



WIEDMEYER EXPRESS, INC.

P.O. Box 334 West Bend, WI 53095 Phone-262-353-9488 Fax-262-429-1041 www.wiedmeyer-express.com

CONTRACTOR / DRIVER INFORMATION

SIGN-ON INSTRUCTIONS

Please read all pages carefully and fill application out completely!!
Fax numbers MUST be included on past Employment History sheets!

Please complete attached forms and return to the Safety Department, Attn: Patty for immediate processing. Mail or fax to address above.

1. Contractor / Driver Application
2. **Complete and sign** Motor Vehicle Driver's Certificate of Violations
3. **Sign and complete** Pre-Employment Authorization and Release and PSI Background Check.
4. **Sign** Drug and Alcohol Pre-employment Statement and Consent forms.
5. **Sign and Date ONLY**, Driver's Safety Performance History form. **Do not fill in: previous employer section other than your signature, SSN, DOB, and date!**

If you have any questions, call Patty at 262-353-9488 x 3008



WIEDMEYER EXPRESS, INC.

P.O. Box 334 West Bend, WI 53095 Phone-262-353-9488 Fax-262-429-1041 www.wiedmeyer-express.com

Wiedmeyer Express, Inc. Program Details

Driver Qualifications

- Minimum Age: 23
- **Must have a minimum of two (2) years verifiable experience hauling oversized freight. (Negotiable)**
- Meet DOT Qualification Standards
- Good Driving Record
- **MUST be registered with FMCSA Drug & Alcohol Clearinghouse!**

Company Drivers

- Current starting wage 29% - 30% of truck pay (Based on experience)
- Health Insurance Available
- IRA
- Paid vacation after one (1) year
- Sign-on bonus, paid out quarterly for first year

Required Leasing Documents for Owner Operators

- Must have or be willing to get TWIC card
- Copy of Current IRS Form 2290-(Owner / Operators) (MUST currently have or acquire at sign on –EIN) Federal ID Number
- Copy of Current Annual DOT Inspection (Vehicle(s) will be run through our Service Center for verification).
- Copy of DOT Long Form Physical (not more than 18 months old)
- Copy of CDL, Social Security Card or Birth Certificate, and Medical Card
- Copy of Certificate of Insurance on equipment- (Owner / Operators)
- Title or Title Application Receipt- (Owner / Operators)

Required Programs – Owner / Operators

- Occupational / Accident Ins. Required – Available through HNI for \$220.00 per month or (Workmans Compensation provided by the company of your choice, with the exception of Ooida as they do not have contingency coverage). Also, there are forms that **MUST** be filled out by your insurance carrier stating that they meet our minimum requirements. \$220.00 mo. Premium.
- Bobtail / Liability Insurance Available through HNI or provided by the company of your choice. Also, there are forms that **MUST** be filled out by your insurance carrier stating that they meet our minimum requirements.
- Samsara / ELD **MUST** have Samsara GPS tracking / camera installed in your truck.
- In Truck Communication Cell phone-provided by you.

ComData

- Fuel / Advance Card
- ComData Fee(s):
 - \$6.50 per Comcheck written off advances placed on card.
 - \$1.00 per Comdata Upload



WIEDMEYER EXPRESS, INC.

P.O. Box 334 West Bend, WI 53095 Phone-262-353-9488 Fax-262-429-1041 www.wiedmeyer-express.com

Settlements

- Settlement Paid Weekly With: (Must be turned in on Monday by 9:00 a.m. for same week pay on Friday). We are also using the TransfloExpress Scanning system and it is REQUIRED that **all loads are to be scanned into our office upon delivery!**
 - Signed Bill of Lading(s),
 - Signed Delivery Receipt
 - Original Fuel Tickets, Toll Receipts, Scale tickets
- Settlements are paid to you by check or by direct deposit. Payment options will be reviewed during orientation.

