safety Regulations 49 CFR 391.21 (b)(2) requires that driver applicants provide their date of birth and social security number.

Date of Birth (mm/dd/year):	Social Security Number:
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YOU WILL BE ASKED TO PROVIDE SSN AT TIME OF INTERVIEW.

DRIVER EXPERIENCE AND QUALIFICATIONS

	State	License Number	Type	Expiration Date
Driver Licenses List any licenses held in the last three (3) years.				

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tanker, Flat, etc.)	Manual	Automatic	Date From	Date To	Approximate Number of Miles (Total)	
Straight Truck							Total Number of Years Driving Experience
Tractor & Semi Trailer							
Tractor & Two Trailers							
Tractor & Tanker							
Other							

CDL ENDORSEMENTS AND RESTRICTIONS

Endorsements	Restrictions/Waivers (List All)
<input type="checkbox"/> X Tanker & Hazmat <input type="checkbox"/> H Hazmat <input type="checkbox"/> N Tanker <input type="checkbox"/> P Passenger <input type="checkbox"/> T Double/Triple Trailer <input type="checkbox"/> Other (List):	

ACCIDENT RECORD FOR THE THREE (3) YEARS PRECEDING DATE OF APPLICATION (Per FMCSR (49 CFR 391.21 (7)))

	Dates	Nature of Accident (Head-on, Rear-End, Roll-over, etc.)	Fatalities	Injuries
<input type="checkbox"/> None. Check if you have had no accidents.	Most Recent:			
	Next Previous:			
	Next Previous:			
	Next Previous:			
	Next Previous:			

VIOLATIONS IN THE THREE (3) YEARS PRECEDING DATE OF APPLICATION (Per FMCSR (49 CFR 391.21 (b)(8)))

	Location	Date	Convictions: Forfeited, Bond, or Collateral	Penalty
<input type="checkbox"/> None. Check if you have had no violations.				

Attach a separate sheet if you need additional space.

A. Have you ever had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended?
If the answer to "A" is yes, please explain by providing a statement of circumstances. Attach an additional sheet if necessary.

Yes No

B. Have you ever been convicted or been on probation for DWI or DUI?
If the answer to "B" is yes, please explain in the space provided below. Attach an additional sheet if necessary.

Yes No

C. During the past seven (7) years, have you ever been convicted of a crime or violation other than a minor traffic infraction? **A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. Felony and misdemeanor convictions will be considered only to the extent to which they relate to your suitability for the position for which you have applied.**

Yes No

If the answer to "C" is yes, please explain below. Attach an additional sheet if necessary.

ONLY U.S. CITIZENS OR THOSE INDIVIDUALS WHO HAVE LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT.

Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? Yes No

Will you work overtime or shift work? Yes No

PHYSICAL HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391 Subpart E) require that all driver applicant pass certain medical examinations before they are hired to drive a motor vehicle.

Date of last Department of Transportation medical examination: _____ Can you provide a copy? Yes No

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of a limb (i.e. foot, leg, hand or arm)? Yes No

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations (49 CFR 40.25) requires all persons applying for a driving position requiring a commercial driver's license to answer the following question:

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 two years? Yes No

**IMPORTANT DISCLOSURE
REGARDING FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)
DRUG AND ALCOHOL CLEARINGHOUSE QUERIES**

In connection with your application for employment with Allied Cooperative (“Prospective Employer”), Prospective Employer is required to obtain a pre-employment full query to ensure the prospective employee is eligible to perform safety-sensitive functions from the Federal Motor Carrier Safety Administrator (FMCSA) Drug & Alcohol Clearinghouse.

