

# JOHNS

**DISPOSAL SERVICE, INC.**

P.O. BOX 329  
 WHITEWATER, WI 53190  
 262-473-4700 • Fax: 262-473-6775  
 www.johnsdisposal.com  
 email: office@johnsdisposal.com

## APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (Maiden Name, if any) \_\_\_\_\_ (LAST)  
 ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE)  
 DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ HIRE DATE \_\_\_\_\_  
 TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

### PREVIOUS THREE YEARS RESIDENCY

\_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_  
 \_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_  
 \_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

(ATTACH SHEET IF MORE SPACE IS NEEDED)

### LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

### TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

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

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

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

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 First M.I. Last  
 Hereby authorize: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_ (employment application date)

To: **JOHNS DISPOSAL SERVICE, INC.**  
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 email: office@johnsdisposal.com

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's fax number: \_\_\_\_\_  
 Prospective employer's email address: \_\_\_\_\_

\_\_\_\_\_  
 Applicant's Signature Date

This information is being requested in compliance with §40.25(g) and 391.23.

**PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**ACCIDENT HISTORY**

The applicant named above was employed by us. Yes  No

Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive motor vehicle for you? Yes  No  If yes, what type? Straight Truck  Tractor-Semitrailer   
 Bus  Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_

2. Reason for leaving your employ: Discharged  Resignation  Lay Off  Military Duty   
 If there is no safety performance history to report, check here ; sign below and return.

**ACCIDENTS:** Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check  here if there is no accident register data for this driver.

	Date	Location	# Injuries	# Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

Any other remarks: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

**EMPLOYMENT RECORD  
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

**Must list the complete mailing address: street number and name, city, state and zip code.**

LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes  No

SECOND LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes  No

THIRD LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes  No

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

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

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

**PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3**

<b>PART 3:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>DRUG AND ALCOHOL HISTORY</b>	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____</p>	
<ol style="list-style-type: none"> <li>1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/></li> </ol>	
<p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p>	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Part 3 Completed by (Signature): _____ Date: _____	

<b>PART 4a:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

<b>PART 4b:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

**INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

- |  |
|--|
| <p><b>PAGE 1 PART 1: Prospective Employee</b></p> <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Sign and date</li> <li>• Submit to the Prospective Employer</li> </ul> <p><b>PAGE 2 PART 4a: Prospective Employer</b></p> <ul style="list-style-type: none"> <li>• Complete the information</li> <li>• Send to Previous Employer</li> </ul> <p><b>PAGE 1 PART 2: Previous Employer</b></p> <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Sign and date</li> <li>• Turn form over to complete SIDE 2 SECTION 3</li> </ul> |
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- |   |
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| <p><b>PAGE 2 PART 3: Previous Employer</b></p> <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Sign and date</li> <li>• Return to Prospective Employer</li> </ul> <p><b>PAGE 2 PART 4b: Prospective Employer</b></p> <ul style="list-style-type: none"> <li>• Record receipt of the information</li> <li>• Retain the form</li> </ul> |
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