

**This Organization  
Participates in E-Verify**

**Esta Organización  
Participa en E-Verify**



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

### **E-Verify Works for Everyone**

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

### **E-Verify Funciona Para Todos**

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

**888-897-7781**  
**dhs.gov/e-verify**



**E-VERIFY IS A SERVICE OF DHS AND SSA**

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## APPLICATION FOR QUALIFICATION

**Dear Applicant:** Per FMCSR 391.21(d) Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment history may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. The prospective employer must also notify the driver in writing of his/her due process rights as specified in § 391.23(i) regarding information received as a result of these investigations. You the applicant have the following rights: (i) The right to review information provided by previous employers; (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver Applicant Printed Name \_\_\_\_\_ Driver Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Company Name Poblocki Paving Corp.

Street Address 525 South 116th Street City, State, Zip West Allis, WI 53214

Name \_\_\_\_\_ Phone ( )

Current Address \_\_\_\_\_

Street City State Zip

If at the above residence less than 3 years, list below all residences for the past 3 years. Attach a separate sheet if necessary.

Previous Address \_\_\_\_\_

Street City State Zip

Previous Address \_\_\_\_\_

Street City State Zip

Date of Birth\*  / / \* Drivers only to complete Date of Birth Social Security No.  - -

In Case Of Emergency Notify: \_\_\_\_\_ ( )  
Name Phone

Contact's Address \_\_\_\_\_

Street City State Zip

Position Applying for: \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Temporary  Part Time  Full time  Who referred you? \_\_\_\_\_

Have you worked for this company before? Yes  No  Dates:  / / - / /

Where? \_\_\_\_\_ Rate of Pay? \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

Have you ever worked for this company under another name? Yes  No  \_\_\_\_\_

(If job requirement) Have you ever been bonded? Yes  No  Name of bonding company \_\_\_\_\_

List names of relatives working for this company: \_\_\_\_\_

Are you currently employed? Yes  No  If not, how long since leaving last employment? \_\_\_\_\_

**EDUCATION**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended \_\_\_\_\_  
Name Address

List special courses or training that will help you as a driver \_\_\_\_\_

## APPLICATION FOR QUALIFICATION

**EMPLOYMENT RECORD** Complete all data for EACH last employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past three years. Effective July 1, 1987, they must also show commercial driver employment for the seven years preceding this three year period. Sec. 391.21 (b) (10) (11). Account for any gaps in employment between employers.

**Last Employer:**

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job? Yes  No

Areas Driven In \_\_\_\_\_ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes  No

Reasons for Leaving \_\_\_\_\_

**Second Last Employer:**

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job? Yes  No

Areas Driven In \_\_\_\_\_ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes  No

Reasons for Leaving \_\_\_\_\_

**Third Last Employer:**

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job? Yes  No

Areas Driven In \_\_\_\_\_ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes  No

Reasons for Leaving \_\_\_\_\_

**Fourth Last Employer:**

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job? Yes  No

Areas Driven In \_\_\_\_\_ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes  No

Reasons for Leaving \_\_\_\_\_

# EMPLOYMENT INQUIRY

Applicant Complete  
One for each past employer

I, Print Name \_\_\_\_\_, Social Security \_\_\_\_\_

authorize my former employer to release this requested information to my prospective employer for investigation purposes as required by FMCSR 391.23, 382.405 (f) & 382.413(b). I authorize **general employment information for the 3 years preceding this release**. I further, specifically authorize you to include information on any alcohol test with concentration results 0.04 or greater, positive controlled substance results, and/or refusals to be tested **within two years preceding the date of this request**. This authorization also permits the disclosure requirements of 49 CFR 382.413(b), including the results of any drug tests conducted under 49 CFR Part 391, Subpart H. I further authorize and request you to release any information in your possession concerning my evaluation by a substance abuse professional, (SAP). Include the identity of that SAP, my participation in any treatment or rehabilitation recommended by the SAP and the results of any return to duty drug or alcohol tests within in the two years preceding this request. You are released from any and all liability that may result from furnishing such information. A photocopy of this release shall be as valid as the original.

Past Employer: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

Dear Previous Employer:

The above driver as made application with our Company and states that s/he worked for you from \_\_\_/\_\_\_/\_\_\_ until \_\_\_/\_\_\_/\_\_\_ . We appreciate your time completing, in confidence, the information requested below. Thank you.

1 Employment dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ 2 Job Title(s): \_\_\_\_\_

3 Did s/he drive a motor vehicle?  Yes  No If yes, what type: \_\_\_\_\_

4 Was s/he a safe & efficient driver?  Yes  No Explain: \_\_\_\_\_

5 Reason for leaving you company:  Discharged  Resignation  Lay-off  Military Duty  Other: \_\_\_\_\_

6 Was his/her general conduct satisfactory?  Yes  No Explain: \_\_\_\_\_

7 Has this person ever tested positive for a controlled substance test in the last 2 years?  Yes  No

8 Has this person ever had an alcohol test with a breath alcohol concentration 0.04 or greater in the last 2 years?  Yes  No

9 Has this person ever refused a required test for drugs or alcohol in the last 2 years including verified adulterated or substituted drug test results?  Yes  No

10 Has this person ever had other violations of DOT agency drug & alcohol testing regulations?  Yes  No

11 Did the previous employer background check information, conducted by your company find "YES" responses to any of the above questions within the past 2 years?  Yes  No

If YES to 7-11, please explain. If applicable give the Substance Abuse Provider (SAP) name, address and phone number for further reference where applicable.

