



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Please answer all appropriate questions completely. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, age, creed, national origin, veteran status, disability, or any other basis prohibited by federal, state, or local law. Additional job related testing for skills may be required. Certain positions may require additional testing and medical reviews to determine job fitness. A medical review (if necessary) or drug test will be required only **after** a job offer has been made. As an equal opportunity employer, the Company intends to comply fully with all laws and the information requested on this Application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

APPLICANT INFORMATION

Last Name		First	Middle	Application Date
Position(s) Desired				
Applicant Street Address			County	
City	State	Zip+4	Length of time at this address	
Home Telephone	Work Telephone		Other Telephone (Cell)	
How did you learn of this position?				
Are you legally eligible for employment in the United States?			Date available to start	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied for employment with us before?			Are you 18 or older?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for this company or any affiliated company?			If yes, position(s) and date(s)	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Apart from absence for religious observances, are you available full-time?			If no, what hours can you work?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
What shift(s) would you be able and willing to work?			Will you work overtime if necessary?	
<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Any			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact Name		Emergency Contact Relationship		Emergency Contact Phone

APPLICANT HISTORY

Previous Addresses				
Address	City	State	Zip+4	Length of time at this address
Address	City	State	Zip+4	Length of time at this address
Address	City	State	Zip+4	Length of time at this address
Have you served in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, branch and dates:			
Military duties performed and training that you have received:				



CRIMINAL CONVICTIONS

Hawaii Employment Only: State law prohibits the following question at the pre-employment state. Therefore, please do not answer.

Massachusetts Employment Only: State law prohibits the following question at this time. Therefore, please do not answer.

California Employment Only: Answer only this question and skip the next question. Have you been convicted of a crime, and/or released from incarceration for any criminal conviction within the past seven (7) years? Yes No

All Applicants: A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question and as far back as applicable law allows.

Question: Have you been convicted of a crime in the last seven (7) years, excluding misdemeanors and those which have been sealed, annulled, expunged, or statutorily eradicated? Yes No

If yes, provide all details:

EDUCATION HISTORY

TYPE	SCHOOL NAME & LOCATION	COURSE OF STUDY	COMPLETED	DEGREE EARNED
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS / TRADE			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other special training or skills (forklift, computer programs/applications, languages, machine operation, etc.) that you feel are relevant to the job for which you are applying:

Driver's License Number (if position requires driving) : _____

(Note: Discrimination in any manner based upon this information is prohibited by federal law.)

EMPLOYMENT HISTORY - Last 10 Years

(Begin with current or most recent employer - please continue on second page if needed)

Company Name		Telephone		Name of Immediate Supervisor	
Address	City	State	Zip	Employment Dates (month and year)	
				From:	To:
Job Title and Description of Work		Reason for Leaving		Wage / Salary (per hour or year)	
				Start:	End:
				Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name		Telephone		Name of Immediate Supervisor	
Address	City	State	Zip	Employment Dates (month and year)	
				From:	To:
Job Title and Description of Work		Reason for Leaving		Wage / Salary (per hour or year)	
				Start:	End:
				Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I, _____, hereby declare all of the statements and information contained in this Application for Employment to be complete and true. I understand that as part of normal employment procedures an inquiry may be made concerning information on my character, general reputation, criminal history, driving history, and personal characteristics. My present employer may, or may not (**check one**) be contacted. Any false or misleading statements or omissions in connection with this application may result in termination of the application process or any subsequent employment of this applicant by the Company. All positions with the Company are terminable "at will" by the Company at any time.

Revised 04/2014 Signature of Applicant _____

Date _____

SECTION 2

EMPLOYMENT HISTORY (continued)

(Begin with current or most recent employer)

Company Name		Telephone		Name of Immediate Supervisor	
Address		City	State	Zip	Employment Dates (month and year) From: _____ To: _____
Job Title and Description of Work		Reason for Leaving		Wage / Salary (per hour or year) Start: _____ End: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name		Telephone		Name of Immediate Supervisor	
Address		City	State	Zip	Employment Dates (month and year) From: _____ To: _____
Job Title and Description of Work		Reason for Leaving		Wage / Salary (per hour or year) Start: _____ End: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name		Telephone		Name of Immediate Supervisor	
Address		City	State	Zip	Employment Dates (month and year) From: _____ To: _____
Job Title and Description of Work		Reason for Leaving		Wage / Salary (per hour or year) Start: _____ End: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name		Telephone		Name of Immediate Supervisor	
Address		City	State	Zip	Employment Dates (month and year) From: _____ To: _____
Job Title and Description of Work		Reason for Leaving		Wage / Salary (per hour or year) Start: _____ End: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name		Telephone		Name of Immediate Supervisor	
Address		City	State	Zip	Employment Dates (month and year) From: _____ To: _____
Job Title and Description of Work		Reason for Leaving		Wage / Salary (per hour or year) Start: _____ End: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL EMPLOYMENT HISTORY

Please continue from Section 2 of this application. All driver applicants **must** complete Section 3 (listing all history) and Section 4. D.O.T. requires all driver applicants to provide a minimum of ten (10) years employment history. Attach additional sheets if necessary.

