

DRIVER'S

APPLICATION FOR EMPLOYMENT

Company: COMMERCIAL TRANSPORT, INC. 1-800-851-7541 Office

Address: 121 Premier Drive 1-618-233-2660 Fax

City: Belleville State IL Zip 62220

(Answer all questions – PLEASE PRINT)

In Compliant 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: _____

Name: _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years:

Current Address: _____

Street

City

Phone _____ How Long? _____

State

Zip

How Long? _____

Previous

Street

City

State & Zip

Addresses

How Long? _____

Street

City

State & Zip

Do you have a legal right to work in the United States? _____

Date of Birth: ____/____/____ Can you provide proof of age? _____

(Required for Commercial Drivers)

Have you worked for this company before? _____ If so where? _____

Dates: From: _____ To: _____ Rate of pay _____ Position _____

Reason for Leaving? _____

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

Who referred you? _____ Rate of pay expected? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied

If yes, explain if you wish: _____

EMPLOYMENT HISTORY

All Driver applicants to drive in interstate commerce must provide the following information on **all** employers During the preceding 3 years. List complete mailing addresses, street numbers, city, State, and zip codes

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 reserve order starting with the most resent)

EMPLOYER			DATE	
NAME:			FROM:	TO:
			MO: YR:	MO: YR:
ADDRESS:			Position Held:	
CITY:	State:	Zip:	Salary / Wage	
CONTACT PERSON:	Phone#		Reason for Leaving:	

EMPLOYER			DATE	
NAME:			FROM:	TO:
			MO: YR:	MO: YR:
ADDRESS:			Position Held:	
CITY:	State:	Zip:	Salary / Wage	
CONTACT PERSON:	Phone#		Reason for Leaving:	

EMPLOYER			DATE	
NAME:			FROM:	TO:
			MO: YR:	MO: YR:
ADDRESS:			Position Held:	
CITY:	State:	Zip:	Salary / Wage	
CONTACT PERSON:	Phone#		Reason for Leaving:	

EMPLOYER			DATE	
NAME:			FROM:	TO:
			MO: YR:	MO: YR:
ADDRESS:			Position Held:	
CITY:	State:	Zip:	Salary / Wage	
CONTACT PERSON:	Phone#		Reason for Leaving:	

EMPLOYER			DATE	
NAME:			FROM:	TO:
			MO: YR:	MO: YR:
ADDRESS:			Position Held:	
CITY:	State:	Zip:	Salary / Wage	
CONTACT PERSON:	Phone#		Reason for Leaving:	

EMPLOYER			DATE	
NAME:			FROM:	TO:
			MO: YR:	MO: YR:
ADDRESS:			Position Held:	
CITY:	State:	Zip:	Salary / Wage	
CONTACT PERSON:	Phone#		Reason for Leaving:	

EMPLOYER			DATE	
NAME:			FROM:	TO:
			MO: YR:	MO: YR:
ADDRESS:			Position Held:	
CITY:	State:	Zip:	Salary / Wage	
CONTACT PERSON:	Phone#		Reason for Leaving:	

EMPLOYER			DATE	
NAME:			FROM:	TO:
			MO: YR:	MO: YR:
ADDRESS:			Position Held:	
CITY:	State:	Zip:	Salary / Wage	
CONTACT PERSON:	Phone#		Reason for Leaving:	

Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport Hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE. IF NO, PLEASE WRITE NONE

DATES	Nature of Accident (Head-on, rear-end, etc.)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (other than parking violations) If None write NONE

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

Fill in the highest grade completed: Grade School (1 thru 8) _____ High School (1 thru 4) _____ College (1 thru 4) _____

Last School attended: _____
(Name) (CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSES #	TYPE	EXPIRATION DATE

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, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE (If None, write None)

CLASS OF EQUIPMENT	Type of Equipment (Van, Tank, Flat, ETC.)	DATES		Approx. # of Miles (Total)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH – SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR THE LAST FIVE (5) YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

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

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.

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 medial 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.

Date

Applicants Signature



HireRight
DAC Trucking

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 257-8069

HireRight Customer:
Company Name: COMMERCIAL TRANSPORT
Company Contact Name: DAN ATHMER
Fax #: (618) 233 - 2660
HireRight Account Code: PBYTT

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR
EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	() -
_____	_____	_____	() -
_____	_____	_____	() -
_____	_____	_____	() -
_____	_____	_____	() -
_____	_____	_____	() -

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

Part 2 – FMCSA Notification of Driver Rights

In Compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information that will be provided to prospective employers. II) You have the right to have errors in the information corrected by previous Employer and for that previous employer to re-send the corrected information to prospective employers. III) You have 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 have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: Commercial Transport, Inc.

To: _____ Date: _____

Social Security number _____ - _____ - _____

_____ has made application to this company for a position as a driver and states he/she was employed by you as a driver from _____ to _____. Will you please reply to the inquiry below respecting the applicant? Your reply will be held in strict confidence and will in no way involve you in any responsibility. In compliance with 391.23 if no response is given to this inquiry a copy of this release will be forwarded to FMCSA office Springfield, IL 1-217-492-4986 for assistance.

FOR YOUR CONVENIENCE YOU MAY FAX THIS COMPLETED FORM TO 1-618-233-2660

Sincerely,

Dan Athmer – Safety Director

1-800-851-7541 Office

1-618-233-2660 Fax

1. Is the employment record with your company correct as stated above? _____
2. What kinds of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you? _____ Passenger Car _____
Straight Truck _____ Bus _____ Tractor Trailer _____ Other _____
4. Was the applicant a safe and efficient driver? _____
5. Give the dates of vehicles accidents in which he/she was involved: _____
6. Reason for leaving your employment: Discharge _____ Laid Off _____
Resigned _____ Remarks _____
7. Was the applicant's general conduct satisfactory? _____
8. Is the applicant competent for the position? _____
9. Did the Applicant ever violate a DOT alcohol and/or drug policies? _____

	Excellent	Good	Fair	Poor	Very Poor
Quality of work					
Cooperation with others					
Safety Habits					
Personal Habits					
Driving Skills					
Attitude					

Remarks: _____

Date: _____ Signature: _____

Name of Company: _____

You are hereby authorized to give Commercial Transport, Inc. all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability, which may result from furnishing such information to the above named company.

Applicants Signature: _____ Date: _____