

Mail To:
 325A 15th Street
 Clintonville, WI 54929
 Phone: 1-715-823-5426
 Fax: 1-715-823-1408



Please check one:
 Company Driver
 Owner Operator

PERSONAL INFORMATION

Legal Name: _____ (Last) (First) (MI) SSN: _____
 Date of Birth: _____ Primary Phone: _____ Email Address: _____
 Best Time to Contact: _____ Do you have the legal right to work in the US? Yes No
 Have you ever been known by another name? Yes No If yes, please list: _____
 Have you ever applied to be an owner operator or company driver at Badger Transport, Inc.? Yes No
 How did you hear about this career opportunity? _____
 Emergency Contact: _____

Address History: (Please list from most recent to least recent)

Present Address:	Present Address:	Present Address:
City: _____	City: _____	City: _____
State: _____	State: _____	State: _____
ZIP: _____	ZIP: _____	ZIP: _____
County: _____	County: _____	County: _____
Amount of Time: _____	Amount of Time: _____	Amount of Time: _____

CRIMINAL CONVICTIONS

Have you ever pled guilty to, been convicted of or had prosecution deferred in connection with any criminal offenses? Yes No
 Please list them below. Conviction record will not necessarily bar employment/lease.

Date	Location	Charges	Misdemeanor or Felony	Conviction Status

MOTOR VEHICLE INFORMATION

Motor Vehicle Licenses Held: (List all driver licenses held in the past 5 years)

State	License Number	Expiration Date	Current License	Class A Commercial Driver License	Endorsements
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Motor Vehicle Record:

Has any license, permit or privilege ever been suspended, revoked or denied for any reason?
 Yes No Date (month/year) _____
 Have you ever been convicted of driving during license suspension or revocation, or driving without a valid license or an expired license, or are any charges pending?
 Yes No Date (month/year) _____
 Have you ever been convicted of reckless driving, careless driving or careless operation of a motor vehicle, or are any charges pending?
 Yes No Date (month/year) _____
 Have you ever been convicted for any alcohol or controlled substance related offense while operating a motor vehicle, or are any charges pending?
 Yes No Date (month/year) _____
 If you answered YES to any of the above, please explain:

Accident/Incident Record: Please list any accidents/incidents that have occurred within the last 5 years.

Date	In a commercial vehicle?	Type of accident/incident?	Fatalities or Personal Injuries?	Ticketed?	State or Country (if outside of US)
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Traffic Conviction Record: Please list any traffic convictions that have occurred within the last 5 years.

Date	In a commercial vehicle?	State or Country (if outside of US)	Violation Explanation
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT/LEASE HISTORY

Truck Driving School:

Are you currently enrolled, or have you graduated from a truck driving school within the last 3 years? Yes No

Name of school: _____ Dates Attended: _____ Graduation Date: _____

Phone: _____ Address: _____

Employment/Lease History for the Last Three Years: (List them from most recent to least recent)

Company Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Country: _____	Position Held: _____ From (mo/dd/yr): _____ To (mo/dd/yr): _____ Reason for leaving: _____ _____	Type of equipment driven: _____ Type of trailer pulled: _____ Number of accidents/incidents: _____ Miles driven weekly: _____
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Were you subject to the Federal Motor Carrier Safety Regulations while with this company? Yes No

Did you perform any safety sensitive functions in this job regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes No

Company Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Country: _____	Position Held: _____ From (mo/dd/yr): _____ To (mo/dd/yr): _____ Reason for leaving: _____ _____	Type of equipment driven: _____ Type of trailer pulled: _____ Number of accidents/incidents: _____ Miles driven weekly: _____
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Were you subject to the Federal Motor Carrier Safety Regulations while with this company? Yes No

Did you perform any safety sensitive functions in this job regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes No

Company Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Country: _____	Position Held: _____ From (mo/dd/yr): _____ To (mo/dd/yr): _____ Reason for leaving: _____ _____	Type of equipment driven: _____ Type of trailer pulled: _____ Number of accidents/incidents: _____ Miles driven weekly: _____
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Were you subject to the Federal Motor Carrier Safety Regulations while with this company? Yes No

Did you perform any safety sensitive functions in this job regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes No

Company Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Country: _____	Position Held: _____ From (mo/dd/yr): _____ To (mo/dd/yr): _____ Reason for leaving: _____ _____	Type of equipment driven: _____ Type of trailer pulled: _____ Number of accidents/incidents: _____ Miles driven weekly: _____
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Were you subject to the Federal Motor Carrier Safety Regulations while with this company? Yes No

Did you perform any safety sensitive functions in this job regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes No

*Please attach an extra sheet of paper if necessary.

EMERGENCY NOTIFICATION

Name: _____ Phone: _____ Relationship: _____



AUTHORIZATIONS AND CERTIFICATIONS

I understand that as part of the Department of Transportation Driver Qualification process (specifically DOT 49 CFR Parts 382 CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING) Badger Transport, Inc. is required to obtain the results of all drug and/or alcohol tests (including refusals to be tested) required by the DOT.

I understand that I must give Badger Transport, Inc. written authorization to obtain the information mentioned above from all of the companies for which I performed a safety sensitive function, or for which I took a pre-employment and/or non-DOT drug and/or alcohol test, during the past three years. I also understand that my signing of this authorization does not guarantee me an employment/ lease agreement with Badger Transport, Inc.

