



APPLICATION FOR EMPLOYMENT

FILL OUT ALL INFORMATION BEFORE SENDING

Name: _____			
(First)	(Middle)	(Last)	
Current Address: _____			
(Street)	(City)	(State, Zip)	How Long?
Previous Address(es): _____			
(Street)	(City)	(State, Zip)	How Long?
(Street)	(City)	(State, Zip)	How Long?
Phone #:() _____		Date of Birth: _____	Social Security #: _____
Emergency Contact Name: _____		Relation: _____	
Contact Address: _____		Phone #:() _____	

DRIVER'S LICENSE INFORMATION

State	License #	Type	Expiration Date
____/____/____	____/____/____	____/____/____	____/____/____
____/____/____	____/____/____	____/____/____	____/____/____

DRIVER EXPERIENCE

Type of Equipment	From (Date)	To (Date)	Approx. # of Miles
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes	No
Has any license, permit or privilege ever been suspended or revoked?	Yes	No
If you answered yes to either of the above 2 questions, attach a statement of explanation		

TICKETS / ACCIDENTS / ETC.

Date	Description	# of Injuries / Fatalities
Accident	_____	_____
Record for	_____	_____

Past 3 Yrs. _____			
Location	Date	Charge	Penalty
Traffic	_____	_____	_____
Convictions _____			
& Forfeitures _____			
for Past 3 Yrs. _____			

EMPLOYMENT RECORD

NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

Employer: _____	Employed From: _____	To: _____
Address: _____		
Phone: (____) _____	Supervisor: _____	
Position: _____	Reason for Leaving: _____	
Were 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 & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer: _____	Employed From: _____	To: _____
Address: _____		
Phone: (____) _____	Supervisor: _____	
Position: _____	Reason for Leaving: _____	
Were 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 & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer: _____	Employed From: _____	To: _____
Address: _____		
Phone: (____) _____	Supervisor: _____	
Position: _____	Reason for Leaving: _____	
Were 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 & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

Employer: _____	Employed From: _____	To: _____
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Address: _____

Phone: (____) _____ **Supervisor:** _____

Position: _____ **Reason for Leaving:** _____

Were 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 & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ **Employed From:** _____ **To:** _____

Address: _____

Phone: (____) _____ **Supervisor:** _____

Position: _____ **Reason for Leaving:** _____

Were 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 & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ **Employed From:** _____ **To:** _____

Address: _____

Phone: (____) _____ **Supervisor:** _____

Position: _____ **Reason for Leaving:** _____

Were 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 & alcohol testing requirements of 49 CFR Part 40? Yes No

If more space is needed please request another sheet to complete history.

This certifies that this application, was completed by me, and that all entries on it and the information in it are true and complete to best of my knowledge

Applicant Signature _____ **Date** _____

Fax this application to 630-783-1571. This is a pre-screen application only. If your application is accepted then you will be contacted at the phone number listed on page 1 to schedule an appointment to fill out the remainder of the Driver Qualification File.