

# CDL HOLDER APPLICATION FOR EMPLOYMENT



*Pavement Maintenance Contractors*

## RETURN TO: Fahrner Asphalt Sealers, LLC.

2800 Mecca Drive  
P.O. Box 95  
Plover, WI 54467  
Phone (715) 341-2868  
1-800-332-3360  
Fax (715) 341-1054

6615 US Hwy 12 W  
PO Box 659  
Eau Claire, WI 54702  
Phone (715) 874-6070  
1-800-497-4907  
Fax (715) 874-6717

860 Eastline Road  
Kaukauna, WI 54130  
Phone (920) 759-1008  
1-800-261-1900  
Fax (920) 759-1019

316 Raemisch Road  
Waunakee, WI 53597  
Phone (608) 849-6466  
1-800-898-2102  
Fax (608) 849-6470

3468 115<sup>th</sup> Street  
Frederic, WI 54837  
Phone (715) 653-2535  
Fax (715) 653-2553

2224 Veterans Memorial Pkwy  
Saginaw, MI 48601  
Phone (989) 752-9200  
Fax (989) 752-9205

[www.FahrnerAsphalt.com](http://www.FahrnerAsphalt.com)

*"An Equal Opportunity Employer"*

**THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER** We consider applicants for all positions without regard to race, color, creed, religion, national origin, ancestry, sex, sexual orientation, disability, age, marital status, pregnancy or childbirth, use of lawful products, arrest or conviction record, honesty testing, genetic testing or information, military service membership, status with regard to public assistance, local human rights commission activity, gender identity, height, weight or other basis prohibited by applicable local, state or federal fair employment laws. Applicants who, because of a disability, require accommodations in the application or interview process, are encouraged to make such needs known at the time of applying.

Date \_\_\_\_\_

# CDL Holder Application For Employment

(Applications will be considered current for a period of 12 months.)

(PLEASE PRINT)

Name

\_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone\_(\_\_\_\_\_)\_\_\_\_\_  
Area Code

List any additional addresses of residency for the past 3 years.

\_\_\_\_\_  
Street City State Zip Code How Long? \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip Code How Long? \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip Code How Long? \_\_\_\_\_

Date of Birth \_\_\_\_\_

If employed and you are under 18  
can you furnish a work permit?  Yes  No

Have you filed an application here before?  Yes  No If yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

Are you currently a U.S. citizen or otherwise currently  
authorized to obtain lawful employment in this country? Yes  No   
(Proof of citizenship or immigration is required to be  
furnished at the time of hire.)

On what date would you be available for work? \_\_\_\_\_

Type of employment desired:  Full-time  Part-Time  Temporary  Seasonal

Are you on a lay-off subject to recall? .....  Yes  No

Will you relocate if job requires it?  Yes  No Will you travel if job requires it?  Yes  No

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Other than for purposes of religious observances or practices are there any days or times  
That you would not be available for work?.....  Yes  No  
If yes, please list the dates and/or times you would not be available:

If offered a position conditioned on the results of a medical examination and if required by the  
employer, will you undergo a pre-employment physical?.....  Yes  No

Have you been convicted of a misdemeanor or felony?.....  Yes  No  
(This company will consider your conviction record only as it may substantially relate to the position(s) for which you are  
applying.)

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**Prior Pre-Employment Drug Or Alcohol Tests:**

Have you ever tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to  
which you applied for work, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol  
testing rules during the past three years?

YES  NO

**GENERAL INFORMATION**

What specific kind of work are you applying for?  
\_\_\_\_\_  
\_\_\_\_\_

List special qualifications you have.  
\_\_\_\_\_  
\_\_\_\_\_

What equipment are you qualified to operate?  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

List name and telephone number of three (3) business/work references who are **not** related to you.

Name	Telephone	Years Known
	( )	
	( )	
	( )	

**DRIVER'S LICENSE**

**TO BE COMPLETED FOR ALL POSITIONS INVOLVING THE OPERATION OF A MOTOR VEHICLE OR OFF-ROAD EQUIPMENT.**

<b>TYPE OF DRIVER'S LICENSE YOU HOLD</b> <input type="checkbox"/> OPERATOR <input type="checkbox"/> COMMERCIAL OPERATOR    TYPE: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <b>ENDORSEMENTS:</b> <input type="checkbox"/> TANKER <input type="checkbox"/> HAZMAT	<b>ISSUED BY WHAT STATE</b>	<b>EXPIRATION DATE</b>	<b>DRIVER'S LICENSE NO.</b>

Has your driver's license been revoked or suspended in the last 3 years?    Yes     No

If yes, explain \_\_\_\_\_

How many years have you been driving?     Less than 1 year     2-3 years     Over 3 years

Any restrictions on your license?    Yes    No If yes, explain \_\_\_\_\_

Did you have any **moving traffic violations** or **accidents** in the last 3 years?    Yes    No

If yes, show details below.