Neither the Prospective Employer nor the FMCSA contractor supplying the Drug & Alcohol Clearinghouse information has the capability to correct any drug and alcohol data that appears to be incorrect. You, in your registered account, may petition to correct inaccurately reported information as established in the final rule and per 49 CFR part 10. You may also request the removal of an employer’s report of actual knowledge of a driver’s traffic citation for operating a Commercial Motor Vehicle (CMV) under the influence of drugs or alcohol to be removed from the Clearinghouse if the citation did not result in a conviction. You may also request the other reports of actual knowledge violations, as well as “failure to appear” test refusals, to be removed from the Clearinghouse if they were not reported in accordance with § 382.705(b)(5).

The Prospective Employer cannot obtain clearinghouse information without your electronic authorization.

**FULL QUERY AND CONSENT
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)
DRUG AND ALCOHOL CLEARINGHOUSE**

If you agree that the Prospective Employer may obtain such reports, please read the following and sign below:

I understand that Allied Cooperative (“Prospective Employer”) is required to conduct a full query of the FMCSA Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I also understand that I will need to sign-in to my account with the Clearinghouse to provide specific consent to this prospective employer to obtain my report. I also understand, FMCSA will not disclose this information to the prospective employer without first obtaining additional electronic consent from me.

MORE INFORMATION/REGISTRATION visit <https://clearinghouse.fmcsa.dot.gov> contact: clearinghouse@dot.gov

I further understand that if I refuse to provide consent for Allied Cooperative to receive a full query of the Clearinghouse, Allied Cooperative must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.

Date: _____

Signature

Please Print

NOTICE: Applicant’s electronic consent will be required by the Clearinghouse prior to the release of the full query report to the Prospective Employer.

NOTICE: Applicant will be required to sign the previous employer release form, which is included in the back portion of this application. This signed form allows Allied Cooperative to obtain drug and alcohol test information from all previous employers within the preceding three years.

LAST UPDATED 11/20/2019

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) requires 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 sheet if necessary). You are required to list the complete mailing address, including: street number, city, state, zip, and complete all other information and questions.

ANY GAPS IN EMPLOYMENT IN EXCESS OF ONE (1) MONTH AND/OR UNEMPLOYMENT MUST BE EXPLAINED

Current Employer Name:

Phone:	Fax:	Name of Supervisor:
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Address:

Position Held:	From:	To:	Salary:
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May we contact current employer prior to hiring? Yes No Reasons for leaving:

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 407? Yes No

Previous Employer Name:

Phone:	Fax:	Name of Supervisor:
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Address:

Position Held:	From:	To:	Salary:
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Reasons for leaving:

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 407? Yes No

Previous Employer Name:

Phone:	Fax:	Name of Supervisor:
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Address:

Position Held:	From:	To:	Salary:
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Reasons for leaving:

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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 407? Yes No

Previous Employer Name:

Phone:	Fax:	Name of Supervisor:
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Address:

Position Held:	From:	To:	Salary:
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Reasons for leaving:

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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 407? Yes No

Previous Employer Name:

Phone:	Fax:	Name of Supervisor:
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Address:

Position Held:	From:	To:	Salary:
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Previous Employer Name:

Phone:	Fax:	Name of Supervisor:
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Address:

Position Held:	From:	To:	Salary:
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Previous Employer Name:

Phone:	Fax:	Name of Supervisor:
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Address:

Position Held:	From:	To:	Salary:
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Reasons for leaving:

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Previous Employer Name:

Phone:	Fax:	Name of Supervisor:
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Address:

Position Held:	From:	To:	Salary:
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Reasons for leaving:

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 407? Yes No

PREVIOUS EMPLOYEE DRIVER INFORMATION REQUEST FORMS

In accordance with DOT Regulation 49 CFR Part 40 and 391 and allowed by Section 383 of the FMCSR we are required to request Driver information from previous CDL Employers. These forms are included in Appendix A. Please print as many as needed.

EDUCATION

School	Name & Location	Course of Study	Years Completed	Graduate?	Details
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

List two persons familiar with your work record and/or abilities. Do not list relatives.

Name	Address	Phone Number	Years Known

OTHER QUALIFICATIONS

Please list any other qualifications which you have and which you believe would be important for consideration by Allied Cooperative pertaining to this application.