Owner / Operators

- Sign on requirements and approximate costs are as follows:
 - Occupational Accident @ \$220.00 per mo. or Full Workman's Compensation Coverage (Costs vary) **is required.**
 - Bobtail / Liability Insurance (Varies by value of equipment.)
 - Samsara ELD unit/Front View Camera – (\$40.00 month/each fee paid by Wiedmeyer Express)
 - Transflo Scan fees – \$5.00 to \$30.00 per mo. Varies by number of pages scanned in.
 - Plates-approx. \$1900.00 - \$2000.00 annually in addition to prorated plate purchase cost at sign on, 30 day Temp. costs will vary by quarter, WI Annual OD permit \$200 - \$570
- Optional Items:
 - Pre-Pass Scale Bypass - \$16.00 per mo.
 - I-Pass Toll Pass – Varies by usage
- Settlements will be:
 - 75% plus 100% of Fuel Surcharge-Pulling Own Trailer
 - 75% minus 8% - 10% for Trailer Rent, plus 100% Fuel Surcharge-Pulling Wiedmeyer Trailer.

I have read all of the above requirements and understand them.

Signed: _____

Dated: _____

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.

Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1 888 5OPTOUT (1 888 567 8688).

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more Information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For more information about your federal rights, contact:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, D.C. 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizational operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation</p>

	1200 New Jersey Avenue SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, SW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357

I have read and understand the above information.

Signature: _____

Date: _____

Name (Please Print): _____

Candidate Disclosure, Authorization & Consent for the Procurement of Consumer Reports

Section I: Disclosure

Wiedmeyer Express _____ may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. The report ordered is defined by the Fair Credit Reporting Act (FCRA) as a Consumer Report, and all inquiries are limited to information that affects job performance and the workplace. It is conducted in accordance with applicable federal and state laws including the FCRA. The screening will be conducted by an outside agency – **Credential Research, LLC. – Address: PO Box 828 Hawkins, TX 75765**. As a result, Credential Research may obtain a Consumer Report on you as an applicant or during employment.

A consumer report is a compilation of information that might affect your employability. The scope of the report may include information concerning your driving record, civil and criminal court records, credit, drug screening result, worker's compensation record, education credentials, identity, past addresses, social security number, previous employment and personal references.

Should an employer rely upon a consumer report for an adverse action, the FCRA mandates you be provided with a copy of the consumer report and a summary of your rights. An adverse action is defined as "denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee."

Section II: Authorization and Release

I have carefully read and understand this Candidate Disclosure, Authorization & Consent for the Procurement of Consumer Report form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, Credential Research, LLC., to the Company and its designated representatives and agents. By my signature below, I authorize the company to share the contents of this consumer report or investigative consumer report with its partners and clients in an effort to place me into an employment/independent contractor relationship with those partners. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment. I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and /or investigative consumer reports. By my signature below I authorize law enforcement agencies, learning institutions (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer agency. By my signature below, I certify the information I provided on this form is true and correct and will be valid for any reports that may be requested by or on behalf of the Company.

I authorize that I have read and agree to the terms of the Candidate Disclosure, Authorization & Consent for the Procurement of Consumer Reports. I also acknowledge that I have received a copy of Section III: A summary of Rights under the FCRA.

Applicant Name: _____ Email: _____

Applicant Signature: _____ Date: _____

Check this box to receive a free copy of any Consumer Report, or Investigative Consumer Report from Credential Research at support@credentialresearch.com.



Subject Information

Full Name (Type or Print Legibly)

Signature

Other Names Used (Maiden, Divorced, Alias, Etc.)

1. _____ 2. _____ 3. _____

Social Security Number Date of Birth Driver's License Number State of Issue Sex

Please provide your residential addresses, listing your CURRENT address first:

1. _____ Street Address/City/State/Zip	_____ To From (yrs)
2. _____ Street Address/City/State/Zip	_____ To From (yrs)
3. _____ Street Address/City/State/Zip	_____ To From (yrs)
4. _____ Street Address/City/State/Zip	_____ To From (yrs)
5. _____ Street Address/City/State/Zip	_____ To From (yrs)

Have you ever been convicted of a criminal offense or have any pending charges? ____ Yes ____ No

If yes, give full details, including date (s) and location (s) of the court: _____



WIEDMEYER EXPRESS, INC.

