



# SCHILLING SUPPLY COMPANY, INC. EMPLOYMENT APPLICATION

**\*\* DRIVERS ONLY \*\***

PLEASE PRINT INFORMATION

DATE: \_\_\_\_\_

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED. PURSUANT TO FMSC REGULATION # 49 CFR 391.21.

## PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
OTHER NAMES		SOCIAL SECURITY NUMBER
EMAIL ADDRESS		PRIMARY PHONE NUMBER
DATE OF BIRTH	SECONDARY PHONE NUMBER	

## PREVIOUS THREE YEARS RESIDENCY

*Attach additional sheet if more space is needed*

	STREET	CITY	ST	ZIPCODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

## DESIRED EMPLOYMENT

DESIRED POSITION	DATE AVAILABLE	DESIRED SALARY PER MONTH	
Do you have access to a car?		Yes	No
Do you have a valid driver's license?		Yes	No
Are you over the age of 18?		Yes	No
Are you a U.S. citizen or do you have an entry permit which allows you to work?		Yes	No
Please indicate which types of employment interests you (check all the apply):			
Permanent (FT)		Permanent (PT)	
Temporary (FT)		Temporary (PT)	
I would be interested in relocating to:    La Crosse    Rochester/Mankato/Owatonna    Eau Claire    Madison			
What hours are you available to work? AM                      PM		What days are you available to work? Monday    Tuesday    Wednesday    Thursday    Friday	

## PHYSICAL REQUIREMENTS

Some positions might require an employee to possess certain physical capabilities. Check the appropriate boxes below, which you feel reflect the physical activity in which you can routinely engage without harm to yourself or fellow employees.

Lifting?	25lbs or less	50lbs	75lbs	100lbs or more
<b>Do you have difficulties:</b>				
Bending or stooping?	Yes	No	Climbing?	Yes    No
Standing for long periods of time?	Yes	No	Working in extreme temperatures?	Yes    No
After reading the job description, are you able to perform the essential job functions with or without reasonable accommodations?				Yes    No

## U.S. MILITARY SERVICE

VETERAN NO MILITARY SERVICE		DATE ENTERED SERVICE	
TYPE OF WORK PERFORMED		DATE DISCHARGED	
BRANCH OF SERVICE	HIGHEST RANK ACHIEVED	IF DEFERRED FROM MILITARY SERVICE, STATE REASON:	
TRAINING RECEIVED IN MILITARY SERVICE:			
ARE YOU NOW A MEMBER OF A MILITARY RESERVE ORGANIZATION?			Yes <input type="checkbox"/> No <input type="checkbox"/>
NAME & LOCATION OF GROUP:			RANK:

## EDUCATION & TRAINING

NAME & LOCATION OF HIGH SCHOOL	HIGHEST GRADE OR YEAR COMPLETED					
	9 or below	10	11	12		
Do you have a high school diploma or a GED equivalency? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Continued Education – College or University, Business College, or other schools you have attended			YEARS OF CONTINUED EDUCATION			
NAME & LOCATION	DATES ATTENDED		CREDITS EARNED	MAJOR FIELD	GPA	DEGREE EARNED & YEAR
	FROM	TO				
Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, or volunteer work which you feel is relevant to the job or jobs for which you are applying. Also include relevant licenses or certificates, (Be specific):						

## LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXP DATE
PREVIOUSLY HELD LICENSES				

## DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

## EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years.) Any gaps in employment in excess of one (1) month must be explained.