Company Name		Telephone		Name of Immediate Supervisor	
Address	City	State	Zip	Employment Dates (month and year)	
				From:	To:
Job Title and Description of Work	Reason for Leaving			Wage / Salary (per hour or year)	
				Start:	End:
				Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name		Telephone		Name of Immediate Supervisor	
Address	City	State	Zip	Employment Dates (month and year)	
				From:	To:
Job Title and Description of Work	Reason for Leaving			Wage / Salary (per hour or year)	
				Start:	End:
				Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name		Telephone		Name of Immediate Supervisor	
Address	City	State	Zip	Employment Dates (month and year)	
				From:	To:
Job Title and Description of Work	Reason for Leaving			Wage / Salary (per hour or year)	
				Start:	End:
				Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name		Telephone		Name of Immediate Supervisor	
Address	City	State	Zip	Employment Dates (month and year)	
				From:	To:
Job Title and Description of Work	Reason for Leaving			Wage / Salary (per hour or year)	
				Start:	End:
				Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name		Telephone		Name of Immediate Supervisor	
Address	City	State	Zip	Employment Dates (month and year)	
				From:	To:
Job Title and Description of Work	Reason for Leaving			Wage / Salary (per hour or year)	
				Start:	End:
				Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

D.O.T. COMMERCIAL DRIVERS ONLY

(Applicants For Commercial Driving Positions Must Complete This Section In Full)

D.O.T. Regulations require the following additional information from all prospective commercial drivers engaged in interstate or intrastate commerce. Information provided may be used for the purpose of investigating safety performance history. Please complete the following sections and attach additional sheets if necessary for completion of any section.

DRIVER'S LICENSES

STATE	LICENSE NUMBER	TYPE	CLASS	ENDORSEMENTS	RESTRICTIONS	CDL PERMIT	EXPIRATION DATE
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	

TRAFFIC VIOLATIONS FOR THE PAST 3 YEARS (EXCEPT PARKING)

If none have occurred, please write "none"

DATE	LOCATION	CHARGE	PENALTY	VEHICLE OPERATED

ACCIDENT RECORD FOR THE PAST 3 YEARS

If none have occurred, please write "none"

DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES	VIOLATION ISSUES

DRIVING EXPERIENCE & HISTORY

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	TRANSMISSION	TRAILER LENGTH	APPROX. MILES DRIVEN	DATE(S) (MM-YY)
STRAIGHT TRUCK		<input type="checkbox"/> Auto <input type="checkbox"/> Manual			to
TRACTOR TRAILER		<input type="checkbox"/> Auto <input type="checkbox"/> Manual			to
CRANE/BOOM		<input type="checkbox"/> Auto <input type="checkbox"/> Manual			to
LADDERVATOR/CONVEYOR		<input type="checkbox"/> Auto <input type="checkbox"/> Manual			to
FORKLIFTS		<input type="checkbox"/> Auto <input type="checkbox"/> Manual			to
OTHER:		<input type="checkbox"/> Auto <input type="checkbox"/> Manual			to

List states where you have operated in the last 5 years: _____

Special courses or training received which are relevant to the job for which you are applying: _____

Has your license been revoked or suspended in the last 10 years? Yes No

If yes, explain why: _____

Have you been convicted of an illegal drug or alcohol driving/operating offense in the past 5 years? Yes No

If yes, when: _____

Do you have a current medical certification card? Yes No Expiration date: _____

Date of Birth: _____ (Note: Discrimination in any manner based upon this information is prohibited by federal law.)

Responses will not necessarily constitute an automatic bar to employment.

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. I understand that I must comply with all Federal, State, D.O.T., and Company regulations.

Commercial Driver Applicant Signature _____

Date _____

PRE-EMPLOYMENT QUESTIONNAIRE

Under 49 CFR 40.25(j), the prospective employer must ask the following questions:

- 1) Have you ever tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check One: Yes_____ No_____

- 2) **If you answered yes**, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?

Check One: Yes_____ No_____

I certify that the information provided on this document is true and correct.

Applicant Signature _____ Date _____



**Return Fax To:
608-364-0848**

1431 Manchester Rd., Beloit, WI 53511 •866-473-9738•

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

DATE: _____ CO. FAX # _____ CO. PHONE# _____

TO (Name of Previous Employer): _____

APPLICANT'S NAME: _____ SOCIAL SECURITY# _____

DATES OF EMPLOYMENT: FROM _____ TO _____ POSITION: _____

The above applicant is applying for employment. Your cooperation in giving the following data will be appreciated.