DATE	DESCRIPTION OF VIOLATIONS (not parking)	DATE	DESCRIPTION OF ACCIDENTS

(Above may be verified by DMV check)

**DRIVING EXPERIENCE**

**Class of Equipment**

Straight Truck:    Dates Driven: From \_\_\_\_\_ To \_\_\_\_\_    Approx. total mileage \_\_\_\_\_

Dump Truck:    Dates Driven: From \_\_\_\_\_ To \_\_\_\_\_    Approx. total mileage \_\_\_\_\_

Tank Truck:    Dates Driven: From \_\_\_\_\_ To \_\_\_\_\_    Approx. total mileage \_\_\_\_\_

Flatbed Truck:    Dates Driven: From \_\_\_\_\_ To \_\_\_\_\_    Approx. total mileage \_\_\_\_\_

Drop Deck:    Dates Driven: From \_\_\_\_\_ To \_\_\_\_\_    Approx. total mileage \_\_\_\_\_

Other:    Dates Driven: From \_\_\_\_\_ To \_\_\_\_\_    Approx. total mileage \_\_\_\_\_

**Education**

Education	Name and Location	Circle Last Year Completed	Did you Graduate?	Subjects Studied
High School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list any education of courses, which you feel qualify for the position(s) for which you are applying. Include school(s) attended and degree(s), if any, obtained.

# Employment Experience

Please list all jobs held within the last 10 years starting with your present or last job. Explain any gaps in employment in Comments sections below. All information requested is required by FMCSA regulations. Please fully answer all questions.

Employer	Telephone ( )	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly Rate/Salary			
Supervisor				
Reason for Leaving	Were you subject to the Federal Motor Carrier Safety Regulation under this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you perform a safety-sensitive function for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Telephone ( )	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly Rate/Salary			
Supervisor				
Reason for Leaving	Were you subject to the Federal Motor Carrier Safety Regulation under this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you perform a safety-sensitive function for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Telephone ( )	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly Rate/Salary			
Supervisor				
Reason for Leaving	Were you subject to the Federal Motor Carrier Safety Regulation under this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you perform a safety-sensitive function for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Telephone ( )	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly Rate/Salary			
Supervisor				
Reason for Leaving	Were you subject to the Federal Motor Carrier Safety Regulation under this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you perform a safety-sensitive function for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

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## Applicant's Statement

I certify that the information contained in my application is true and complete. I understand that false statements or material omissions on this application may result in rejection on my application, or if employed, may result in my dismissal. Furthermore, I understand that I am free to resign my employment at any time and the Company reserves the right to terminate my employment at any time, with or without cause, and without prior notice. I understand that no representative of the Company has the authority to make any assurances or representations to the contrary.

I authorize the Company to investigate all references, to verify all information I have supplied and to secure such other information as may relate to my application for employment. I understand that as a Commercial Driver's License (CDL) holder, investigations and inquiries will be conducted as required by Sec 391.23 of the Federal Motor Carrier Safety regulations. I understand that the results of the investigation may result in refusal of or release from employment.

I understand that I have the right to review any information provided by previous employers. I must submit a written request at the time of application or within 30 days of my date of hire if I wish to review information provided by my previous employers. If I disagree with the information provided I have the right to have any errors in the information corrected by my previous employer. I must send the request for correction to my previous employer. The previous employer will either re-send the corrected information or notify me within 15 days of receiving the request that the request to correct the data does not agree to the correct data. If my previous employer does not agree to correct the information in question, I have the right to have a rebuttal statement attached to the alleged erroneous information.