P.O. Box 334 West Bend, WI 53095 Phone-262-353-9488 Fax-262-429-1041 www.wiedmeyer-express.com

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to Wiedmeyer Express, Inc. to conduct multiple limited queries of the FMCSA Commercial Drivers's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent is to be valid for the duration of your employment or Lease Term with Wiedmeyer Express, Inc.

I understand that if the limited queries conducted by Wiedmeyer Express, Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Wiedmeyer Express, Inc. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Wiedmeyer Express, Inc. to conduct limited queries of the Clearinghouse, Wiedmeyer Express, Inc. **MUST** prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

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 Wiedmeyer Express, Inc., 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 Wiedmeyer Express, Inc. ("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, Wiedmeyer Express, Inc. 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.

LAST UPDATED 12/22/2015

PRE-EMPLOYMENT AUTHORIZATION AND RELEASE

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, organization, school, or government agency, its officers, employees, and agents to release all information concerning my former employment, to this prospective employer, its officers, employees and agents, or any other person or entity making a written oral request for such information on behalf of this company. I understand that the employment information may include, but is not necessarily limited to performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, opinions, and public record information regarding my suitability for employment possessed by it. I recognize that a copy of this authorization and release is as valid as the original and should be considered as such.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee or agent disclosing such facts knows are untrue.

Candidate's Signature	Date	Address
Print Candidate's Name		City, State, Zip Code

For reference checking purposes only, complete the following information: (please print)

1. May your CURRENT supervisor, and/or any references or individuals associated with your CURRENT employer (including Human Resource department) be contacted?

Yes No Specific Comments: _____

2. Provide Social Security Number, required to obtain academic verifications: _____

3. Provide and FORMER or ALTERNATE NAME(S) such as change of last name, and/or use of assumed last name Or nickname in order to locate your employment and/or school records.

-
4. Provide NAME, CITY & STATE, ALL phone numbers AND dates of attendance OR graduation from:

High School _____ Technical School _____

College _____ Other _____

5. Note: Answer this question ONLY if instructed by the hiring employer. This information is required to conduct a criminal record check.

Date of Birth: _____

6. Note: Answer this question ONLY if instructed by the hiring employer. This information is required to conduct a driver's license check.

Driver's License No. _____ State _____

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____

Date: _____

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. 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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's safety performance history.

I acknowledge that I have read and understand the contents of this document

Driver's Signature: _____ Date: _____

Driver Name (printed): _____

**ATTACHMENT A
FORM OF CONSENT OF COMMERCIAL DRIVER**

INSTRUMENT OF WRITTEN CONSENT FOR CDLIS INQUIRY

I, the undersigned commercial driver, hereby authorize Wiedmeyer Express, Inc. to request or access data pertaining to me within the CDLIS Central Site, to obtain all CDLIS Master Pointer Record data relating to me (CDLIS Data), and to request and obtain my driver record from the jurisdiction identified in the CDLIS Data in accordance with applicable state law and the Driver Privacy Act. I hereby further authorize the disclosure of my CDLIS Data and driver records to Wiedmeyer Express, Inc.

I hereby give this consent this _____ day of _____, 20____ .

COMMERCIAL DRIVER

(Signature)

_____ (print first) _____ (print last)

JOB DESCRIPTION

JOB TITLE: CDL Compliant Drivers

DATE: _____

Job Purpose:

To transport and deliver freight by driving diesel-powered tractor-trailer combinations locally and/or long distances.

