

COMMERCIAL DRIVERS LICENSE

EMPLOYMENT APPLICATION

COUNTRY VISIONS  
COOPERATIVE

REEDSVILLE, WI

*Olson Pro Consulting, LLC.*

Safety & Regulatory Consulting Services  
(920) 366-2520

Email: [allison@olsonproconsulting.com](mailto:allison@olsonproconsulting.com)

# APPLICANT INSTRUCTIONS

AS AN APPLICANT WITH A **COMMERCIAL DRIVERS LICENSE** AT COUNTRY VISIONS COOPERATIVE, WI, PLEASE FOLLOW THE BELOW DIRECTIONS:

1. Thoroughly complete the Application for Employment (Page 1-3).
2. Thoroughly complete the CDL Supplement (Page 4).
3. Read and sign the Employee Right to Correct Information Form (Page 5).
4. Complete Certificate of Violations Form (Page 6).
5. Complete Driver Information Form (Page 7).
6. **Sign the top of the “Request for Information from Previous Employer” page** where it says applicant signature and date it. **DO NOT COMPLETE THE PAGE.** That is for your previous employers to complete.
7. Give a copy of your Medical Certificate Card, (For DOT Physical) to Country Visions Cooperative Point of Contact.
8. Make a copy of your CDL (front and back) and give to Country Visions Cooperative Point of Contact.
9. Return all forms to Country Visions Cooperative Point of Contact.

You will also be required to complete a Pre-Employment Controlled Substance test, which will be scheduled by the Country Visions Cooperative Point of Contact.

You will be issued the following regulatory documents:

- Drug & Alcohol Information Packet

# Country Visions Cooperative

## 709 Mill St., Reedsville, WI 54230

### CDL Employment Application

Country Visions Cooperative is an Equal Opportunity / Affirmative Action employer. Qualified applicants will be considered for positions without regard to race, color, creed, religion, sex, sexual preference, national origin, age, marital status, veteran status, citizenship status, status with regard to public assistance, or disability. We may verify the information in your application, therefore, please review it for completeness and accuracy.

*Please print clearly - fill out completely.*

Name (first, middle, last)		Preferred first name	Today's Date
Social Security Number - -	Telephone Number ( )	Alternate Number ( )	Are you under 18 years of age? Yes No
Present Address		City/State	
Permanent Address		City/State	

Position Desired		Have you applied at Country Visions Cooperative before? Yes No If yes, when?	
Date available to start work	Starting wage desired	Do you have the legal right to work in the United States?	
Are you willing to relocate? Yes No	Can you travel if required? Yes No %	Have you previously worked at Country Visions Cooperative?	
Indicate the type of employment desired: Full-time Part-time Temporary Rotating Shifts Weekend hours On-Call Summer			
Referred to Country Visions Cooperative by:		If through a newspaper, please indicate specific ad	

**Have you ever been convicted of a felony? Y N (Circle appropriate and explain ALL convictions on a hand written attachment)**

## Education

Circle highest year of school completed in each category.	High School				College/University				Graduate School				
	9	10	11	12	1	2	3	4	1	2	3	4	5
Name of School (city, state)	Major Studies				Did you graduate? Yes or No	If yes, date of graduation			Degree/ Major	Cumulative GPA or Grade Average (A = 4.0)			
High School													
College													
Attending school now: Yes No If yes, where?													
List subjects of special study or training													
Foreign language proficiency													

## Employment History

May we contact your present employer for verification? Yes No	May we contact you at your place of business? Yes No Telephone ( ) _____
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**You must list 10 years if you have a CDL. (49CFR383.35(c). Use separate paper if necessary.**

**Please begin with present or most recent employer. Account for full-time and part-time or temporary employment.**

Dates/Salary	1. Full name of employer 2. Street 3. City, State, ZIP Code	4. Type of business 5. Position title 6. Name of Supervisor/telephone	Describe major responsibilities	Full time Part time Temporary
From (mo-yr)	1.			
	2.			
	3.			
To (mo-yr)	4.			
	5.			
	6.			
Ending Salary	Reason for leaving:		Was this a safety sensitive position regulated by the DOT, subject to Drug & Alcohol testing? YES NO Applicant was subject to FMCSRs while employed? YES NO	

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	2.			
	3.			
To (mo-yr)	4.			
	5.			
	6.			
Ending Salary	Reason for leaving:		Was this a safety sensitive position regulated by the DOT, subject to Drug and Alcohol testing? YES NO Applicant was subject to FMCSRs while employed? YES NO	

**Business/Professional References**

Name	Title	Company	Phone Number

## Understanding Regarding Conditions of Employment

I hereby give Country Visions Cooperative the right to make a thorough investigation of my past employment, education and activities; and I release from all liability all persons, companies and corporations supplying such information. I indemnify Country Visions Cooperative against any liability which might result from making such investigation. I understand that any false answer or statement or implications made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Country Visions Cooperative and me, for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding up Country Visions Cooperative, unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason, and that Country Visions Cooperative retains a similar right.