Listed below are all of the companies for which I have performed a safety sensitive function, or for which I took any drug and/or alcohol test during the past three years. I hereby authorize these companies to furnish Badger Transport, Inc. the following information concerning my drug and /or alcohol tests over the *past three years*:

- All verified positive drug test results
- All alcohol tests with a result of 0.04 or higher alcohol concentration
- All refusals to be tested (including verified adulterated or substituted drug test results)
- Any violations of DOT agency drug and alcohol testing regulations or alcohol and controlled substance prohibitions
- Any drug and/or alcohol rule violations provided by a previous employer/lessor
- Documentation of successful completion of DOT return to duty requirements, to include SAP (Substance Abuse Program) information and follow-up tests and/or documentation of non-completion or refusal of SAP referral
- All testing violations subsequent to the successful completion of an SAP rehabilitation

Company Name	Dates Worked
1.)	
2.)	
3.)	
4.)	

*Please attach an extra sheet of paper if necessary.

- I authorize Badger Transport, Inc. to use my Social Security Number and Driver's License Number(s) to investigate my background, character, general reputation, record of convictions, deferred prosecutions, charges pending, motor vehicle records and prior employment/lease by contacting my prior employers/lessors, references or any other individuals or agencies Badger Transport, Inc. considers necessary.
- I authorize Badger Transport, Inc., my prior employers/lessors, educational institutions, references, and any other individuals or agencies contacted by Badger Transport, Inc. to release any and all information they may have regarding me and absolve those parties who provide information requested from any and all liability related to their doing so.
- I acknowledge that I will be required and agree to submit to a physical examination and controlled substance and alcohol use testing as part of Badger Transport's evaluation procedures and authorize the release of my results and prior medical records to Badger Transport, Inc. and Badger Transport's use of those results in deciding whether I should be offered or continued in employment/lease.
- I understand that in order to investigate my safety employment history, per FMCSA regulations, Badger Transport, Inc. must investigate the information I have provided by contacting all previous DOT regulated employers/lessors under which I was employed/leased in a safety-sensitive function within the previous three years from the date of this employment/lease application.
- I agree that not updating, or providing false, misleading or incomplete statements or data in this application and/or supplemental documents is grounds for immediate termination of my employment/lease, regardless of when such information is discovered.
- I acknowledge that any employment/lease offered to me is at the will of Badger Transport, Inc. and may be terminated by Badger Transport, Inc. at any time, without cause.

Applicants have the following rights regarding the investigative information that will be provided to Badger Transport, Inc. pursuant to FMCSA Reg 391.23 (i) (1):

- The right to review information provided by previous DOT employers/lessors for the preceding three years by submitting a written request to Badger Transport, Inc., within 30 days after being employed/leased or of being notified of denial of employment/lease.
- The right to have errors in the information corrected by the previous employer/lessor and for that previous employer/lessor to re-send the corrected information to Badger Transport, Inc.
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer/lessor and the applicant cannot agree on the accuracy of the information.

I certify by my signature that all entries and information on and in this application and all supplemental documents are true and complete to the best of my knowledge and I hereby agree to all of the above.

Print Name: _____
Signature: _____ Date: _____

Badger Transport, Inc.'s hiring/leasing criteria and application process may be changed at any time at Badger Transport, Inc.'s discretion without prior notice.

FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

In connection with your application with Badger Transport, Inc., Badger Transport may request Consumer Reports and/or Investigative Consumer Reports for employment related purposes. The nature and scope of the investigation may include, but is not limited to: character, general reputation, mode of living, criminal background record, motor vehicle record, and/or other appropriate public record information from a consumer reporting agency, as those terms are defined in the Fair Credit Reporting Act and amendments. These reports may also include the names and dates of your previous employer/lessor, reasons for the termination of your prior employment/lease, work experience and any other type of information authorized under the Fair Credit Reporting Act or other applicable laws. Such reports may come from federal, state, local and/or any other agencies which contain and/or maintain such records. You may request in writing a complete disclosure of the nature and scope of the investigation to be performed.

I hereby authorize Badger Transport, Inc. to obtain Consumer Reports and/or Investigative Consumer Reports, from any appropriate consumer reporting agency and understand that such Consumer Reports may be used by Badger Transport, Inc. in the determination of whether or not to offer me employment/lease.

I understand that I have the right to make a request of such consumer reporting agencies, upon proper identification, of the nature and substance of all information in such files on me, including the source of information and recipients of any reports on me which have been previously furnished by the consumer reporting agencies within the two year period preceding my request.

I hereby consent to allowing Badger Transport, Inc. to obtain such Consumer Reports from any and all appropriate consumer reporting agencies and agree that such information maintained by such consumer reporting agencies will be supplied to Badger Transport, Inc. and/or any other companies which subscribe to said services. I therefore authorize the procurement of said Consumer Reports by Badger Transport and, if hired/leased by Badger Transport, understand that this authorization shall remain in my file and shall serve as on-going authorization for Badger Transport to procure additional consumer reports on at least an annual basis, or at any other time during my employment/lease. This consent can be provided verbally as well.

Name (print): _____ Social Security Number: _____
Signature: _____ Date: _____