Job duties:

- Hook and unhook trailers from the tractor itself or from converter dollies, including pushing and/or pulling dollies into place and cranking lever to raise and lower landing gear on semi-trailers and /or the front support on converter dollies.
- Install and remove the sides and ends of half-side trailers and the bows and tarps of high-side trailers.
- Prepare trailer floor for safe and proper loading by removing nails, blocking, snow, ice, etc., from trailer floor prior to loading.
- Instruct loader as to proper placement of cargo on trailer. Secure and protect cargo in accordance with shipper instructions and DOT regulations, to insure safe, damage free delivery.
- Perform occasional lifting, pulling, pushing, and carrying of cargo and cargo securement and protection equipment.
- Inspect tractor and trailer for defects and safe operating condition before, during, and after trips and submit a written report upon completion of each day's work.
- Drive truck to destination in accordance with Federal, State and Local regulations and company policy, normally in periods of up to 11 hours of driving and up to 3 hours on duty not driving, followed by an off-duty period of at least 10 consecutive hours.
- Apply knowledge of commercial driving and skills in maneuvering vehicle at varying speeds in difficult situations, such as curves, hills, mountains, heavy traffic, inclement weather, tight loading areas, etc.
- Ensure that all shipping documentation (e.g., packing list, manifest, shipping order, bills of lading, etc.) required to move with shipments is available for inspection and that appropriate paperwork accompanies shipment when delivered.
- Properly complete and timely submit all records required for compliance with Local, State, and Federal regulations and company policy including shipping orders, delivery receipts, driver's daily logs, mileage records, fuel receipts, vehicle inspection reports, traffic citations, other required records and etc.
- Perform all duties in accordance with company policies and procedures, and comply with all Local, State, and Federal regulations for the safe operation of a commercial motor vehicle.
- Promptly report all accidents involving driver or company equipment.
- Promptly report any delays due to breakdowns, weather or traffic conditions or other emergencies, or in the event of irregularities relating to pick up or delivery of cargo.
- Report timely to dispatch, such information as location, load status, ETA, hours of service, etc.

Accountabilities:

- Safe and legal operation of a commercial motor vehicle.
- Safe and timely transportation of cargo from origin to destination.
- Proper cargo placement, securement, protection, and unloading to assure safety and minimal risk of damage to cargo and danger to persons.
- Proper handling, accurate completion and timely submission of all necessary paperwork related to truck operation and freight movements.
- Professional representation of yourself, the company and the trucking through responsible driving.
- Professional representation of yourself, the company and the trucking industry through courteous and helpful behavior toward the general public, company personnel, and company customers.

Job Specifications:

- Must possess a valid Commercial Driver's License, class "A".
- Must have driving experience or training.
- Must have the ability to read, write legibly, and perform simple mathematical calculations, with mental ability to handle receipts, read maps, road signs, maintain logs, mileage sheets, vehicle inspection sheets, etc.
- Must have working knowledge of vehicle safety and control systems.
- Must have knowledge of DOT regulations governing safe driving, hours of service, inspection and maintenance.
- Must meet or exceed the medical standards of the U.S. Department of Transportation.
- Must satisfactorily complete road tests.
- Must satisfactorily pass required drug tests and alcohol tests.

Physical Requirements:

- Must be able to sit and remain alert while driving for and aggregate period of up to 11 hours.
- Must be able to shift manual transmissions and operate foot pedals
- Must be able to perform occasional squatting and crouching to handle, position, secure, and protect cargo.
- Must be able to enter and exit the vehicle's cab an average of 8 to 10 times a day. Cab floor level is generally from 36 to 66 inches above ground level, with entry and exit achieved with the assistance of various configurations of steps and handholds; also requires occasional bending, twisting, climbing, squatting, crouching, and balancing.
- Must be able to perform occasional pushing, pulling, and lifting of cargo and/or cargo securement and protection equipment of various sizes and shapes weighing 1 pound to 75 pounds, with or without assistance, from floor or ground level to waist height, shoulder height and overhead.
- Must be able to perform occasional carrying of cargo and/or cargo securement and protection equipment of various sizes and shapes weighing 1 pound to 75 pounds, with or without assistance, a distance of at least 1 foot but usually no more than 40 feet.
- Must be able to occasionally reach for cargo and/or cargo securement and protection equipment at waist level, below waist level, shoulder height and above shoulder height. Cargo placement, securement, and protection could precede or follow as much as 11 hours of driving.
- Must be able to occasionally reach above shoulder level, at waist level and below waist level for maneuvering and directing the controls to operate the truck.
- Must be able to spend at least 5% of the day standing and/or walking on surfaces such as concrete, asphalt, gravel, rock, grass, dirt, mud, wood, metal, etc., which at times may be uneven slippery or wet.
- Must be able to hook/unhook various commercial trailers, operate fifth wheel release lever, attach and release safety chains, climb into, onto, and out of vehicles, fuel vehicles, check engine oil and coolant levels, check tire air pressure, brake adjustment, etc.

