

APPLICATION

Bytec Resource Management, Inc.

1037 8th Avenue West

Monroe, Wisconsin 53566

(608) 328-8200

The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier equipment according to the requirements of the Federal MCSR and the company named above.

PLEASE PRINT DATE _____

NAME _____

Last

First

Middle

ADDRESS _____

Street

City

State

Zip

SOCIAL SECURITY # _____ PHONE #(_____) _____

DATE OF BIRTH: _____ Cell Phone# _____

Have you ever worked here before? _____

CDL# _____ State license issued in _____

License class _____ Endorsements _____ Expiration date _____

* If not Class A with N endorsement, speak to Operations Manager before continuing.

Restrictions _____ Explain _____

Have you ever been ticketed for driving while under the influence of drugs or alcohol in the past five years? _____ If so, when? _____

Have you in the past 5 years had a positive alcohol or drug test? _____

Has your Drivers License ever been suspended or revoked? _____ If so, please identify when, what state, and for what reason _____

Have you ever been denied a Drivers License? _____ If so, identify when, what state, and for what reason _____

How were you referred here? Newspaper ad? _____ Name of Paper _____

Personally referred by? _____ Other? _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or medical condition or handicap.

NOTE: If submitting this application in person, please call ahead to schedule an appointment. All candidates will take a road test prior to an interview.

This is the most IMPORTANT part of the application. It must be answered ACCURATELY and in DETAIL. List any and all tickets or arrests for any Motor Vehicle Violations with any type vehicle in past 3 years (other than parking tickets).

Violation	Date	Place	Fine or Bond	Type of Vehicle

(Attach Sheet If More Space Is Needed)

ACCIDENT RECORD (If none, Write None)

List all accident involvements with any motor vehicle for past 3 years (even if not at fault):

date	type of vehicle	nature of accident	were you at fault	were you ticketed	# of fatalities	# of injuries	property damage

(Attach Sheet If More Space Is Needed)

Were you ever discharged by an employer because of an accident? If so, when and by whom?

Has your license ever been suspended because of an accident? Please explain:

DRIVING EXPERIENCE

class of equipment	type of equipment	Dates		# of miles
		from	to	

MILITARY STATUS

Have you served in the U.S. Armed Forces? Branch Dates: From To
 Rank of Discharge Date of discharge
 Type of Discharge Of other than Honorable, please explain

List below current licenses and any other license you had in past 3 years (even if expired):

State	License #	Type	Expiration date

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

WORK HISTORY FOR PAST 10 YEARS

Begin with your present experience and work backward in order, listing all of your employers, driving school and other training programs, periods of military service, self-employment, any periods of unemployment for at least 10 years. All time must be accounted for. Use supplementary sheet if necessary. Fill in all blanks. If discharged from any job, please explain. Leave no blanks or gaps in the time for the past 10 years.

MOST RECENT

Dates		Employer Address	Reason for leaving
From	To		
____/____/____	____/____/____	_____ _____ _____ phone # () _____ Supervisor _____	_____ _____ _____ May we contact? _____
From	To	Employer Address	Reason for leaving
____/____/____	____/____/____	_____ _____ _____ phone # () _____ Supervisor _____	_____ _____ _____ May we contact? _____
From	To	Employer Address	Reason for leaving
____/____/____	____/____/____	_____ _____ _____ phone # () _____ Supervisor _____	_____ _____ _____ May we contact? _____
From	To	Employer Address	Reason for leaving
____/____/____	____/____/____	_____ _____ _____ phone # () _____ Supervisor _____	_____ _____ _____ May we contact? _____
From	To	Employer Address	Reason for leaving
____/____/____	____/____/____	_____ _____ _____ phone # () _____ Supervisor _____	_____ _____ _____ May we contact? _____

NATURE AND TYPE OF DRIVING EXPERIENCE

Types of tractors: Makes _____ Conv: _____ C/O _____

Types of Engines: Detroit _____ Cummins _____ Cat _____ Other _____

Kinds of transimssions: _____

Types of trailers: Van _____ Reefer _____ Tank _____ Dry Bulk _____ Flat Bed _____ Other _____

States or regions you have driven in _____

Large cities you are familiar with _____

Year you first started driving tractor/trailer over the road _____

If discharged for any reason from former employment, please explain circumstances _____

Have you ever been convicted of a felony and/or felony involving equipment of your employer?
Yes _____ No _____ Explain in detail _____

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended _____

Have you ever attended a truck driving school? _____ Date _____

Show special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

In case of emergency, please give name and phone number of person to contact:

Name

Phone Number

APPLICANT'S STATEMENT

This certified that this application was completed by me ant that all entries on it and information in it are true and correct to the best of my knowledge. I authorize release of all information from previous employers, physicians, and enforcement officials. I understand that the information in this application may be used and that prior employers may be contacted for purposes of investigation as required by Section 391.23 for the Federal Motor Carrier Safety Regulations. 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, as permitted by law.

SIGNATURE OF APPLICANT _____ DATE _____