



The DeLong Co., Inc.

DeLco Transport Inc. / The DeLong Co., Inc.
PO Box 552
Clinton WI 53525
608-676-3008

DRIVER'S EMPLOYMENT APPLICATION

An Equal Opportunity Employer

PERSONAL INFORMATION (PLEASE PRINT)

NAME (PRINT) Last First Middle

PHONE NO. EMAIL ADDRESS

CURRENT ADDRESS Street City State Zip code

PREVIOUS 3 YEARS HOME ADDRESSES Street City State Zip Code How Long? yr. / mo.

Street City State Zip Code How Long? yr. / mo.

Street City State Zip Code How Long? yr. / mo.

THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (49 CFR 391.21 (b)(2)) REQUIRES THAT DRIVER APPLICANTS PROVIDE THEIR DATE OF BIRTH AND SOCIAL SECURITY NUMBER

POSITION APPLIED FOR DATE OF APPLICATION

DATE OF BIRTH SOCIAL SECURITY NUMBER

WHERE DID YOU HEAR/SEE THE DELONG COMPANY JOB OPENING? (PLEASE CHECK ALL THAT APPLY)

- Facebook www.delongcompany.com
Indeed.com Word of Mouth Other
Newspaper Radio Referred by current employee

Do you have the legal right to work in the United States? Yes No

Have you worked for The DeLong Co., Inc. / DeLco Transport Inc. before? Where?

Dates: From To Position

Reason for leaving?

Are you now employed? If not, how long since leaving last employment?

Desired pay rate \$

EXPERIENCE AND QUALIFICATIONS FOR DRIVERS

DRIVER LICENSES LIST ANY LICENSES HELD THE LAST 3 YEARS	STATE	LICENSE NUMBER	CLASS	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	MANUAL OR AUTOMATIC	DATE FROM	DATE TO	APPROXIMATE NUMBER OF MILES
STRAIGHT TRUCK	(VAN, TANKER, FLAT, DUMP, REFER)				
TRACTOR & SEMI TRAILER	(VAN, TANKER, FLAT, DUMP, REFER)				
TRACTOR & TWO TRAILERS	(VAN, TANKER, FLAT, DUMP, REFER)				
TRACTOR & THREE TRAILERS	(VAN, TANKER, FLAT, DUMP, REFER)				
TRACTOR & TANKER	(VAN, TANKER, FLAT, DUMP, REFER)				
MOTORCOACH-SCHOOL BUS	(VAN, TANKER, FLAT, DUMP, REFER)				
OTHER	(VAN, TANKER, FLAT, DUMP, REFER)				

TOTAL NUMBER OF YEARS OF DRIVING EXPERIENCE: _____

TRAINING, EQUIPMENT AND COURSES THAT WILL HELP IN YOUR EMPLOYMENT WITH THE COMPANY:

ACCIDENT RECORD FOR THE THREE (3) YEARS PRECEDING DATE OF APPLICATION

DATES (MONTH/YEAR)	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL? <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

VIOLATIONS IN THE THREE (3) YEARS BEFORE DATE OF APPLICATION (EXCLUDE PARKING VIOLATIONS)

LOCATION	DATE	CONVICTIONS (FORFEITED, BOND, COLLATERAL)	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended? YES NO
If answered YES, please explain by providing a statement of circumstances. Attach an additional sheet if necessary.

B. Have you ever been convicted or been on probation for a DWI or DUI? YES NO
If answered YES, please explain in the space provided below. Attach additional sheet if necessary.

Are you willing to undergo a background check, in accordance with local law/regulations? YES N

EDUCATION			
SCHOOLS	NAME & LOCATION	COURSE OF STUDY	GRADUATION YEAR
HIGH SCHOOL			
COLLEGE			
OTHER			

CDL ENDORSEMENTS		RESTRICTIONS/WAIVERS (LIST ALL)
<input type="checkbox"/> X	TANKER & HAZMAT	
<input type="checkbox"/> H	HAZMAT	
<input type="checkbox"/> N	TANKER	
<input type="checkbox"/> P	PASSENGER	
<input type="checkbox"/> T	DOUBLE/TRIPLE TRAILER	
<input type="checkbox"/>	OTHER	

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.
 (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

ANY GAPS IN EMPLOYMENT IN EXCESS OF ONE (1) MONTH AND/OR UNEMPLOYMENT MUST BE EXPLAINED

CURRENT/PREVIOUS EMPLOYER NAME _____ PHONE NO. _____

CONTACT NAME: _____ POSITION HELD _____ FROM _____ TO _____

COMPANY ADDRESS _____

_____ Street _____ City _____ State _____ Zip code _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO THE FMCSRs' WHILE EMPLOYED? 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

PREVIOUS EMPLOYER NAME _____ PHONE NO. _____

CONTACT NAME: _____ POSITION HELD _____ FROM _____ TO _____

COMPANY ADDRESS _____

_____ Street _____ City _____ State _____ Zip code _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO THE FMCSRs' WHILE EMPLOYED? 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

PREVIOUS EMPLOYER NAME _____ PHONE NO. _____

CONTACT NAME: _____ POSITION HELD _____ FROM _____
TO _____

COMPANY ADDRESS _____

Street City State Zip code

REASON FOR LEAVING _____

WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? 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

EMPLOYMENT HISTORY CONT...

PREVIOUS EMPLOYER NAME _____ PHONE NO. _____

CONTACT NAME: _____ POSITION HELD _____ FROM _____
TO _____

COMPANY ADDRESS _____

Street City State Zip code

REASON FOR LEAVING _____

WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? 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

PREVIOUS EMPLOYER NAME _____ PHONE NO. _____

CONTACT NAME: _____ POSITION HELD _____ FROM _____
TO _____

COMPANY ADDRESS _____

Street City State Zip code

REASON FOR LEAVING _____

WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? 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

PREVIOUS EMPLOYER NAME _____ PHONE NO. _____

CONTACT NAME: _____ POSITION HELD _____ FROM _____
TO _____

COMPANY ADDRESS _____

Street City State Zip code

REASON FOR LEAVING _____

WERE YOU SUBJECT TO THE FMCSRs* WHILE EMPLOYED? 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

PREVIOUS EMPLOYER NAME _____ PHONE NO. _____

CONTACT NAME: _____ POSITION HELD _____ FROM _____
 TO _____

COMPANY ADDRESS _____
 _____ Street _____ City _____ State _____ Zip code _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO THE FMCSRs* WHILE EMPLOYED? 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

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

The DeLong Co., Inc. provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, The DeLong Co., Inc. complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities.

TO BE READ AND SIGNED BY APPLICANT

I, _____ authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. 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 resend 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.

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. Note: A motor carrier may require an application to provide more information than required by the Federal Motor Carrier Safety Regulations.

NAME (Please Print) _____ **DATE** _____

SIGNATURE _____