



A FLATWATER GROUP COMPANY

Commercial Driver Employment Application

Name (Last, First and Middle): _____ Date of Application: _____

Address (Street, City, State/Province, and Zip/Postal code): _____

If you've been at the above residence less than three years, list all other residences for the past three years (attach a separate sheet if necessary): _____

Telephone (include area code): _____ Cell Phone (include area code): _____

E-mail address: _____

The Federal Motor Carrier Safety Regulations (49CFR391.21 (b) (2) requires that driver applicants provide their date of birth and Social Security Number.

Date of Birth (month/day/year): _____ Social Security Number: _____

Position desired: _____

Position type: Full-time Part-time Temporary On-Call

Days/hours you are available to work:

Monday:	Tuesday:
Wednesday:	Thursday:
Friday:	Saturday:
Sunday:	

Date you are available to begin work: _____

Have you ever worked for Ho-Chunk Inc. or any of its subsidiaries? Yes No If yes, provide company name(s) and dates of employment: _____

We are a Native American corporation. Are you a Native American? Yes No If yes, please list your tribe: _____

Languages (List languages you can speak fluently): _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR IN THE PAST 7 YEARS (OTHER THAN SPEEDING)? Yes No
If yes, please explain: _____

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have ever driven a commercial vehicle, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment must be explained. Start with your last or current position and work backward (attach separate sheet if necessary.) You are required to list complete mailing addresses including street number, city, state and zip code.

Employer:	Dates of employment:
Position:	Address:
Supervisor:	Telephone:
Beginning pay:	Ending pay:
Reason for leaving:	
Responsibilities:	

Employer:	Dates of employment:
Position:	Address:
Supervisor:	Telephone:
Beginning pay:	Ending pay:
Reason for leaving:	
Responsibilities:	

Employer:	Dates of employment:
Position:	Address:
Supervisor:	Telephone:
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Position:	Address:
Supervisor:	Telephone:
Beginning pay:	Ending pay:
Reason for leaving:	
Responsibilities:	

EDUCATION

Name and address of last school attended: _____

What was the highest grade in school that you completed? _____

Did you graduate? Yes No If so, what was your degree? _____

Relevant Training (List most recent including year of completion): _____

Certifications (Include expiration date, if applicable): _____

Other activities (List volunteer work, leadership positions, or other activities that you feel may be relevant to this application): _____

MILITARY EXPERIENCE

Have you ever served in the U.S. Armed Forces? Yes No

Describe any military training received relevant to the position for which you are applying:

Professional and Personal References (Please provide three references other than family):

Name	Relationship	Telephone	Occupation or Title

ACCIDENT HISTORY

Accident review for the past 3 years (attach a separate sheet of paper if more space is needed):

Date	Nature of Accident (Head-On, Rear-End, Upset, etc.)	# Fatalities	# Injuries	# Vehicles Towed	Citation Issued?

MOTOR VEHICLE DRIVING RECORD (MVR)

Traffic convictions and forfeitures for the past 3 years other than parking violations:

Date	Location	Charge	Penalty

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or its agents will 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 other persons named herein from all liability for any damages on account of furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, any background investigations may include an investigative Consumer Report, including information regarding my character, personal reputation, personal characteristics and mode of living.

I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

Date Applicant’s Signature

This application for employment is good for 60 days. Consideration for employment after 60 days requires a new application.