

# Erlbacher Bros., Inc.

3329 Earling Rd.

Defiance, IA 51527

## Application for Employment

Date of Application: \_\_\_\_\_

Applicants Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long there? Years: \_\_\_\_\_ Months: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

In case of emergency notify: Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Are you authorized to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are a resident alien, please give your alien number from your Resident Alien Card, Form I-551: \_\_\_\_\_

Have you ever applied for employment or been employed by Erlbacher Bros., Inc? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so when? \_\_\_\_\_ What were the terms of your termination? \_\_\_\_\_

How did you learn of Erlbacher Bros., Inc? \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Other Driver \_\_\_\_\_ Other

If an employee of Erlbacher Bros, who? \_\_\_\_\_

### PLEASE READ CAREFULLY:

**IF YOU ANSWER YES TO ANY OF THE QUESTIONS BELOW PLEASE PROVIDE DETAILS. NO TEST RESULTS WILL BE USED TO INFER THAT YOU ARE AN ALCOHOLIC OR DRUG ADDICT.**

	Yes	No
Have you ever been denied a license, permit, or privilege to operate a motor vehicle?		
Has your motor vehicle license, permit or privilege been suspended or revoked?		
Have you ever been disqualified from driving a motor vehicle under DOT regulations?		
Have you ever been convicted for driving under the influence of alcohol or drugs?		
Have you ever been convicted for possession, sale, or use of narcotic drugs, amphetamines or a derivative?		
Have you ever been convicted of a serious traffic violation, such as careless or reckless driving or willful reckless driving, etc?		
Have you ever within the three (3) years preceding the date of this application:	XXXX	XXXX
a. Undergone an alcohol test in which a concentration of 0.04 or greater has been indicated?		
b. Undergone a controlled substance test in which a positive result has been verified?		
c. Refused to undergo either an alcohol or drug test or had an adulterated or substituted drug test verified?		
d. Had any other violations of Federal Motor Carrier Safety Administration drug or alcohol testing regulation?		
e. Successfully completed return-to-duty requirements following violation of DOT drug or alcohol regulation?		



List any addresses you have maintained during the past three years other than your present address:

Street	City	State	Zip	Dates to and from

**Education/Training**

List driver training courses or driving schools attended:

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_ Date completed: \_\_\_\_\_

Can you read English? \_\_\_\_ Yes \_\_\_\_ No Speak English? \_\_\_\_ Yes \_\_\_\_ No Write English \_\_\_\_ Yes \_\_\_\_ No

**Drivers Licenses**

List all drivers licenses held in the past five years. Note holders of a CDL must not have an air brake restriction.

State	Number	Class	Endorsements	Expiration Date

If you have held a driver’s license in any other name within the last 10 years, please provide the other name (s):

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**Traffic Convictions**

List all traffic convictions and forfeitures other than parking violation for the past five (5) years:

Date	City/State	Charge-if speeding how fast	Penalty

**Accidents**

List all accidents within the past five (5) years regardless of whether if involved a commercial or personal vehicle. Include preventable and non-preventable accidents and any that involved property damage.

Date	Type of Vehicle	Nature of Accident (head on, rear-end)	Preventable or Non-Preventable	Fatalities? Yes or No	Injuries? Yes or No	Property Damage Amount	City/State	Employer

**Physical Condition**

Do you have a current DOT physical certificate? \_\_\_\_ Yes \_\_\_\_ No If yes, please provide a copy and the following:

Name of Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Are you physically capable of heavy manual work that may be required in the loading and unloading of cargo and the operation of over the road tractors and semi trailers with or without reasonable accommodation? \_\_\_\_ Yes \_\_\_\_ No

If accommodation is required please explain: \_\_\_\_\_

**General Driving Record**

To date, I have driven trucks for \_\_\_\_\_ years, covering approximately \_\_\_\_\_ miles. The date of my last accident while driving a commercial vehicle was \_\_\_\_\_. Since that time, I have driven approximately \_\_\_\_\_ miles. During the last three years, I have driven regularly in the following states: \_\_\_\_\_

**Safe Driving Awards, Etc.**

Date	Kind of Award	Presented By	While Employed By	In Recognition of

**List three personal references (other than relatives or past employers):**

Name	Address	Occupation	Phone Number

**Applicant’s Statement:**

I hereby acknowledge that, prior to submitting this application, I have been informed that the information provided herein may be used, and that my references and prior employers will be contacted for the purpose of investigating my background.