1. Experience: Local Regional OTR Employed From: _____ To: _____

2. Type of equipment driven: Straight Truck Tractor/Trailer Other

3. Type of Trailer: Dry Van Flatbed Reefer Other

4. Any accidents? Yes No If yes, please list dates and brief description.

Date of accident: _____ Was it preventable: Yes No

Description: _____ DOT reportable? Yes No

Date of accident: _____ Was it preventable: Yes No

Description: _____ DOT reportable? Yes No

5. Reason for leaving your employment?

6. Is this driver eligible for rehire? Yes No Explanation:

ALCOHOL AND CONTROLLED SUBSTANCE TEST RESULTS AS REQUIRED BY FMSR 382.413 & 382.405

7. Drug and Alcohol

Has this person ever tested positive for a controlled substance in the past three (3) years? Yes No

Has this person ever had an alcohol test with a Breath Alcohol Concentrate of 0.04 or greater in the past three years? Yes No

Has this person ever refused a required test for drugs or alcohol in the past three (3) years? Yes No

Has this individual violated other DOT drug/alcohol regulations? Yes No

Have you received information from a previous employer that this individual has violated DOT drug/alcohol regulations? Yes No

If yes to any of these five (5) preceding questions, please give the SAP's (Substance Abuse Professional's) address and phone number for further reference: _____

Additional comments:

X _____
Signature of person completing form: Date Title

TO FORMER EMPLOYER:

You are hereby authorized to give Blackhawk Transport, Inc. all information requested on this form, including Drug and Alcohol information in accordance with DOT Regulation 49 CFR Part 40, Section 40.25, while in your employ. You are released from ANY and ALL liability that may result from furnishing such information.

➔ **DRIVER SIGNATURE:** _____ **DATE:** _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS
IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant’s written or electronic consent prior to accessing the Applicant’s PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**

LAST UPDATED 10/29/2012



Self Identification Form
Gender, Ethnicity, Race, Disabled and Veteran Status

BHT is a government contractor subject to affirmative action requirements. In order to fulfill our reporting obligations, we request your voluntary completion of the information below. Failure to complete this form will have no bearing on the processing or status of your application and will in no way impact upon your consideration for employment with BHT. If you do not self-identify, identification will be made by visual or other judgmental factors pursuant to your affirmative action reporting requirements. The information will not be maintained with your application, or if hired, your personnel file.

Name:	CITIZENSHIP Are you a United States Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
	Do you have citizenship in any other country? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Ethnicity
 Hispanic/Latino A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race
 Not Hispanic/Latino

RACE	Race Identification
White (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of Europe, the Middle East, or North America
Black or African American (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the Black racial groups of Africa
Native-Hawaiian or other Pacific Islander (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
Asian (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Viet Nam.
American Indian or Alaska Native (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment
Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> All persons who identify with more than one of the above five races.

VETERAN STATUS
Using the definitions as stated in following attachment, please check the box of boxes below to identify yourself in as many covered veterans categories as apply.

YES NO Disabled Veteran

YES NO Other Protected Veteran

YES NO Three – Year Recently Separated Veteran (Enter Discharge or Release Date: _____)

YES NO Armed Forces Service Medal Veteran

DISABILITY
A “disabled individual” means any person who has a physical or mental impairment which substantially limits one or more of such person’s major life activities, has a record of such impairment, or is regarded as having such impairment.

Using the definition as stated above, please check the box below to identify yourself as a disabled individual.

YES NO

Non-Participation: I have read the above statement and I have chosen not to complete this form. Please check box if applicable.

Signature _____ Date _____

Blackhawk Transport, Inc.

Disabled and Veteran Self-Identification Questionnaire

BHT is a federal contractor subject to Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans Readjustment Act of 1974 (VEVRAA), as amended. Section 503 prohibits job discrimination because of disability by employers holding federal contracts or subcontracts and requires such employers to take affirmative action to employ and advance in employment qualified individuals with disabilities who, with or without reasonable accommodation, can perform the essential functions of a job. VEVRAA requires government contractors to take affirmative action to employ and advance in employment qualified special disabled veterans and qualified disabled veterans, veterans of the Vietnam era, other protected veterans, one-year recently separated veterans, three-year recently separated veterans, and Armed Forces service medal veterans. This invitation to self-identify refers to such veterans as "covered veterans".

If you have a disability or are a covered veteran and would like to participate in our affirmative action program, please complete the form below or contact your local HR/EEO Representative. Our affirmative action program contains policies and procedures that assure compliance with our Section 503 and VEVRAA obligations. You may inform us of your desire to benefit under the affirmative action program now or at any time in the future. **Whether you choose to so identify is voluntary on your part.**

This employer also is subject to the Americans with Disabilities Act (ADA). Consistent with the ADA, this employer's policy is to provide reasonable accommodations to any individual with a disability who needs such an accommodation to complete the job application process or to perform the job in question. If you need such an accommodation, you may request it at any time by contacting your local HR/EEO Representative or your supervisor. Making a request for an accommodation will not subject you to any adverse treatment.

Disclosure of your status as an individual with a disability or covered veteran is voluntary. Choosing not to provide this information will not subject you to any adverse treatment. Information you submit concerning your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work duties of individuals with disabilities or special disabled veterans, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) Government officials engaged in enforcing the Rehabilitation Act, VEVRAA, or the Americans with Disabilities Act, may be informed. The information provided will be used only in ways that are consistent with Section 503 of the Rehabilitation Act, VEVRAA, and the ADA.

Definitions:

Disabled Veteran means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Other Protected Veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Three-Year Recently Separated Veteran means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Armed Forces Service Medal Veteran means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61Fed Reg 1209).