



McRae's U.S. Mail Service, Inc. Driver Application

To Be Read and Signed Prior to Filling out Application

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if an after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of McRae's.

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

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

Signature _____ Date _____

Applicant Information

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ Zip Code _____

Phone # _____ E-mail _____ Best way to be reached __ Phone __ E-mail

Position applying for _____ Date of Birth ____ / ____ / ____ SSN ____ - ____ - ____

Driver's License # _____ State issued _____ Expires _____

Number of years CDL held _____ Number of Miles Driven _____

List all classifications and licenses earned

Employment History

(Most Recent First)

Employer Name _____

Address _____

City _____ State _____ Zip Code _____

Position Held _____ Start Date ____ / ____ / ____ End Date ____ / ____ / ____

Job Duties

Reason for leaving _____

Supervisor name _____ Phone # _____

Employer Name _____

Address _____

City _____ State _____ Zip Code _____

Position Held _____ Start Date ____ / ____ / ____ End Date ____ / ____ / ____

Job Duties

Reason for leaving _____

Supervisor name _____ Phone # _____

Employer Name _____

Address _____

City _____ State _____ Zip Code _____

Position Held _____ Start Date ____ / ____ / ____ End Date ____ / ____ / ____

Job Duties

Reason for leaving _____

Supervisor name _____ Phone # _____

Disclosure

Have you ever been convicted of a felony or crime? _____ (Yes/No)

If Yes, please list details _____

Are you currently on probation for any reason? _____ (Yes/No)

If Yes, please list details _____

Have you had any traffic violations within the last seven years? (Speeding Tickets, DUI, etc.) _____ (Yes/No)

If Yes, please list details _____

Do you have any medical conditions that would interfere with your ability to work? _____ (Yes/No)

If Yes, please list details _____

I hereby certify that all the information on this application has been filled out to the best of my ability and knowledge. I further acknowledge that any false information provided on this application could be grounds for termination of an extended offer for employment.

Signature _____ Date _____

Name (Printed) _____



McRae's U.S. Mail Service, Inc.

P.O. Box 275

Richfield, WI 53076

MVR RELEASE CONSENT FORM

In conjunction with my employment, at **McRae's US Mail**, I _____
_____ (Applicant) Consent to the release of my Motor Vehicle (MVR) to the
company and run by the insurance agency.

I understand the company will use these records to evaluate my suitability to fulfill driving
duties that may be related to the position for which I am applying. I also consent to the review,
evaluation, and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq.. "Federal Drivers Privacy
Protection Act", and is intended to constitute "written consent" as required by this Act.

Signed (applicant) X _____

Driver's License Number _____ State: _____

Date of Birth _____

Date: _____

*We assume no responsibility for management or control of customer loss control activities nor for
implementation of recommended corrective measures This report is based on information supplied by the
customer and observations of conditions and practices at the time of the visit. We have tried to identify all
hazards. We do not warrant that requirements of any federal, state or local law, regulation or ordinance have or
have not been met.*



McRae's U. S. Mail Service, Inc.

P.O. Box 275

Richfield, WI 53076

Fax: (262)345-5957

Authorization of Release to run Comprehensive Background Check

This form, once signed, hereby authorizes McRae's U.S. Mail Service, Inc. to run a comprehensive background check on the undersigned both before hiring and periodically after. This is a necessary action as required by our main contract providers and insurance company. This information will not be released beyond our offices.

This comprehensive background check consists of a MVR and a personal background check to view any traffic violations and criminal history that may have been incurred by the undersigned. McRae's U.S. Mail reserves the right to run this comprehensive check as often as needed.

Name (Printed): _____

Name (Signed): _____

Date: _____



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Start Date	Position
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Last Name	First Name	M.I.	
Street Address	City	State	Zip Code
Primary Telephone		Cellular Telephone	

Emergency Contact Name	Relationship of Contact		
Emergency Contact Street Address	City	State	Zip Code
Emergency Contact Telephone	Emergency Contact Second Telephone		

Cell Phone Service Provider:	
Can you receive Text Messaging?	Cell Phone Make & Model:
Additional Emergency Information:	
Years of CDL Experience	