NOTIFICATION AND AGREEMENT

To the extent not otherwise prohibited by FMCSA regulation or any other applicable regulations or laws, it is the policy of the company to provide equal employment opportunities to all individuals, regardless of race, color, creed national origin, ethnicity, ancestry, sex, sexual orientation or preference, age, religious beliefs, disability, genetic information, citizenship status, pregnancy, child bearing status, marital status, veteran status, military service, or any other characteristic protected by applicable law. I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the Employer from all liability that might result from making an investigation.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

If hired, I agree to abide by all of the company rules and regulations. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Chairman and CEO or to make any agreement contrary to the foregoing.

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS EMPLOYMENT APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) MAY RESULT IN MY NOT BEING CONSIDERED FOR EMPLOYMENT, AND IF NOT DISCOVERED BY THE COMPANY UNTIL AFTER BECOMING EMPLOYED, IS GROUNDS FOR, AND MAY RESULT IN IMMEDIATE TERMINATION.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

DIGITAL SIGNATURES NOT AVAILABLE. YOU WILL BE ASKED TO PROVIDE A SIGNATURE AT TIME OF INTERVIEW.

Signature:	Name (Please Print):	Date:

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, 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.

When the application for employment is submitted by mail, telephone, computer, or other similar means, 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 must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) 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 authorizing 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 challenge 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 understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant’s written or electronic consent prior to accessing the Applicant’s PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of “employee” contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

NOTICE TO ALL APPLICANTS

Allied Cooperative may not require a pre-employment medical examination, but does reserve the right to require drug testing and a medical examination after an offer of employment is made to the applicant. All offers of employment are conditional upon the passing of a drug test for the purpose of detecting the illegal use of drugs.

Allied Cooperative may use the information contained in this application and will contact your former employer(s) for the purpose of investigating your safety performance history information as required by the Federal Motor Safety Regulations (49 CFR 391.23 (d) and (3)). Pursuant to 49 CFR 391.23 (i), you have the following rights regarding the investigative information that is provided to Allied Cooperative by your previous employer(s):

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

REPRESENTATION AND WAIVERS

Carefully review the following conditions. If you have any questions regarding the conditions, you should ask for an explanation or clarification from the employment interviewer. Signify your understanding and specific acceptance of each condition by your signature in the space provided at the end of the conditions.

I hereby authorize Allied Cooperative to investigate any and all statements contained in this application. I hereby consent to Allied Cooperative conducting any checks concerning my background which are deemed necessary, advisable, or helpful by Allied Cooperative (except contacting my current employer prior to hiring, unless permission is granted above). I understand that if hired, I will receive a copy of Allied Cooperative rules and regulations and Allied Cooperative's policies including its drug/alcohol policy. I will read and understand the rules, regulations, and policies; and I acknowledge that I will be required to abide by them. I understand that if hired, I will be required to submit to a drug test as part of this application procedure. I hereby consent to that drug test, agree to cooperate fully with that drug test, and waive any and all objections I might otherwise have to such drug testing. I understand and agree that if this application results in employment, my employment can be terminated with or without cause and with or without notice, at any time, at the option of either Allied Cooperative or myself. I understand that no manager or representative of Allied Cooperative as any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I certify and guarantee that all statements made on this application are true and complete to the best of my knowledge and without mental reservations. I understand that falsification of this application may result in my not being considered for employment or, in the event I become employed by Allied Cooperative in my dismissal, regardless of when such falsification is discovered.

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.

DIGITAL SIGNATURES NOT AVAILABLE. YOU WILL BE ASKED TO PROVIDE A SIGNATURE AT TIME OF INTERVIEW.

