APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for: Driver

Name: Johnson (Last) John (First) A (Middle) Social Security No. 123-45-6789

List your addresses of residency for the past 3 years.

Current Address: 2424 W. Avenue (Street) Oshkosh (City) WI (State) 54901 (Zip Code) Phone 920-123-4567 How Long? 2 (yr./mo.)

Previous Addresses:
1212 E. Avenue (Street) Oshkosh (City) WI 54901 (State & Zip Code) How Long? 3 (yr./mo.)
(Street) (City) (State & Zip Code) How Long? (yr./mo.)
(Street) (City) (State & Zip Code) How Long? (yr./mo.)

Do you have the legal authority to work in the United States? yes

Date of Birth 6 / 10 / 1968
(Required for Commercial Drivers)

Have you worked for this company before? no Where?

Dates: From To Position

Reason for leaving

Who referred you? Rate of pay expected

Have you ever been bonded? Name of bonding company
(Answer only if a job requirement)

Can you perform, with or without reasonable accommodation, the essential functions of the job [as described in the attached job description]? ☒ YES ☐ NO

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.)

EMPLOYER			DATE
NAME ABC Company			FROM MO. 4 YR. 20 / TO MO. present YR.
ADDRESS 345 N.W. Street			POSITION HELD Driver
CITY Neenah	STATE WI	ZIP 54957	REASON FOR LEAVING more opportunity
CONTACT PERSON Bob Boss		PHONE NUMBER 920-235-2333	
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			

Blue = Driver Completes

EMPLOYMENT HISTORY (continued)

EMPLOYER	DATE
NAME Feed Company	FROM MO. 3 YR. 10 TO MO. 3 YR. 20
ADDRESS 678 River Street	POSITION HELD
CITY Neenah STATE WI ZIP 54957	REASON FOR LEAVING Company went out of business
CONTACT PERSON Mike Manager PHONE NUMBER 920-123-4567	
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	

EMPLOYER	DATE
NAME	FROM MO. YR. TO MO. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	REASON FOR LEAVING
CONTACT PERSON PHONE NUMBER	
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	

EMPLOYER	DATE
NAME	FROM MO. YR. TO MO. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	REASON FOR LEAVING
CONTACT PERSON PHONE NUMBER	
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	

EMPLOYER	DATE
NAME	FROM MO. YR. TO MO. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	REASON FOR LEAVING
CONTACT PERSON PHONE NUMBER	
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	

EMPLOYER	DATE
NAME	FROM MO. YR. TO MO. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	REASON FOR LEAVING
CONTACT PERSON PHONE NUMBER	
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 GVW or GVWR of 26,001 lbs. or more, a vehicle combination with a weight rating or actual weight of 26,001 pounds or more inclusive of a towed unit with a rated or actual weight of 10,001 pounds 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 for compensation (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE **NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE **NONE**

LOCATION	DATE	CHARGE	PENALTY
Illinois	7-20-2020	Speeding	Fine

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

	ISSUER	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE
Driver licenses or permits in the past 3 years	WI	W0001234567800	A		6-8-2026

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO X

B. Has any license, permit or privilege ever been suspended or revoked? YES X NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS DUI in June 2015

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT		CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y)	DATES TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK	☒ YES ☐ NO	(VAN, TANK, FLAT, DUMP, REFER)	2/2010	present	100,000
TRACTOR AND SEMI-TRAILER	☒ YES ☐ NO	(VAN, TANK, FLAT, DUMP, REFER)	1/2013	present	800,000
TRACTOR - TWO TRAILERS	☐ YES ☐ NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS	☐ YES ☐ NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS	☐ YES ☐ NO More than 8 passengers	—			
MOTORCOACH - SCHOOL BUS	☐ YES ☐ NO More than 15 passengers	—			
OTHER					

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

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 (NAME) My High School (CITY, STATE) Anyville, WI

TO BE READ AND SIGNED BY APPLICANT

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.

Signature: John Johnson Date: 1-9-23

Blue = Driver Completes

Instructions for performing and recording physical examinations: "Upon completion of the examination, the completed Medical Examination Report shall be retained on file at the office of the medical examiner."

