



1900 Tower Drive
Kaukauna, WI 54130
Ph: 920-759-0618 or 800-982-9011
Fax: 920-759-0631
www.mwtrucking.com

Thank you for expressing an interest in an over the road semi-truck driver position. Please mail or drop off the enclosed application with signatures on all attachments to 1900 Tower Drive; Kaukauna, WI 54130.

M.W. Trucking, Inc. began operation in June 1976 as a sole operator. In 1989 M.W. Trucking successfully began growth in the flatbed business. Today M.W. has 13 tractors, 50 trailers, and a modern facility with full time mechanics. We are excited about continued growth with the help of professional flatbed drivers! Currently M.W. Trucking services 48 states and Canada providing the following: flatbed, stepdeck, side kit, double drop, removable gooseneck, dry van, power only and specialized services. M.W. Trucking hauls a variety of commodities both legal and over dimensional including but not limited to the following: steel, landscape materials, lumber, pre-formed concrete, pallets, pipe, coils, machinery, brick construction tools, building materials, and fabricated metal products.

Driver Job Description includes but is not limited to the following:

Positive attitude; good communication skills with customers and co workers; good attendance and ability to make appointments; ability to maintain a legal log and neat paperwork; valid CDL for tractor/trailer interstate driving; ability to pass drug screen and DOT physical; available to run entire M.W. Trucking U.S. service area (Canada optional); ability to secure and tarp various types of commodities; ability to transport the various trailer types listed above; minimum of 100,000 verifiable logged miles; minimum of 2 year OTR experience; and minimum 23 years old.

Physical Requirements includes but is not limited to the following:

Sit up to 10 hours at a time; stand up to 4 hours at a time; bend, reach, twist, stoop and squat frequently; pass company authorized strength test; lift up to 100 pounds to waist level occasionally; lift up to 100 pounds to 60 inches occasionally; carry 100 pounds occasionally; push and pull up to 100 pounds of force occasionally; work in a safety conscious environment; work in a variety of temperature and weather conditions.

Minimum Driver Underwriting Guidelines

Driver(s)

- A. Must meet all Federal Motor Carrier guidelines.
- B. Must have a valid Class A Commercial Driver License in the state of residence. No work permit is acceptable.
- C. No serious or disqualifying traffic violations within the last three (3) years, as follows:
 - 1. Excessive speeding, involving any single offense for any speed of 15 m.p.h. or more above the posted speed limit.
 - 2. Reckless driving, as defined by state or local law or regulation, including but not limited to the offense of driving a motor vehicle in willful or wanton disregard for the safety of persons or property.
 - 3. Improper or erratic lane changes.
 - 4. Following the vehicle ahead too closely.
 - 5. Driving while intoxicated or under the influence of drugs.
 - 6. Hit and run, leaving the scene of an accident, or failure to report an accident.
- D. No more than four (4) moving violations in the past 36 months, and no more than two (2) moving violations in the previous 12 months.
- E. No preventable accidents involving a fatality, bodily injuries treated away from the scene, or disabling damage to a motor vehicle within three (3) years. (Disabling damage means damage that precludes departure of any motor vehicle from the scene of an accident in its usual manner in daylight after simple repairs. This includes damaged vehicles that are drive-able, but would incur further damage, if so driven.)
- F. A minimum of one (1) year experience in the operation of tractor/trailer equipment.
- G. Must be 23 years old. (Drivers 25 years old and older are encouraged.)

Hiring Process For Drivers

- Meet minimum Driver Underwriting Guidelines
- Complete Application
- We check your MVR and Transportation History
- Interview
- Road Test
- Drug Test
- Physical
- Orientation
- You're an M.W. employee



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BENEFITS

Employee Portion of Medical/Dental Premiums

Medical coverage is through Affinity Network Health insurance. Employee pays 50% of the premium cost for the first year of employment. The contribution drops to 40% of the premium for the second year of employment.

A Delta dental plan with orthodontic coverage starts at \$3 a week for a single employee, \$6.50 a week for employee and spouse, \$7 a week for employee and children, and \$10 a week for a family.

Retirement Plan

We offer retirement plans and match up to 3% of employee's annual gross earnings.

Vacation

This includes all paid time off for over the road drivers. PTO can be "carried" up to 14 days. One week is considered 7 days. M.W. will shut down driving operations the week of Christmas and the week of the fourth of July. Maintenance and Office will continue to work.

Length of Service	Benefit	Calculated
3 Months of employment	1 day	average pay of past 3 months
6 Months of employment	2 days	average pay of past 6 months
9 Months of employment	2 days	average pay of past 9 months
1 Year of employment	7 days	average pay of past 12 months
2 Years of employment	7 days	prior year W-2 gross
3 Years of employment	14 days	prior year W-2 gross
5 Years of employment	21 days (at least 7 days must be taken during shut downs)	prior year W-2 gross
8 Years of employment	28 days (14 days must be used during shut down)	prior year W-2 gross

Holidays

After 3 months of employment, holidays will be paid at \$125 per holiday for the following days:

New Years Day
 Memorial Day
 Fourth of July
 Labor Day
 Thanksgiving
 Christmas Day
 Employees Birthday (may be used as a floating holiday)

Home Time

We realize drivers want and deserve home time. Below is a schedule of authorized days off that drivers can expect.