Signature:	Name (Please Print):	Date:
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PREVIOUS EMPLOYEE DRIVER INFORMATION REQUEST



Allied Cooperative® P.O. Box 729 • 540 S Main St. Adams, WI 53910
 Phone: (608) 339-3394 • Toll Free: 800-247-5679 • Fax (for Safety & Compliance Dept): (608) 847-4845

THIS RELEASE IS IN ACCORDANCE WITH DOT REGULATION 49 CFR PART 40 AND 391 AND ALLOWED BY SECTION 383 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

EMPLOYEE COMPLETE

Name & Address of Previous Employer: (PRINT CLEARLY TO FIT IN WINDOW)

Employee Name: (PRINT) _____
YOU WILL BE ASKED TO PROVIDE SSN AT TIME OF INTERVIEW.

Social Security #: _____

I, _____ on this date _____
(SIGNATURE)

hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records retained by my previous employer to Allied Cooperative and its designated agent.

Previous Employer Phone: _____

**Previous Employer, please complete and return this form to: Attn: Safety Department/Allied Cooperative,
 P.O. Box 729, 540 S. Main Street, Adams, WI 53910 email dmcluskey@allied.coop fax 608.847.4845**

To be completed by the previous employer and transmitted by mail, fax or email within 30 days from the time of the request in compliance with the amended Parts 390 and 391 of the Federal Motor Carrier Safety Regulations (FMCSR) including any accidents defined in Section 390.

PREVIOUS EMPLOYER COMPLETE

Date of Employment From: _____ To: _____

Equipment Operated: Tractor Trailer Straight Truck Van Reefer Bus

Type of Operation: Local Over the Road Both

Accident History: Date _____ Type _____ Preventable? Yes No
 Date _____ Type _____ Preventable? Yes No
 Date _____ Type _____ Preventable? Yes No

Delivery History: Generally on time? Yes Late without cause

Ability to follow instructions/directions: Generally Good Needs Supervision

Would you re-hire? Yes No Comments _____

40.25 requires your answers for this CDL Truck Driver to the following drug/alcohol testing data within the last 2 years:

Did applicant ever test positive for drugs? Yes No

Did applicant ever test positive for alcohol? Yes No

Did applicant ever refuse a test? Yes No

If yes to any question, do you know if a Substance Abuse Professional evaluated applicant? Yes No

If applicant was evaluated please provide the name, address and phone for the Substance Abuse Professional: _____

Please print name of person releasing information: _____

Signature of person releasing information: _____ Date: _____

THIS INFORMATION WILL REMAIN CONFIDENTIAL AND PART OF EMPLOYMENT CLEARING RECORDS.

OFFICE USE ONLY

Phone check date: _____ Number called: _____

Spoke with: _____

PREVIOUS EMPLOYEE DRIVER INFORMATION REQUEST



Allied Cooperative® P.O. Box 729 • 540 S Main St. Adams, WI 53910
 Phone: (608) 339-3394 • Toll Free: 800-247-5679 • Fax (for Safety & Compliance Dept): (608) 847-4845

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Name & Address of Previous Employer: (PRINT CLEARLY TO FIT IN WINDOW)

Employee Name: (PRINT) _____
YOU WILL BE ASKED TO PROVIDE SSN AT TIME OF INTERVIEW.

Social Security #: _____

I, _____ on this date _____
(SIGNATURE)

hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records retained by my previous employer to Allied Cooperative and its designated agent.

Previous Employer Phone: _____

Previous Employer, please complete and return this form to: Attn: Safety Department/Allied Cooperative, P.O. Box 729, 540 S. Main Street, Adams, WI 53910 email dmcluskey@allied.coop fax 608.847.4845

To be completed by the previous employer and transmitted by mail, fax or email within 30 days from the time of the request in compliance with the amended Parts 390 and 391 of the Federal Motor Carrier Safety Regulations (FMCSR) including any accidents defined in Section 390.