Work Environment:

- Drivers may spend 5% to 95% of time out of doors, exposed to potentially difficult environmental conditions.
- Drivers may be subject to irregular work schedules, temperature and weather extremes, long trips, short notice for assignment of trips, tight delivery schedules, delay's in route, and other stresses and fatigue related to driving a large commercial motor vehicle on crowded streets and highways in all kinds of weather.
- Drivers typically spend 5% to 95% of on-duty time in the truck. While driving, operators are exposed to noise and vibration levels, which may be higher than those typically experienced in passenger cars.

Statements included in this job description do not necessarily represent an exhaustive list of all responsibilities, skills, duties, requirements, efforts or working conditions associated with the job. While this is intended to be an accurate reflection of the current job, management reserves the right to revise the job or to require that other or different tasks be performed as circumstances change.

Signature

Date

APPLICATION FOR QUALIFICATION

Company Wiedmeyer Express, Inc.

Address P.O. Box 334

City West Bend State WI Zip Code 53095

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date _____ Position applying for; Check One: Contractor Driver-OTR
 Contractor's Driver Driver-Local

Name _____
(First) (Middle) (Last)

Cell Phone Number (_____) _____ Home Phone Number (_____) _____

*Age _____ Date of Birth _____ Social Security Number _____ - _____ - _____

**The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.*

Physical Exam Expiration Date: _____

Email : _____

Current & Three Years Previous Addresses:

From _____ To _____

From _____ To _____

From _____ To _____

From _____ To _____

Have you worked for this company before? Yes No

If yes, give dates: From _____ To _____

Reason for leaving? _____

Education History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, and **all commercial driving experience for the past ten years.**

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____ Fax # _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No **May we contact your current employer?** Yes No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____ Fax # _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____ Fax # _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____ Fax # _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____ Fax # _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

Employment History (Cont.)

Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, **and all commercial driving experience for the past ten years.**

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
 From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (____) _____ Fax # _____

Were you subject to the FMCSRs* while employed here? Yes No
 Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
 From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (____) _____ Fax # _____

Were you subject to the FMCSRs* while employed here? Yes No
 Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
 From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (____) _____ Fax # _____

Were you subject to the FMCSRs* while employed here? Yes No
 Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
 From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (____) _____ Fax # _____

Were you subject to the FMCSRs* while employed here? Yes No
 Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
 From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (____) _____ Fax # _____

Were you subject to the FMCSRs* while employed here? Yes No
 Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List states operated in, for the last five years: _____

List special courses/training competed (PTD/DDC, Haz Mat, etc.): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three years *(attach sheet if more space is needed)*

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License *(list each driver's license held in the past three years)*

State	License #	Type	Endorsements	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
- B. Has any license, permit or privilege ever been suspended or revoked? YES NO
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? YES NO
- D. Have you ever been convicted of a felony? YES NO
- If the answers to A, B, C or D is "YES", give details _____

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or 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 furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

Applicant Signature _____ **Date** _____

Remarks (For office use only)

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: Wiedmeyer Express, Inc. **Contact Person:** Patty Neu
Address: P.O. Box 334 **City, State, Zip:** West Bend, WI 53095
Phone#: 262-353-9488 Ext. 3008 **Confidential Fax#:** 262-429-1041

******Driver to Sign and Complete Only Highlighted Areas!!!!**

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, **Within the past three years**, from the date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I hereby authorize this company to release all records of employment, including assessments

Print Name

Of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officer's directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

