



EMPLOYMENT APPLICATION

5435 BULL VALLEY ROAD, SUITE 330
MCHENRY, IL 60050, 815-385-8000
An Equal Opportunity Employer

APPLICANT INFORMATION

FULL NAME		PHONE	
EMAIL			
SOCIAL SECURITY		DATE OF BIRTH	
POSITION APPLIED FOR		DATE AVAILABLE TO WORK	

PREVIOUS THREE YEARS RESIDENCY

	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

PREVIOUS THREE YEARS RESIDENCY

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUS HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OR EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS				
CHECK THIS BOX IF NONE <input type="checkbox"/>				
DATE (LIST MOST RECENT FIRST)	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)			
CHECK THIS BOX IF NONE <input type="checkbox"/>			
DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION	PENALTY (FORFEITED BONDS, COLLATERAL AND/OR POINTS)

Have you ever denied a license, permit, or privilege to operate a motor vehicle? ☐ YES ☐ NO
IF YES, PLEASE EXPLAIN

Has any license, permit, or privilege ever been suspended or revoked? ☐ YES ☐ NO
IF YES, PLEASE EXPLAIN

EMPLOYMENT HISTORY

Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list employment for the three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
COMPANY NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (INCLUDE MONTH/YEAR & REASON)					
While employed here, were you subject to the federal Motor Carrier Safety Regulations?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated Mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?					<input type="checkbox"/> YES <input type="checkbox"/> NO

SECOND (MOST RECENT) EMPLOYER					
COMPANY NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (INCLUDE MONTH/YEAR & REASON)					
While employed here, were you subject to the federal Motor Carrier Safety Regulations?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated Mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?					<input type="checkbox"/> YES <input type="checkbox"/> NO

THIRD (MOST RECENT) EMPLOYER					
COMPANY NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (INCLUDE MONTH/YEAR & REASON)					
While employed here, were you subject to the federal Motor Carrier Safety Regulations?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated Mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?					<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION						
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
HIGH SCHOOL				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
OTHER				<input type="checkbox"/> YES	<input type="checkbox"/> NO	

OTHER QUALIFICATIONS
<p>Please list any other qualifications that you have and which you believe should be considered.</p>

TO BE READ AND SIGNED BY APPLICANT			
<p>I authorize you to make investigations (including contracting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquires and releasing information in connection with my application.</p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.</p> <p>I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:</p> <ul style="list-style-type: none">• Review information provided by current/prior employers;• Have errors in the information corrected by previous employers, and for those previous employers to resend 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. <p>This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.</p>			
APPLICANT SIGNATURE		DATE	
APPLICANT NAME (PRINTED)			