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Date of Employment From: _____ To: _____

Equipment Operated: Tractor Trailer Straight Truck Van Reefer Bus

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 Date _____ Type _____ Preventable? Yes No
 Date _____ Type _____ Preventable? Yes No

Delivery History: Generally on time? Yes Late without cause

Ability to follow instructions/directions: Generally Good Needs Supervision

Would you re-hire? Yes No Comments _____

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Did applicant ever refuse a test? Yes No

If yes to any question, do you know if a Substance Abuse Professional evaluated applicant? Yes No

If applicant was evaluated please provide the name, address and phone for the Substance Abuse Professional: _____

Please print name of person releasing information: _____

Signature of person releasing information: _____ Date: _____

THIS INFORMATION WILL REMAIN CONFIDENTIAL AND PART OF EMPLOYMENT CLEARING RECORDS.

OFFICE USE ONLY

Phone check date: _____ Number called: _____

Spoke with: _____

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS/ ANNUAL REVIEW OF DRIVING RECORDS



Allied Cooperative P.O. Box 729 • 540 S Main St. Adams, WI 53910
Phone: (608) 339-3394 • Toll Free: 800-247-5679 • Fax: (608) 339-7068

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the preceding 12 months. (Section 391.27) Drivers who have provided information required by Section 383.31 need not repeat that information here.

DRIVER REQUIREMENTS: Each driver shall furnish the list as by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify. (Section 391.27)

COMPLETED BY THE DRIVER - CERTIFICATION OF VIOLATIONS			
Name of Driver (PRINT):		ID Number:	Tentative Date of Employment:
Home Terminal (City and State):		Driver's License Number:	State: Expiration Date:
I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months. <input type="checkbox"/> None. Check if you have had no violations.			
Date	Offense	Location	Type of Motor Vehicle Operated
If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.			
Date:		Driver's Signature:	

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD			
MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Regulations. Complete the information requested below.			
I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):			
<input type="checkbox"/> Meets minimum requirements of safe driving		<input type="checkbox"/> Is disqualified to drive a motor vehicle pursuant to Section 391.15	
<input type="checkbox"/> Does not adequately meet satisfactory safe driving performance			
Action taken with driver:			
Signature:	Printed Name:	Title:	Date:
Motor Carrier Name: ALLIED COOPERATIVE	Motor Carrier Address: 540 S. MAIN ST. ADAMS, WI 53910		

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

DRUG SCREENING RELEASE

Allied Cooperative® P.O. Box 729 • 540 S Main St. Adams, WI 53910
 Phone: (608) 339-3394 • Toll Free: 800-247-5679 • Fax: (608) 339-7068



Name: _____

Location: _____

Date of Birth: _____

I hereby agree to have Allied Cooperative schedule a drug screening to be completed at a clinic/hospital laboratory of Allied's choosing.

I also acknowledge that my employment with Allied Cooperative is contingent on the background check and drug screening coming back with no negative effects.

Signature:*

Date: _____

*Note: My signature is valid for the entire length of my employment with Allied Cooperative.

Please select a clinic/hospital laboratory location, AM or PM appointment and day of the week preference:

- Gundersen Health System Occupational Health System - Onalaska (Testing done between 7:45 AM - 3:15 PM)
- Gundersen Health System Occupational Health System - La Crosse (Testing done between 7:45 AM - 4:00 PM)
- Gundersen Health System - Sparta (Testing done between 9:30 AM - 3:30 PM)
- Gundersen Health System - Tomah (Testing done between 7:30 AM - 3:30 PM)
- Gundersen Tri-County Clinic - Whitehall (Testing done between 8:30 AM - 3:30 PM)
- Gundersen Moundview Hospital & Clinics - Friendship (Testing done between 8:00 AM - 2:30 PM, no testing on Friday)
- Mile Bluff Medical Center - Mauston (Testing done between 7:00 AM - 3:30 PM)
- Aspirus - Stevens Point (Testing done between 7:30 AM - 4:00 PM)
- Aspirus - Wisconsin Rapids
- Mayo Clinic Health System - Franciscan Healthcare - Arcadia

Please schedule my appointment in the: AM PMFirst choice: M T W TH FSecond choice: M T W TH F

Appointment Date/Time: _____