Days Out	Authorized Days Off
After 5	1
6 – 8	2
9 – 13	3
14 – 17	4
18 – 20	5
21 – 24	6
24 – 27	7
28 +	8

Pay

Driver Pay for Over the Road Drivers: (drivers who are away from home on a consistent basis) mileage pay will be paid on all trips 150 miles or greater from M.W. Hourly Pay will be paid for all trips less than 150 miles from M.W. All miles are based on PC Miler practical.

Per Diem pay is included for all miles, legal or over dimensional.

Longest consecutive experience with the same company	Legal Mileage Pay	Over Dimensional Mileage Pay	Per Diem Pay Per Mile	<150 Miles Hourly Pay	Safety Bonus (paid out quarterly)
1 Yr. (min 100,000 miles)	\$.30	\$.49	\$.08	\$17.00	\$.005 per mile
2 Yrs. (min 200,000 miles)	\$.305	\$.4975	\$.08	\$17.25	\$.005 per mile
3 Yrs. (min 300,000 miles)	\$.31	\$.505	\$.08	\$17.50	\$.005 per mile
4 Yrs. (min 400,000 miles)	\$.315	\$.5125	\$.08	\$17.75	\$.005 per mile
5 Yrs. (min 400,000 miles)	\$.32	\$.52	\$.08	\$18.00	\$.005 per mile
Loading (Chain or Strap)				\$25 per pick up	
Tarping 20' or less (In addition to Loading Pay)				\$15 per load	
Tarping 20' or more (In addition to Loading Pay)				\$30 per load	
Unloading				\$20 per drop	
Untarping 20' or less (In addition to Unloading Pay)				\$5 per drop	
Untarping 20' or more (In addition to Unloading Pay)				\$10 per drop	
Breakdown				\$10 per hour until released by dispatch, \$100 per day max	
Full day layover				\$100	
Performance Bonus (calculated on a calendar year, paid the last pay period of the following January, must be current M.W. employee to receive)				100,000-125,000 miles = \$.0025 per mile Greater than 125,000 miles = \$.005 per mile	



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DRIVER'S APPLICATION FOR EMPLOYMENT

Please answer all questions

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application: _____ Position(s) Applied for: _____ Who referred you? _____

Name: _____
 Last First Middle Social Security No. Rate of Pay Expected _____

Driver License Number _____ State _____ Type _____ Expiration Date _____

List your addresses of residency for the past 3 years.

Current Address: _____
 Street City State Zip Phone _____

Previous Addresses	Street	City	State	Zip	Phone
	Street	City	State	Zip	How Long?
	Street	City	State	Zip	How Long?
	Street	City	State	Zip	How Long?

Date of Birth (required for Truck Drivers) _____ Can you provide proof of Age? _____ Do you have the legal right to work in the United States? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied, as described in the attached job description? If yes, explain if you wish. If none, write none.

Accident Record for past 3 years (attach sheet if more space is needed). Start with most recent. If none, write none.

Dates	Type of Accident	Fatalities	Injuries

Traffic convictions and forfeitures for the past 3 years, other than parking violation (attach sheet if more space is needed). If none, write none.

Location (City, State)	Date	Charge	Penalty

Has any license, permit or privilege ever been suspended, revoked or have you ever been denied a license, permit or privilege? _____ If yes, give details.

_____ Highest Grade Completed Name of Last School Attended City, State Major _____



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EMPLOYMENT HISTORY

Starting with your most recent employer, provide 10 years of work history. Account for all time, including military service, periods of self-employment, and unemployment. Attach additional sheets if necessary.

Have you every worked at M.W. Trucking before? _____ If yes, when? _____ Position _____

Current Employer	Company Name _____	Phone _____	Contact _____			
	Address _____	City _____	State _____	Rate of Pay _____		
	Employed From _____	Employed to _____	Full Time _____	Part Time _____	Position Held _____	Miles Driven _____
	Truck Type	Semi ___	Straight ___	Other ___	States operated in _____	
	Trailers _____	Reason for leaving _____				
	Start Date _____	End Date _____				

Were you subject to FMCSRs* while employed here? 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

Period of Non-Employment From _____ To _____ Reason _____

Employer 1	Company Name _____	Phone _____	Contact _____			
	Address _____	City _____	State _____	Rate of Pay _____		
	Employed From _____	Employed to _____	Full Time _____	Part Time _____	Position Held _____	Miles Driven _____
	Truck Type	Semi ___	Straight ___	Other ___	States operated in _____	
	Trailers _____	Reason for leaving _____				
	Start Date _____	End Date _____				

Were you subject to FMCSRs* while employed here? 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