I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

The Company is an equal opportunity employer. The Company does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I understand that neither this document nor any offer of employment from the Company constitute an employment contract, either expressed or implied.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### For Personnel Department Use Only

Arrange Interview	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No							
Remarks	_____										
Employed					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date of Employment	INTERVIEWER	DATE
Job Title	_____		Hourly Rate/ Salary	_____		Department	_____				
By			_____				_____				
			NAME AND TITLE				DATE				

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## Fair Credit Reporting Act Disclosure Statement

**Company:** Fahrner Asphalt Sealers, LLC.

**Address:** 2800 Mecca Drive

P.O. Box 95

Plover, WI 54467

**Phone Number:** (715) 341-2868

In accordance with provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug & alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

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Applicant/Employee Signature

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Date

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**Print Name**

**Social Security Number**

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# **NOTICE FOR ALL EMPLOYEES & APPLICANTS**

## **OPERATING STATEMENT**

It is the policy of Fahrner Asphalt Sealers, L.L.C. to assure that applicants are employed, and that employees are treated equal during employment, without regard to their race, color, national origin, religion, creed, sex, disability, marital status, arrest or conviction record, ancestry, membership in the National Guard, state defense force or reserves, age, or status as a special disabled veteran or veteran of the Vietnam era, use of lawful products, honesty testing, pregnancy or childbirth, genetic testing, military or military service membership. Such action shall include: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including: apprenticeship, preapprenticeship, or on-the-job training.

We encourage our employees to refer qualified and/or qualifiable minority and female applicants for employment.

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## **DESIGNATION OF EEO/AA OFFICER**

Fahrner Asphalt Sealers, L.L.C. has designated Megan Krings, at 2800 Mecca Drive, Plover, Wisconsin 54467, at (715) 341-2868 as the EEO/AA Officer. Megan Krings has the responsibility to effectively administer and promote this Policy, and is assigned adequate authority and responsibility to do so.

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## **TRAINING LETTER**

Fahrner Asphalt Sealers, L.L.C. has an approved informal training and promotion program available through various associations. We encourage your participation in these programs. Periodic random interviews will be conducted to assess the training needs of our employees.

At this time, our company offers training programs in the following job classifications/ areas: Drivers, Laborers, and Mechanics.

To be considered for our company's training program, a prospective trainee must be an employee in good standing and/or have supervisory approval. For further information, copies of outlines of individual job classifications/area training programs contact Megan Krings at the Fahrner Asphalt office at 2800 Mecca Drive, Plover, Wisconsin 54467. Fahrner Asphalt office phone number is (715) 341-2868.

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

**AFFIRMATIVE ACTION VOLUNTARY IDENTIFICATION**

This Company is a government contractor. A requirement for Federal or Federally Assisted Construction Contracts is to report the number of handicapped, veteran, male/female, and minority/non-minority employees and applicants we have.

SUBMISSION OF THE INFORMATION REQUESTED BELOW IS **STRICTLY VOLUNTARY.**

**Referral Source(s):**

- Advertisement
- Employee
- Relative
- Walk-in
- Other
- Government Employment Agency
- Private Employment Agency

**What is your race/ethnic origin?**

- White
- Black or African American
- Hispanic or Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Two or More Races

Name of referral source (if applicable) \_\_\_\_\_

**What is your Gender?**

- Female
- Male

**Are you disabled/handicapped?**

- Yes
- No

**Please check all categories that apply to you:**

**Special Disabled Veteran**

- A veteran who is entitled to compensation under laws administered by the Dept. of Veterans Affairs for a disability.
  - Rated at 30% or more; or
  - Rated at 10% to 20% in the case of a veteran who has been determined under Section 1506 of Title 38 USC to have a serious employment handicap; or
- A person who was discharged or released from active duty because of a service connected disability.

**Veteran of the Vietnam-Era** – A person who served more than 180 days of active military service, any of which was during the period 8-5-1964 through 5-7-1975, and was discharged or released with an honorable discharge or was discharged or released because of a service-connected disability.

**Other Veterans** – A person who served on active duty during a war; or a person who served in a campaign or expedition for which a campaign badge, a service medal or an expeditionary medal has been awarded.

**Newly Separated Veteran** – A person who served on active during the one-year period beginning on the date of such veteran's discharge or release from active duty.

**Discharge Date:** \_\_\_\_\_ (To be completed by all veterans).

This information will be used only for Affirmative Action reporting purposes and will not become part of your employment file or application, nor will it be used as a basis for any personnel action.

Submission of this information is confidential, and is solicited on a strictly voluntary basis. Your decision to provide the information will not result in any adverse treatment.

**I decline to provide this information**

This company is an Equal Opportunity / Affirmative Action Employer and does not discriminate on the basis of race, color, creed, religion, national origin, ancestry, sex, sexual orientation, disability, age, marital status, pregnancy or childbirth, use of lawful products, arrest or conviction record, honesty testing, genetic testing or information, military service membership, status with regard to public assistance, local human rights commission activity, gender identity, height, weight or other basis prohibited by applicable local, state or federal fair employment laws or regulations.

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