******DRIVER-LEAVE THIS AREA BLANK*** For office use ONLY! Only fill in signature, SSN, D.O.B. & Date!**

Previous Employer: _____ Contact Person: _____
Mailing Address: _____ City, State, Zip: _____
Telephone Number: _____ Fax Number: _____

I worked for this company from the dates of ____ / ____ / ____ to ____ / ____ / ____

Applicant's Signature	SSN or ID Number	D.O.B.	Today's Date
-----------------------	------------------	--------	--------------

SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Any alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any refusals to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.* | | |
| • If this information is not available from the previous employer, you as a prospective employer must get this information from the driver applicant. | | |

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

Request for Driver's Safety Performance History Information form DOT Regulated Previous Employer(s)

SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment/lease. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (please give city/town, or most near and state)	Any Vehicles Towed?	HazMat. Spill?	# of Fatalities?	# of Injuries?

SECTION III – Past Employer to Complete >> WORK HISTORY INFORMATION

Please provide the following information on the above-named driver/applicant:

He/She was employed/leased by you as a(n): _____ from ____/____/____ to ____/____/____

- If employed as a driver, what type of equipment did he/she operate?

Straight Trucks Tractor/Trailer Doubles Triples Other

Explain: _____

Type of trailer(s) pulled: _____

Was he/she a: Company Driver? Yes No Contractor? Yes No
Contractor's Driver? Yes No Other? Yes No

General area traveled: _____ Commodities Transported: _____

- While under your employ/lease was he/she:

a. Bonded: Yes No

b. Convicted of any traffic violations: Yes No
If yes, please list all, including date and type: _____

c. License(s) suspended, revoked or denied: Yes No
If yes, please explain: _____

d. Out of Service Violations: Last Three Years: # of Violations _____ Details: _____

- Reason for leaving: _____

- Would you re-hire this person: Yes No Upon Review
Please explain: _____

Additional comments: _____

Previous Employer Representative Supplying Information:

Print Name

Signature

Title

Date

CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with Wiedmeyer Express, Inc. (Motor Carrier), Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substance test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but no limited to, the following:

Post-Accident – Section 382.303	Random – Section 382.305	Reasonable Suspicion – Section 382.307
Return to Duty – Section 382.309		Follow-up – Section 382.311

A driver who tests positive for a controlled substance(s) and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a driver from returning to a safety-sensitive position for any motor carrier until and unless the driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart O.

Please refer to www.saplist.com for a list of providers.

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I _____ have read the above controlled substances and alcohol
(Print Name)
testing requirements and understood them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

(Applicant's Signature)

(Date)

(Employer Representative)

**DRIVER APPLICANT DRUG AND ALCOHOL
PRE-EMPLOYMENT STATEMENT**

*CFR Part 40.25 (j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process.
(See Section 40.25 (b)(5) and (e).*

Applicant Name: _____ ID Number: _____
(Please Print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions:

1. 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

2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?
Yes No

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____ Date: _____

VIOLATION AND REVIEW RECORD

Driver's Name: _____
(Please print or type)

Certification of Violations

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted of forfeited bond or collateral during the past 12 months.

Date of	Offense	Location	Type of 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.

_____ <small>(Date of Certification)</small>	_____ <small>(Driver's Signature)</small>
Wiedmeyer Express, Inc. <small>(Motor Carrier's Name)</small>	P.O. Box 334 West Bend, WI 53095 <small>(Motor Carrier's Address)</small>
_____ <small>(Reviewed by: Signature)</small>	Safety Director <small>(Title)</small>

REVIEW AND EVALUATION OF DRIVER'S RECORD

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the driver's safety of operations, including the list of violations furnished by him/her in accordance with Section 391.27, has been reviewed for the past 12 months.

Action Taken: _____

Wiedmeyer Express, Inc. <small>(Motor Carrier's Name)</small>	P.O. Box 334 West Bend, WI 53095 <small>(Motor Carrier's Address)</small>	
_____ <small>(Reviewed by: Signature)</small>	_____ <small>(Date)</small>	Safety Director <small>(Title)</small>