



CDL Employment Application

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER
Please type or print, and answer all questions.

**P.O. Box 8026
Madison, WI 53708
PHONE: 608-222-2247
FAX: 608-222-1768**

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address			Apartment/Unit #
City	State	ZIP	
Telephone	Email		
Date of Birth	SS#		

List additional addresses of residency for the past three years:

Street	City	State	Zip	How Long

Are you 18 years or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you a U.S citizen or otherwise currently authorized to obtain lawful employment in this country?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have a valid Wisconsin driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have a valid commercial driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please select the type of commercial driver's license A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Has your driver's license been denied, revoked, or suspended in the last 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain in the space provided below.

EMPLOYMENT DESIRED

Position Applied for:	
Date You Can Start:	Salary/Wage Rate Desired:
Have you ever applied to this company?	YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?

EDUCATION AND TRAINING

(This information will be used only where relevant and to assist in determining what positions might be appropriate for consideration.)

High School	Location			
Number of Years Attended	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Subjects Studied
College	Location			
Number of Years Attended	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Subjects Studied
Trade or Business School	Location			
Number of Years Attended	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Subjects Studied

Describe any other training you consider relevant to the position for which you are applying: _____

WORK EXPERIENCE/FORMER EMPLOYERS

Please list all jobs within the last 10 years of employment starting with your present or most recent job. Explain any gaps in employment in the comments section below. All information requested is required by FMCSA regulations. Provide complete information. Be specific. Include self-employment and military service. For part-time work, show the average number of hours per month. Show any changes in job title for the same employer as a separate position. Attach additional sheets if necessary.

Are you employed now? YES NO If so, may we inquire of you present employer? YES NO

Employer		Phone ()	
Address		Supervisor	
Job Title	Last Rate of Pay \$	Total Time Employed	
Your Duties			
From (Month & Year)	To (Month & Year)	Reason for Leaving	
Were you subject to the Federal Motor Carrier Safety Regulation under this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you perform a safety sensitive function for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer		Phone ()	
Address		Supervisor	
Job Title	Last Rate of Pay \$	Total Time Employed	
Your Duties			
From (Month & Year)	To (Month & Year)	Reason for Leaving	
Were you subject to the Federal Motor Carrier Safety Regulation under this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you perform a safety sensitive function for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer		Phone ()	
Address		Supervisor	
Job Title	Last Rate of Pay \$	Total Time Employed	
Your Duties			
From (Month & Year)	To (Month & Year)	Reason for Leaving	
Were you subject to the Federal Motor Carrier Safety Regulation under this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you perform a safety sensitive function for this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer		Phone ()	
Address		Supervisor	
Job Title	Last Rate of Pay \$	Total Time Employed	
Your Duties			
From (Month & Year)	To (Month & Year)	Reason for Leaving	
<p>Were you subject to the Federal Motor Carrier Safety Regulation under this employer? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Did you perform a safety sensitive function for this employer? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>			
Employer		Phone ()	
Address		Supervisor	
Job Title	Last Rate of Pay \$	Total Time Employed	
Your Duties			
From (Month & Year)	To (Month & Year)	Reason for Leaving	
<p>Were you subject to the Federal Motor Carrier Safety Regulation under this employer? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Did you perform a safety sensitive function for this employer? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>			

Explain any gaps in employment here:

Driver's License:

Drivers Licenses held in the past 3 years	State	License Number	Class	Endorsement(s)	Expiration Date

Did you have any **moving violations** or **accidents** in the last 3 years? Yes No
 If yes, show details below.

Date	Description of Violations (not parking)	Date	Description of Accidents

Did you have any accidents that caused an injury or fatality? Yes No
 If yes, please explain below.

Driving Experience:

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Twin Trailers				
Other				

REFERENCES (BUSINESS/WORK REFERENCES NOT RELATED TO YOU)			
Name		Telephone Number	
Address		Years Acquainted	
Business or Occupation			
Name		Telephone Number	
Address		Years Acquainted	
Business or Occupation			
Name		Telephone Number	
Address		Years Acquainted	
Business or Occupation			

NOTE: Your application will not be processed unless you have read and signed the Authorization, Release and Certification on the following page.

AUTHORIZATION, RELEASE AND CERTIFICATION	
<p>I certify that this application was completed by me and all information on this application is true, complete and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.</p> <p>I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.</p> <p>I understand that employment with this employer is <u>not</u> contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.</p> <p>I understand that I may be required to submit to a medical examination if offered a position conditioned on such examination. I also understand that I may be required to submit for testing for controlled substances or other drugs.</p> <p>I certify that I have read (or have had read to me) and understand this authorization, release and certification.</p>	
Signature	Date

SELF-IDENTIFICATION FORM

Mega Rentals, Inc. is an Equal Opportunity/Affirmative Action employer. The information below is needed to enable us to evaluate the success of our recruitment and hiring goals for qualified minorities and females under our affirmative action program. This information will be used only for Affirmative Action reporting purposes and will not become part of your employment file or application, nor will it be used as a basis for any personnel action.

COMPLETION OF THIS FORM IS VOLUNTARY; this information is confidential and your decision to provide the information will not result in any adverse treatment.

Name: _____ **Date:** _____

Last, First Middle

Position(s) applied for: _____

How did you hear of this position? _____

Race:

- _____ Asian
- _____ American Indian/Alaskan Native
- _____ Black or African-American
- _____ Hispanic or Latino
- _____ Native Hawaiian or Other Pacific Islander
- _____ White
- _____ Two or more races

Gender:

- _____ Male
- _____ Female

Please check all categories that apply to you:

_____ **Disabled Veteran**

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service connected disability.

_____ **Other Protected Veteran** – A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

_____ **Armed Forces Service Medal Veteran** – A veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209).

_____ **Recently Separated Veteran** – A veteran during the three-year period beginning in the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.

Discharge Date: _____ **(To be completed by all veterans).**

“An Equal Opportunity Employer”