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

LAST OR CURRENT EMPLOYER		MAY WE CONTACT?	Yes	No
ADDRESS		FROM:	MO	YR
CITY, STATE, ZIP		TO:	MO	YR
CONTACT PERSON		PHONE:		
DUTIES		POSITION:		
WERE YOU SUBJECT TO THE FMCSR REGULATIONS WHILE EMPLOYED HERE?	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		
		SALARY / WAGE		
		REASON FOR LEAVING		

ANY PERIOD OF UNEMPLOYMENT? Yes No If yes, give dates and explain:

PREVIOUS EMPLOYER		MAY WE CONTACT?	Yes	No
ADDRESS		FROM:	MO	YR
CITY, STATE, ZIP		TO:	MO	YR
CONTACT PERSON		PHONE:		
DUTIES		POSITION:		
WERE YOU SUBJECT TO THE FMCSR REGULATIONS WHILE EMPLOYED HERE?	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		
		SALARY / WAGE		
		REASON FOR LEAVING		

ANY PERIOD OF UNEMPLOYMENT? Yes No If yes, give dates and explain:

PREVIOUS EMPLOYER		MAY WE CONTACT?	Yes	No
ADDRESS		FROM:	MO	YR
CITY, STATE, ZIP		TO:	MO	YR
CONTACT PERSON		PHONE:		
DUTIES		POSITION:		
WERE YOU SUBJECT TO THE FMCSR REGULATIONS WHILE EMPLOYED HERE?	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		
		SALARY / WAGE		
		REASON FOR LEAVING		

ANY PERIOD OF UNEMPLOYMENT? Yes No If yes, give dates and explain:

PREVIOUS EMPLOYER	MAY WE CONTACT?    Yes    No
ADDRESS	FROM:                    MO    YR
CITY, STATE, ZIP	TO:                        MO    YR
CONTACT PERSON	PHONE:
DUTIES	POSITION:
WERE YOU SUBJECT TO THE FMCSR REGULATIONS WHILE EMPLOYED HERE?    Yes    No	SALARY / WAGE
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	REASON FOR LEAVING

ANY PERIOD OF UNEMPLOYMENT?    Yes    No    If yes, give dates and explain:

**ACCIDENT RECORD FOR THE PAST 3 YEARS**

<i>Attach additional sheet if more space is needed. Check this box if none</i>				
DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

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

#			
DATES CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

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

Has any license, permit, or privilege ever been suspended or revoked?    Yes    No  
If yes, explain:

**REFERENCES**

NAME	ADDRESS	PHONE NUMBER

**To be read and signed by applicant:**

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It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the company or its agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his / her furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application for Qualification in no way obligates Schilling Supply Company to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

All Applicants - Please fill out page 6

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*For Office Use Only*

		Date Hired:
		Starting Salary:
		By:
		Date:



Attn: Human Resources  
PO Box 369, La Crosse, WI 54602-0369  
Phone: 1-800-888-1885  
Fax: 1-800-888-6312  
Email: info@schillingsupply.com  
Website: www.schillingsupply.com

## Confidential Past Employer Inquiry

**This section ONLY to be completed by applicant:**

I hereby authorize the below named company or institution to release information to Schilling Supply Company for the purpose of verification of past or present employment and/or past or present education.

I hereby release to below named company and its employees, officers, directors and agents from any and all liability of any type as a result of providing the requested information to Schilling Supply Company.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

**-----STOP Do not fill in anything below this line-----**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To Whom It May Concern:

The person named below has applied for a position at Schilling Supply Company. The applicant listed your company as a past employer. As you will note from the signed release above, the applicant has released you and the company from all liability. You may reply by fax to the number listed above. Thank you in advance for your response to this inquiry.

Name of Applicant: \_\_\_\_\_ SSN \_\_\_\_\_

Dates of Employment listed \_\_\_\_\_ to \_\_\_\_\_

Are the above dates correct? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please list the correct dates \_\_\_\_\_ to \_\_\_\_\_

Number of days Absent in the last year? \_\_\_\_\_

Number of days Tardy in the last year? \_\_\_\_\_

Reason for leaving your company? Resigned \_\_\_ Discharged \_\_\_ Layoff \_\_\_

Eligible for re-hire? Yes \_\_\_\_\_ No \_\_\_\_\_

Completed By: Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_