I hereby authorize Erlbacher Bros., Inc. hereinafter the “Company” to investigate all statement in this application and to secure any necessary information from any of my references, prior employers, or other sources identified herein.

I understand that any false or misleading statement in this application will be sufficient cause for rejection of my application in if the “Company” has not already qualified me as a driver and for immediate disqualification if it has qualified me as a driver.

If this application is for qualification as a Company driver I agree that the “company” is not obligated to employ me. I further agree that, if I am employed as a Company Driver, I have the right to terminate my employment at any time for any reason and that the “company” has the same right. Any false, misleading or incomplete statement of the information being requested in this application will be sufficient grounds for discharge from employment as a Company Driver.

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.

This driver qualification application, if completed, will be processed within ten (10) days after it’s received by the “Company”. Any applicant wishing to be qualified as a driver beyond this time period should inquire as to whether or not application are being accepted at that time.

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

**I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE PRECEDING STATEMENT.**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Erlbacher Brothers Inc.**

**Fair Credit Report Act Authorization Form**

Under the applicable provision of the Federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be made which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. Erlbacher Bros Inc may seek this information at the commencement of your employment or at any time thereafter. Erlbacher Bros Inc will not utilize any information obtained from the consumer reporting agency in violation of state or federal laws. In the event Erlbacher Bros Inc make an employment decision based on information contained in the consumer report or an investigative consumer report, it will follow all applicable procedures contained in the Fair Credit Reporting Act.

*I, the undersigned, have read and fully understand the above notice. I hereby authorize Erlbacher Bros Inc to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics at the time of my application. I authorize Erlbacher Bros Inc to verify the facts stated by me on the attached application and/or resume. I agree not to hold Erlbacher Bros Inc responsible in any manner for errors in information provided to it by any of the sources it uses to obtain such information about my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics.*

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number/State of Issue: \_\_\_\_\_

Date of Birth (for criminal and driving record checks): \_\_\_\_\_

**Erlbacher Brothers Inc  
3329 Earling Rd  
Defiance, IA 51527**

# PRE-EMPLOYMENT URINALYSIS CONSENT FORM

I understand that as required by the Federal Motor Carrier Safety Regulation, Title 49 United State Code of Federal Regulations, Section 391.103, and company policy, all prospective drivers must submit to a controlled substances test.

A urine sample will be collected and tested for controlled substances.

I also understand that if I test positive for the use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

The result of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test results were negative or positive, and if positive, the identity of the controlled substance for which the test was positive. The results will not be released to any additional parties without my written authorization.

I hereby agree to submit to a drug screening urinalysis.

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Print Applicant's Name

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Applicant's Signature

Date

**Erlbacher Brothers Inc**  
**3329 Earing Rd, Defiance, IA 51527**  
**Phone: 712-747-6632 Fax: 712-747-2369**

**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

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Driver name: \_\_\_\_\_

Address: \_\_\_\_\_

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

CDL Number: \_\_\_\_\_

**Authorization to Release:**

I, \_\_\_\_\_ do hereby authorize Erlbacher Brothers Inc to contact my previous employer(s) in accordance with current US DOT rules and regulations as set forth in 49 CFR 382.413 in order to obtain the following information for the preceding three years. I fully understand the above, and do hereby give my consent to obtain the information required by 49 CFR 382.413.