SAP Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: Poblocki Paving Corp. • 525 South 116<sup>th</sup> Street • West Allis, WI 53214

Phone #: 414-476-9130 • Fax #: 414-476-9132 • ATTN: Janet Dorn, Safety Director

Past Employer Complete

## Self-Identification Form

Poblocki Paving Corp. must report Affirmative Action statistics to various governmental agencies on a yearly basis. The following information is voluntary and allows us to meet government reporting requirements and evaluate the effectiveness of our recruitment efforts. This information will be kept confidential and when reported, data will not identify any specific individuals. Refusal to provide this information will not subject you to any adverse treatment in accordance with Poblocki Paving Corp. policies, which forbid discrimination based on this information.

Last name (print clearly)	First name	Middle name	Date
Application for position of: _____		Department/Division: _____	

**VETERAN STATUS:** (please check one)

- Non Veteran                       Veteran claiming disability (DD214 Form and Veterans Disability Form must be attached)  
 Veteran (DD214 Form must be attached)     Other (specify service dates): \_\_\_\_\_

**ETHNICITY:** (SELECT ONE)

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.  
 Not Hispanic or Latino

**RACE:** (SELECT ONE OR MORE)

- American Indian or Alaskan Native - 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.  
 Asian - 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 Vietnam.  
 Black or African American - A person having origins in any of the Black racial groups of Africa.  
 Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  
 White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**GENDER:**  Male  Female

**DATE OF BIRTH:**  /  /   
Month                      Day                      Year

**SOCIAL SECURITY NUMBER:**

The provision of your social security number is not mandatory. It will be used only for applicant tracking purposes. If you choose not to provide your SS# at this time, the Human Resources Department will provide you an arbitrary nine-digit number.

If you should become a finalist in the hiring process, Poblocki Paving Corp. will require your date of birth. This information is intended for the sole use of a background investigation process for candidates.

**DISABILITY:** Do you have a disability?     Yes     No

A person with a disability is anyone who meets the definition under either the Americans With Disabilities Act or the Wisconsin Fair Employment Act. For more information, go to the U. S. Government website at <http://www.eeoc.gov/index.cfm>.

If you need reasonable accommodation(s) during the application process due to disability related functional limitations, please notify the Poblocki Paving Corp. Human Resources Representative at (414) 476-9130 or via e-mail to [info@poblockipaving.com](mailto:info@poblockipaving.com)

I need an accommodation in the hiring/examination process:     Yes     No

If yes, accommodation requested is (i.e., extended time, reader, alternative test format, other): \_\_\_\_\_

**\*\*You will be required to provide written verification from a doctor or other authorized person confirming your disability and indicating reasonable accommodation.**

How did you learn of this vacancy?  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICATION FOR QUALIFICATION

### DRIVER EXPERIENCE & QUALIFICATION

**LICENSES** List all licenses held in the last 3 years.

State	License Number	Type/Endorsements	Expiration Date
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Do you currently hold more than one valid license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any license, permit or privilege ever been suspended or revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In the last 2 years have you tested positive or refused a pre-employment drug test for a motor carrier that did not hire you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been disqualified for violations of the Federal Motor Carrier Safety Reg's?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If answered Yes to any of the above questions, please give details: \_\_\_\_\_

EXPERIENCE	Dates
Class of Equipment	From - To
Type (Van, Tank, Etc.)	

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List states operated in during last five years \_\_\_\_\_

List safe driving awards held & who presented by \_\_\_\_\_

**Accident Review for past 3 years:**

Date	City, State	# Fatalities	# Injuries	Nature of Accident (Head-on, Rear-end, etc.)
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**Motor Vehicle Laws & Ordinances for the past 3 years other than parking violation:**

Location	Date	Charge	Penalty
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**Applicant: Read and sign before submitting this application.**

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty and reason for non-consideration or subsequent dismissal if hired or denial of authorization to drive. It is also agreed and understood that the motor carrier or his 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. I understand that nothing contained in this application or in the granting of any interview or a road test is intended to create an employment contract between this company and myself, for either employment, authorization to driver, or for the providing of any benefits. No promises regarding employment or authorization to drive have been made to me, and no such promises exist unless specifically made by this Company in writing. It is agreed and understood that if qualified, hired or contract started, I may be on a probationary period during which time I may be disqualified without recourse. I understand employment or authorization to drive with this carrier is on an "at-will" basis that allows me to quit, be fired, or lease agreement revoked at any time with or without notice and with or without cause. 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 of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY** Hire Date: \_\_\_\_\_

Employment Denial Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

**APPLICATION FOR QUALIFICATION**

**DISCLOSURE STATEMENT**

Applicant: Read and sign BEFORE submitting this application.

By this document, Poblocki Paving Corp. discloses to you that a consumer report, including an investigative report containing information as to your character, general reputation, personal characteristics, driving record, and mode of living may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested you have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to signify receipt of the foregoing disclosure.

I agree to furnish such additional information that may be necessary and complete such examinations as may be required to complete my application file including, but not limited to, a pre-employment negative urine test and successful completion of a human performance evaluation including a Department of Transportation Physical.

\_\_\_\_\_  
**Applicant's Printed Name**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Driver's License Number**



**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL  
ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE**

**REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

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

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 authorizing 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.

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 challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.



I have read the above Disclosure Regarding Background Reports provided to me, by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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 NIC 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 contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

**NOTICE:** The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 12/22/2015*