



EMPLOYMENT APPLICATION

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

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

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

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

