



Application for Employment

This Application for Employment is being made to MYCO Driver, LLC. All applications are kept on file for a minimum of 30 days, held at the company headquarters at 530 N 108th Place, Wauwatosa, WI 53226. **Applications may be faxed to 866-473-7578 or scanned/emailed to drivers@mycousa.com.** In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Applicant's Printed Name

Date of Application

To Be Read and Signed By Applicant

I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application to MYCO Driver, LLC. 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, regulations, and policies set forth by MYCO Driver, LLC if I accept a position within said company. I also understand that submitting an application that is incomplete will not qualify me for employment with MYCO Driver, LLC. MYCO Driver maintains a list of Minimum Hiring Standards, which I understand I must continue to meet those qualifications after employment, and if I fall outside of those minimum requirements, I will no longer be qualified for employment with MYCO Driver, LLC.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Applicant's Signature

Date



Applicant to Complete

(Answer All Questions Completely – Please Type or Write Neatly)

Position(s) Applied for _____ Cell Phone Number _____

Email Address _____ Home Phone Number _____

Name (Last) _____ (First) _____ (Middle) _____ Social Security Number _____

Date of Birth (Required for CDL Drivers) _____ Driver's License Number _____ State of Issue _____ Class _____ Endorsements _____ Restrictions _____

Emergency Contact Name & Relationship _____ Phone Number _____

List your addresses of residency for the past 3 years.

Current Address _____ City _____ State _____ Zip Code _____ How Long? _____

Previous Address _____ City _____ State _____ Zip Code _____ How Long? _____

Previous Address _____ City _____ State _____ Zip Code _____ How Long? _____

Previous Address _____ City _____ State _____ Zip Code _____ How Long? _____

Do you have the legal right to work in the United States? Yes No

Are you employed now? Yes No If No, how long since leaving last employment? _____

Have you ever been convicted of a felony? Yes No If Yes, please explain on a separate sheet of paper (conviction of a crime is not an automatic bar to employment, all circumstances will be considered).

Have you ever worked for MYCO Driver, LLC before? Yes No If Yes, Where? _____

Dates-- From: _____ To: _____ Rate of Pay: _____ Position: _____

Rate of Pay Expected: _____ Preference of Hours: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes No

Education

Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 Degree: _____

Last School Attended: _____
Name of School _____ City _____ State _____

List any other training or education pertinent to this position: _____



Safety History

Accident Record for Past 5 Years. (Attach sheet if more space is needed). If none, write "none".

	Date	Nature of Accident	Towed away?	Fatalities?	Injuries?	Hazmat Spill?
Last Accident						
Next Previous						
Next Previous						

Traffic Convictions and Forfeitures for the Past 5 Years. (Other than Parking Violations, Attach sheet if more space is needed). If none, write "none".

Location	Date	Charge	Penalty

Driver's Licenses. (List all driver's licenses or permits held in past 3 years).

State of Issue	License Number	Type	Expiration Date

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

Has your license, permit, or privilege ever been suspended or revoked for ANY reason? Yes No

If Yes, please explain why: _____

Driving Experience

Class of Equipment	Yes/No	(Type or Write in All That Apply) 28, 40,48, 53, Van, Refer, Dump, Tank, Flat, Dry Bulk, Rail Can	To (Mo/Yr)	From (Mo/Yr)	Approx. Number Miles
Straight Truck					
Tractor Trailer					
Tractor Twin Trailers					
Tractor Triple Trailers					
Motor coach					
School Bus					
Other					

List any safe driving awards, and who you hold them from: _____

List all states operated in for the last 5 years: _____

List any experience, qualifications, training or skill that may help you in this job: _____



Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3-5 years. 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 a vehicle. This includes vehicles having a GVWR of 26,001 lbs. 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 apply to anyone operating a motor vehicles on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport more than 8 passengers (including the driver), or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

List Employers in Reverse Order, Starting With the Most Recent. (Must Complete ALL information Below. Add Another Sheet if Necessary)

			Dates	
Employer Name			From Mo/Yr	To Mo/Yr
Address				
City	State	Zip	Position Held	
Supervisor	Phone		Wage/Salary	
Were you subject to the FMCSRs ** While Employed? Yes No			Reason for leaving	
Was your job designated as a Safety-Sensitive Function in any DOT-Regulated mode subject to Drug and Alcohol Testing requirements of 49 CFR Part 40? Yes No				

			Dates	
Employer Name			From Mo/Yr	To Mo/Yr
Address				
City	State	Zip	Position Held	
Supervisor	Phone		Wage/Salary	
Were you subject to the FMCSRs ** While Employed? Yes No			Reason for leaving	
Was your job designated as a Safety-Sensitive Function in any DOT-Regulated mode subject to Drug and Alcohol Testing requirements of 49 CFR Part 40? Yes No				

			Dates	
Employer Name			From Mo/Yr	To Mo/Yr
Address				
City	State	Zip	Position Held	
Supervisor	Phone		Wage/Salary	
Were you subject to the FMCSRs ** While Employed? Yes No			Reason for leaving	
Was your job designated as a Safety-Sensitive Function in any DOT-Regulated mode subject to Drug and Alcohol Testing requirements of 49 CFR Part 40? Yes No				

			Dates	
Employer Name			From Mo/Yr	To Mo/Yr
Address				
City	State	Zip	Position Held	
Supervisor	Phone		Wage/Salary	
Were you subject to the FMCSRs ** While Employed? Yes No			Reason for leaving	
Was your job designated as a Safety-Sensitive Function in any DOT-Regulated mode subject to Drug and Alcohol Testing requirements of 49 CFR Part 40? Yes No				

To Be Read and Signed By the Applicant

This certifies that I completed this application, and that all entries and information contained in it are true and complete to the best of my knowledge.

Applicant's Signature

Applicant's Printed Name

Date