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

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

**Employment History:**

The above referenced individual states that he/she was employed by you from \_\_\_\_\_ to \_\_\_\_\_ as a commercial vehicle driver of:

\_\_\_ Passenger Car \_\_\_ Straight Truck \_\_\_ Bus \_\_\_ Tractor/Trailer \_\_\_ Other (specify) \_\_\_\_\_

Name of Carrier Official: \_\_\_\_\_

Signature of Carrier Official: \_\_\_\_\_

	Yes	No
Is the employment record with your company correct as stated?		
Was the applicant a safe and efficient driver?		
Was the applicant's general conduct satisfactory?		
Is the applicant competent for the position sought?		
Did the applicant drink any alcoholic beverages while on duty?		
Is the applicant eligible for rehire?		

Applicant's reason for leaving employment: \_\_\_\_\_

Give the dates of vehicle accidents in which the applicant was involved if applicable: \_\_\_\_\_

Other comments on applicant: \_\_\_\_\_

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# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

**TO BE COMPLETED BY PROSPECTIVE EMPLOYEE:**

Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous Employer \_\_\_\_\_ email \_\_\_\_\_

Street \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 year from (date of application) \_\_\_\_\_

TO:

Erlbacher Bros., Inc  
Attn: Dana  
3329 Earling Rd  
Defiance, IA 51527  
Telephone: 712-747-6632

In compliance with 40.25(g) and 391.23(h), release of this information must be made in written form that ensures confidentiality, such as fax, email, or letter.

Prospective Employer's confidential fax: 712-747-2369  
Prospective Employer's confidential email: [ebi@fmctc.com](mailto:ebi@fmctc.com)

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Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

**Accident History:**

The applicant named above was employed by us \_\_\_\_\_ Yes \_\_\_\_\_ No  
Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive motor vehicle for you? \_\_\_Yes \_\_\_ No If yes, what type? \_\_\_\_\_ Straight Truck  
\_\_\_\_\_ Tractor-Semitrailer \_\_\_\_\_ Bus \_\_\_\_\_ Cargo Tank \_\_\_\_\_ Double/Triples \_\_\_\_\_ Other(specify) \_\_\_\_\_
2. Reason for leaving your employ: \_\_\_\_\_ Discharged \_\_\_\_\_ Resignation \_\_\_\_\_ Lay Off \_\_\_\_\_ Military Duty

If there is no safety performance to report, check here \_\_\_\_\_, sign below and return.

ACCIDENTS: complete the following for any accidents included on your accident register (390.15(b)) that involves the application in the 3 years prior to the application date shown above.

Date	Location	Number of Injuries	No of Fatalities	Hazmat Spill

Please provide information concerning any other accidents involving the applicant that were not reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

Other remarks: \_\_\_\_\_

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



**TO BE COMPLETED BY PREVIOUS EMPLOYER**

**Drug and Alcohol History:**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here \_\_\_\_\_, fill in the date of employment from \_\_\_\_\_ to \_\_\_\_\_, and complete the bottom of section 3, sign and return.

Driver was subject to Department of Transportation testing requirement from \_\_\_\_\_ to \_\_\_\_\_

		Yes	No
1.	Has this person had an alcohol test with a result of 0.04 or higher concentration?		
2.	Has this person tested positive or adulterated or substituted a test specimen for controlled substances?		
3.	Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?		
4.	Has this person committed other violations of Subpart B of Part 382, or Part 40?		
5.	If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.		
6.	For a driver who successfully completed a SAPs rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test of 0.04 or greater, verified positive drug test, or refuse to be tested?		

In answering these questions, include any required DOT drug and alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Section 3 Complete by (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was \_\_\_\_\_ faxed to previous employer \_\_\_\_\_ Mailed \_\_\_\_\_ Emailed \_\_\_\_\_ other

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

**TO BE COMPLETED BY PROSEPTIVE EMPLOYER**

**Complete below when information is obtained.**

Information received from \_\_\_\_\_

Recorded by \_\_\_\_\_ Date \_\_\_\_\_

Method \_\_\_\_\_ Fax \_\_\_\_\_ Mail \_\_\_\_\_ Email \_\_\_\_\_ Telephone \_\_\_\_\_ Other