

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							
		1		1			

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	STATE LICENSE# TYPE/CLASS ENDORSEMENTS EXPIRATION							
	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	# INJUI	CHEMICAL SPILLS (Y/N)		
	TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN I	PARKING VIOLATIONS	)			
	CHECK THIS BOX IF NONE □					
DATE CONVICTED (MONTH/YEAR)	VIOLATION				TY (FORFEITED , COLLATERAL R 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?  $\ \square$  YES  $\ \square$  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, v	vere you subject to the federal Motor Carrier Safety Regulations?					☐ YES	□NO
	as a safety-sensitive function in any Department of Transportation I and controlled substances testing as required by 49 CFR, part 40	-				☐ YES	□NO
SECOND (MOST RECE	NT) EMPLOYER						
COMPANY NAME			PHONE				
ADDRESS							
POSITION HELD		FROM MO/YR			TO MO/YR		
REASON FOR LEAVING		,			SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (INCLUI MONTH/YEAR & REAS	DE						
While employed here, v	vere you subject to the federal Motor Carrier Safety Regulations?					☐ YES	□NO
	as a safety-sensitive function in any Department of Transportation I and controlled substances testing as required by 49 CFR, part 40	-				☐ YES	□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?					☐ YES	□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?				☐ YES	□NO		

EDUCATION								
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		GRADUATE		DETAILS
HIGH SCHOOL				□ YES	□NO			
COLLEGE				□ YES	□NO			
OTHER				☐ YES	□NO			

OTHER QUALIFICATIONS						
Please list any other qualifications that you have and which you believe should be considered.						
	TO BE READ AND SIGNED BY APPLICANT					
•	igations (including contracting current and prior employers) into my personal, employment, financial, medica employment decision. I hereby release employers, schools, health care providers, and other persons from all ection with my application.	•	•			
In the event of employment, I abide by all rules and regulati	understand that false or misleading information given in my application or interview(s) may result in discharge ons of the Company.	e. I also u	nderstand that I am required to			
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:						
<ul> <li>Review information provided by current/previous employers;</li> <li>Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and</li> <li>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.</li> </ul>						
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.						
APPLICANT SIGNATURE		DATE				
APPLICANT NAME (PRINTED)						