



Phone: _____

Mobile Phone: _____

2390 Eastgate Court, Kankakee, IL 60901 ~ Phone: 815-932-1020 ~ Fax: 815-932-1025

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant's Name _____ Date of Application _____

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, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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 and 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 the Company.

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 that 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 accuracy of the information.

Applicant's Signature Date

FOR COMPANY USE Process Record

Applicant Hired _____ Rejected _____ Date Employed _____

Company Representative Title Date

Termination of Employment

Date Terminated _____

Dismissed _____ Voluntarily Quit _____ Other (explain) _____

Company Representative Title Date

APPLICANT TO COMPLETE
(Answer all questions – please print)

Position applied for _____ Social Security Number _____

Name _____
Last First Middle Initial

List your addresses for residency for the past 3 years.

Current Address _____
Street City/State/Zip How Long (yr/mo)
Phone How Long (yr/mo)

Previous Address _____
Street City/State/Zip How Long (yr/mo)
Street City/State/Zip How Long (yr/mo)
Street City/State/Zip How Long (yr/mo)

Do you have a legal right to work in the United States? _____ Date of Birth (Required for Commercial Drivers) _____
Can you provide proof of age? _____

Have you worked for this company before? _____ From _____ To _____ Position _____
Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(answer only if a job requirement)

Have you ever been convicted of a felony? _____ If yes, please explain in full (Conviction of a crime is not an automatic bar to employment-all circumstances will be considered) _____

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, please explain _____

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Please list your complete mailing address including street number, city, state and zip code. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent)

Employer Name _____	Employed From _____ To _____
Address _____	Position Held _____ Salary/Wage _____
City _____ State _____ Zip _____	Reason for leaving _____
Contact Person _____	Telephone Number _____

Where you subject to the FMCSRs while employed? _____ 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

Employer Name _____	Employed From _____ To _____
Address _____	Position Held _____ Salary/Wage _____
City _____ State ___ Zip _____	Reason for leaving _____
Contact Person _____	Telephone Number _____
Where you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name _____	Employed From _____ To _____
Address _____	Position Held _____ Salary/Wage _____
City _____ State ___ Zip _____	Reason for leaving _____
Contact Person _____	Telephone Number _____
Where you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name _____	Employed From _____ To _____
Address _____	Position Held _____ Salary/Wage _____
City _____ State ___ Zip _____	Reason for leaving _____
Contact Person _____	Telephone Number _____
Where you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name _____	Employed From _____ To _____
Address _____	Position Held _____ Salary/Wage _____
City _____ State ___ Zip _____	Reason for leaving _____
Contact Person _____	Telephone Number _____
Where you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name _____	Employed From _____ To _____
Address _____	Position Held _____ Salary/Wage _____
City _____ State ___ Zip _____	Reason for leaving _____
Contact Person _____	Telephone Number _____
Where you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Accident Record

FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE **NONE**
(Head-On, Rear-End, Upset, Etc...)

<u>Dates</u>	<u>Nature of Accident</u>	<u>Fatalities</u>	<u>Injuries</u>	<u>Haz Mat Spill</u>
Last Accident _____	_____	_____	_____	_____
Next Previous _____	_____	_____	_____	_____
Next Previous _____	_____	_____	_____	_____
Next Previous _____	_____	_____	_____	_____
Next Previous _____	_____	_____	_____	_____

Traffic Convictions

AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE **NONE** (ATTACH SHEET IF MORE SPACE IS NEEDED)

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Experience and Qualifications – Driver

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

<u>State</u>	<u>License Number</u>	<u>Type</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ Yes _____ No
- B. Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No

If the answer to either A or B is yes, give details _____

Driving Experience

<u>Class of Equipment</u>	<u>Type of Equip (circle type)</u>	<u>Dates From/To</u>	<u>Approx Miles</u>
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	(van,tank,flat, dump, refer)	from _____ to _____	_____
Tractor and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	(van,tank,flat, dump, refer)	from _____ to _____	_____
Tractor – Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	(van,tank,flat, dump, refer)	from _____ to _____	_____
Tractor – Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	(van,tank,flat, dump, refer)	from _____ to _____	_____
Other _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	(van,tank,flat, dump, refer)	from _____ to _____	_____

List states operated in for last five years _____

Show special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom _____

Show any trucking, transportation or other experience that may help your work for this company _____

List courses, training, equipment & technical materials other than shown elsewhere in this application _____

Education

Circle highest level completed

High School: Freshman, Sophomore, Junior, Senior **College:** Freshman, Sophomore, Junior, Senior

Last school attended name/city/state _____

TO BE READ AND SIGNED BY APPLICANT

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.

Applicant Signature _____ Date _____