Period of Non-Employment From _____ To _____ Reason _____

Employer 2	Company Name _____	Phone _____	Contact _____			
	Address _____	City _____	State _____	Rate of Pay _____		
	Employed From _____	Employed to _____	Full Time _____	Part Time _____	Position Held _____	Miles Driven _____
	Truck Type	Semi ___	Straight ___	Other ___	States operated in _____	
	Trailers _____	Reason for leaving _____				
	Start Date _____	End Date _____				

Were you subject to FMCSRs* while employed here? 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

Period of Non-Employment From _____ To _____ Reason _____



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Employer 3	Company Name _____	Phone _____	Contact _____
	Address _____	City _____	State _____
	Employed From _____	Employed to _____	Full Time _____ Part Time _____
	Truck Type	Semi ___ Straight ___ Other ___	Position Held _____
	Trailers _____	States operated in _____	
Start Date _____	End Date _____	Reason for leaving _____	

Were you subject to FMCSRs* while employed here? 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

Period of Non-Employment From _____ To _____ Reason _____

Employer 4	Company Name _____	Phone _____	Contact _____
	Address _____	City _____	State _____
	Employed From _____	Employed to _____	Full Time _____ Part Time _____
	Truck Type	Semi ___ Straight ___ Other ___	Position Held _____
	Trailers _____	States operated in _____	
Start Date _____	End Date _____	Reason for leaving _____	

Were you subject to FMCSRs* while employed here? 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

Period of Non-Employment From _____ To _____ Reason _____

Employer 5	Company Name _____	Phone _____	Contact _____
	Address _____	City _____	State _____
	Employed From _____	Employed to _____	Full Time _____ Part Time _____
	Truck Type	Semi ___ Straight ___ Other ___	Position Held _____
	Trailers _____	States operated in _____	
Start Date _____	End Date _____	Reason for leaving _____	

Were you subject to FMCSRs* while employed here? 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

Period of Non-Employment From _____ To _____ Reason _____

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has A GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous



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OTHER QUALIFICATIONS AND EXPERIENCE

Class of Equipment	Dates		Approximate Number Of Total Miles
	From	To	
Straight Truck			
Tractor and Semi-Trailer			
Tractor-two trailers			
Tractor-three trailers			
Other			

Which safe driving awards do you hold and from whom?

Show any trucking, transportation or other experience that may help in your work for M.W. Trucking.

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.

To be read and signed by applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty. It is agreed and understood that the 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 furnishing such information. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my application file. It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ or hire the applicant. It is agreed and understood that if qualified and hired, employment at M.W. Trucking is at will and may be terminated by applicant or employer at any time. 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.

Date

Applicants Signature



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DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

*CFR Part 40.25 (j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process.
 (See Section 40.25 (b)(5) and (e)).*

Applicant Name: _____

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

1. Have you 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?

YES NO

2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

YES NO

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____

Date: _____



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CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with M.W. Trucking, Inc., Commercial Motor Vehicle (CMV) Driver Applicants must submit to pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws, requiring additional controlled substances and alcohol testing on you under numerous situations including but not limited to, the following:

Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employer for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 §383, **within the past three years**, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I _____, hereby authorized this company to release all
 (Please Print Name)

records of employment, including assessments of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: _____ Mailing Address: _____
 Contact Person: _____ City, State, Zip: _____
 Telephone Number: _____ Fax Number: _____
 I worked for this company from the dates of _____ / _____ / _____ to _____ / _____ / _____

Applicant's Signature _____ SS# or ID# _____ Date of Birth _____ Today's Date _____

SECTION 1 – Past Employer to complete DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25. If no drug and Alcohol information is available on above-named applicant, check here.

	Yes	No
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>
6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employment.	<input type="checkbox"/>	<input type="checkbox"/>

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.



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Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

SECTION 2 – Past Employer to Complete ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d)(1)(2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (Please give city, town, or most near, and State)	Any Vehicles Towed?	HazMat Spill	# of Fatalities?	# of Injuries?

SECTION 3 – Past Employer to Complete WORK HISTORY INFORMATION

Please provide the following information on the above-named driver/applicant;

He/She was employed for you as a: _____ from ___/___/___ to ___/___/___

If employed as a driver, what type of equipment did he/she operate?

Straight Trucks Tractor/Trailer Doubles Triples Other

Explain: _____

Type of trailer(s) pulled: _____

Was he/she a: Company Driver Contractor Contractor's Driver Other

General areas traveled: _____ Commodities transported: _____

While under your employment was he/she:

a. Bonded: Yes No

b. Convicted of any traffic violations: Yes No

If yes, please list all, including date and type: _____

c. License(s) suspended, revoked or denied: Yes No

If yes, please explain: _____

Reason for leaving: _____

Would you re-employ this person? Yes No

Please explain: _____

Additional Comments _____

Previous Employer Representative Supplying Information:

 Please print Name

 Title

 Signature

 Date

Please remember to retain a copy for your records; your timely response is appreciated.



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DRIVER'S RIGHTS PRETRAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years, from the date of the employment application, in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CRF Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. 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.
3. 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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arrange to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in record must send the request for the correction to the previous employer that provided the records. The previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document.

Drivers Name (Printed): _____

Drivers Signature: _____ Date: _____