Form MCSA-5875 OMB No.: 2126-0006 Expiration Date: 03/31/2025

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examination Report Form
(for Commercial Driver Medical Certification)

MEDICAL RECORD #
_____
(or sticker)

SECTION 1. Driver Information *(to be filled out by the driver)*

PERSONAL INFORMATION

Last Name: Johnson First Name: John Middle Initial: A Date of Birth: 6/10/1968 Age: 54

Street Address: 2424 W. Avenue City: Oshkosh State/Province: WI Zip Code: 54901

Driver's License Number: W0001234567800 Issuing State/Province: WI Phone: (920) 123-4567

E-Mail *(optional)*: _____ CLP/CDL Applicant/Holder*: ⊗ Yes ○ No

Driver ID Verified By**: CDL

Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ○ Yes ⊗ No ○ Not Sure

*CLP/CDL Applicant/Holder: See instructions for definitions.

**Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below. ○ Yes ⊗ No ○ Not Sure

Are you currently taking medications *(prescription, over-the-counter, herbal remedies, diet supplements)*? If "yes," please describe below. ○ Yes ⊗ No ○ Not Sure

(Attach additional sheets if necessary)

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Rev 3/29/2022

Blue = Driver Completes
Green = Medical Examiner Completes

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Last Name: Johnson First Name: John DOB: 6/10/68 Exam Date: 1/13/23

DRIVER HEALTH HISTORY *(continued)*

Do you have or have you ever had:	Yes	No	Not Sure
1. Head/brain injuries or illnesses *(e.g., concussion)*	○	⊗	○
2. Seizures/epilepsy	○	⊗	○
3. Eye problems *(except glasses or contacts)*	○	⊗	○
4. Ear and/or hearing problems	○	⊗	○
5. Heart disease, heart attack, bypass, or other heart problems	○	⊗	○
6. Pacemaker, stents, implantable devices, or other heart procedures	○	⊗	○
7. High blood pressure	○	⊗	○
8. High cholesterol	○	⊗	○
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	○	⊗	○
10. Lung disease *(e.g., asthma)*	○	⊗	○
11. Kidney problems, kidney stones, or pain/problems with urination	○	⊗	○
12. Stomach, liver, or digestive problems	○	⊗	○
13. Diabetes or blood sugar problems	○	⊗	○
Insulin used	○	⊗	○
14. Anxiety, depression, nervousness, other mental health problems	○	⊗	○
15. Fainting or passing out	○	⊗	○
16. Dizziness, headaches, numbness, tingling, or memory loss	○	⊗	○
17. Unexplained weight loss	○	⊗	○
18. Stroke, mini-stroke (TIA), paralysis, or weakness	○	⊗	○
19. Missing or limited use of arm, hand, finger, leg, foot, toe	○	⊗	○
20. Neck or back problems	○	⊗	○
21. Bone, muscle, joint, or nerve problems	○	⊗	○
22. Blood clots or bleeding problems	○	⊗	○
23. Cancer	○	⊗	○
24. Chronic (long-term) infection or other chronic diseases	○	⊗	○
25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	○	⊗	○
26. Have you ever had a sleep test *(e.g., sleep apnea)*?	○	⊗	○
27. Have you ever spent a night in the hospital?	○	⊗	○
28. Have you ever had a broken bone?	○	⊗	○
29. Have you ever used or do you now use tobacco?	○	⊗	○
30. Do you currently drink alcohol?	○	⊗	○
31. Have you used an illegal substance within the past two years?	○	⊗	○
32. Have you ever failed a drug test or been dependent on an illegal substance?	○	⊗	○

Other health condition(s) not described above: ○ Yes ⊗ No ○ Not Sure

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below: ○ Yes ○ No ○ Not Sure

(Attach additional sheets if necessary)

CMV DRIVER'S SIGNATURE

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 386 Appendices A and B.

Driver's Signature: John Johnson Date: 1/13/23

SECTION 2. Examination Report *(to be filled out by the medical examiner)*

DRIVER HEALTH HISTORY REVIEW

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

(Attach additional sheets if necessary)

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