I understand that, if hired, I will be required to furnish proof of identity and right to work in the United States.

Applicants, who are offered employment with Country Visions Cooperative, will be subject to testing for use of illegal drugs according to company policy/procedure.

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Applicant Signature

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Date

## Commercial Driver Application Supplement

Applicant's Name:	Social Security Number:	Date of Birth:
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### Driver's Licenses and Addresses for the Past Three Years

Addresses		Driver's Licenses				
Address	Dates Resided	State	License #	Type	Endorsements	Exp. Date

### Driving Experience

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	From (date)	To (date)	Approximate number of miles driven

List states operated in during the last five years:

Which safe driving awards do you hold and from whom?

### Accident Record for the Past Three Years

Date	Nature of Accident	Fatalities	Injuries

### Traffic Convictions and Forfeitures for the Past Three Years (excluding parking)

Location	Date	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle?      Yes      No	Has any license, permit or privilege ever been revoked or suspended?      Yes      No
If yes, explain:	If yes, explain:

### To be Read and Signed by Applicant

It is understood and agreed that any misrepresentation by me in this application may be cause for cancellation of the application and/or for separation from the company's service if I have been employed.

**\*\*Have you failed or refused to complete a DOT Pre Employment Drug Test within the last two years?    YES      NO**

I authorize and request any and all of my former employers and any other person to furnish Country Visions Cooperative and any agent acting on its behalf, any information they may have concerning information relevant to employment consideration. Moreover, I hereby release each such employer and each such other person from any and all liability of whatsoever nature by reason of furnishing such information to Country Visions Cooperative and any agent acting on its behalf.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment and driver files.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# Employees Right to Correct Information Form

**YOUR RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION:** The information you provided on this application may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec. 391.23 (i) (1) you have the following rights with regard to the safety performance history information provided by your previous employers.

**THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS:** You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment is made. You will be provided with the records within five (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five-day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

**THE RIGHT TO HAVE ERRONEOUS INFORMATION CORRECTED:** If you believe there is an error in the records, you have the right to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of your safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

**THE RIGHT TO REBUT DISPUTED INFORMATION:** If the previous employer does not agree that information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must; forward a copy of the rebuttal to the prospective employer; append the rebuttal to your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement period. You may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

**THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION:** You may report failures of a previous employer to correct information or include your rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

I certify that this application was completed by me and that the information provided is a correct, complete and true representation of the facts as known to me.

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Applicant's Signature

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Date

**General Consent for Limited Queries of the Federal Motor Carrier Safety  
Administration (FMCSA)  
*Drug and Alcohol Clearinghouse***

I, \_\_\_\_\_, hereby provide consent to Country Visions Cooperative to conduct limited queries of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited queries conducted by Country Visions Cooperative indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Country Visions Cooperative without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Country Visions Cooperative to conduct limited queries of the Clearinghouse, Country Visions Cooperative must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



# Certificate of Violations/Annual Review of Driving Records

## Driver Certification (to be completed by driver)

I certify:

- That I comply with the Federal Motor Carrier Safety Regulations and the Hazardous Material Regulations (if applicable).
- That I have reported all moving traffic violations to my supervisor during the past 12 months.
- That my CDL is current and is registered in the state of residence.
- That my DOT physical is current and in my possession while driving if required.
- The following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

**Citations:** If none, circle **NONE**. If convicted of a moving violation, list by type and date:

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Driver's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Driver Information Form

## Country Visions Cooperative

### Personal Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### CDL Information

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Hazmat Training Date \_\_\_\_\_ Hazmat Expires: \_\_\_\_\_

### Medical Information

Date directed for medical exam: \_\_\_\_\_

If you have a Medical Card, what is its expiration date? \_\_\_\_\_

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### To be completed by Olson Pro Consulting, LLC.

Applicant hired?      Yes    No      Hire Date: \_\_\_\_\_

Received completed Driver Qualification File \_\_\_\_\_ Initials: \_\_\_\_\_  
Date

**(Email to Olson Pro Consulting, LLC. at [allison@olsonproconsulting.com](mailto:allison@olsonproconsulting.com)  
immediately for MVR search & Random Pool)**



## REQUEST FOR INFORMATION – From Previous Employer

I hereby authorize you to release the following information to Olson Pro Consulting, LLC., for the purposes of investigation as required by §391.23 and §40.321(b) of the Federal Motor Carrier Safety Regulations.

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

NAME AND ADDRESS OF  
PREVIOUS EMPLOYER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS FORM WAS (check appropriate box)

- Mailed, Date: \_\_\_\_\_  
 Faxed, Date: \_\_\_\_\_  
 Emailed, Date: \_\_\_\_\_  
 Received by Phone, Date: \_\_\_\_\_  
Name of Person Contacted: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dear Sir/Madam:

The above named individual has made application to \_\_\_\_\_  
(company) for a position as \_\_\_\_\_ and states that  
he/she was employed by you as \_\_\_\_\_ from (m/y)  
\_\_\_\_\_ to (m/y) \_\_\_\_\_.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) \_\_\_\_\_.

Please complete the information on the reverse side of this form and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax mail, or email.

**Olson Pro Consulting, LLC**  
**Attention: Allison Strauss, Compliance**  
**2230 Marlee Lane, Green Bay, WI 54304**  
**Telephone: 920 366 2520**  
**Email: [allison@olsonproconsulting.com](mailto:allison@olsonproconsulting.com)**

## PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY

Pursuant to a request for Previous Employee Safety Performance History, Dated: \_\_\_\_\_,  
 This response is being provided to the Prospective Employer noted below in compliance with the Department of Transportation regulations, §391.23(g)(1) and §40.321(b).

\_\_\_ Corrected Copy, Replaces Response Dated: \_\_\_\_\_

### TO BE COMPLETED BY THE PREVIOUS EMPLOYER DRIVER IDENTIFICATION

Name of Previous Employee: \_\_\_\_\_ DOT Regulated Driver  
 Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ non-DOT Regulated Driver  
 Employed from \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_

### PREVIOUS EMPLOYER INFORMATION

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

### PROSPECTIVE EMPLOYER INFORMATION

This form was (check appropriate box)

Company: \_\_\_\_\_  Mailed, Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  Faxed, Date: \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_  Emailed, Date: \_\_\_\_\_  
 Relayed by Phone, Date: \_\_\_\_\_  
 Name of Person Contacted: \_\_\_\_\_

### SAFETY PERFORMANCE HISTORY

\_\_\_ There is no safety performance history to report.  
 Driver operated a: \_\_\_ Straight Truck \_\_\_ Tractor-Semitrailer \_\_\_ Bus \_\_\_ Cargo Tank \_\_\_ Doubles/Triples  
 \_\_\_ Other (Specify) \_\_\_\_\_ Driver did not operate a motor vehicle.  
 Reason for leaving employ: \_\_\_ Discharged \_\_\_ Resignation \_\_\_ Lay Off \_\_\_ Military Duty

#### ACCIDENTS:

Date	Location	Number of Injuries	Number of Fatalities	Hazmat Material Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

\_\_\_ No accident register data for this driver.  
 \_\_\_ Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (§391.23(d)(2)(ii)).

#### DRUG/ALCOHOL TESTING:

\_\_\_ Prospective employer did not provide signed release from driver (§40.321(b)). Therefore, drug/alcohol information cannot be provided. Under DOT drug and alcohol testing requirements for the past 3 years:

1. This person was employed in a safety-sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40 (if NO, skip this section). Y N
2. This person had an alcohol test with a result of 0.04 or higher alcohol concentration. Y N
3. This person tested positive or adulterated or substituted a test specimen for controlled substances. Y N
4. This person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test. Y N
5. This person committed other violations of Subpart B of Part 382, or Part 40. Y N
6. This person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program in our employ, including return-to-duty and follow-up tests. If yes, documentation is enclosed. Y N
7. This person, after successfully completing a SAP's rehabilitation referral, remained in our employ but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested. Y N

**PREVIOUS EMPLOYER'S RECORD - KEEP A RECORD OF EACH REQUEST AND THE RESPONSE, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED ACCORDING TO 49CFR 391.53(c)**

In providing this information, any drug or alcohol testing information obtained from previous employers under §40.25 or other Applicable DOT regulations is included.

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

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

