

DRIVER'S APPLICATION FOR EMPLOYMENT

Dear Applicant: Per FMCSR 391.21(d) Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment history may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. The prospective employer must also notify the driver in writing of his/her due process rights as specified in § 391.23(i) regarding information received as a result of these investigations. You the applicant have the following rights: (i) The right to review information provided by previous employers; (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; (iii) 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.

Driver Applicant
Printed Name

Driver Applicant
Signature

Date

Company Name Shadow Trucking, Inc

Street Address 2800 Falund St City, State, Zip Rockford, IL 61109

Name _____ Phone ()

Current Address _____
Street City State Zip

If at the above residence less than 3 years, list below all residences for the past 3 years. Attach a separate sheet if necessary.

Previous Address _____
Street City State Zip

Previous Address _____
Street City State Zip

Date of Birth* / / * Drivers only to complete Date of Birth Social Security No. - -

In Case Of Emergency Notify: _____
Name Phone ()

Contact's Address _____
Street City State Zip

Position Applying for: _____ Rate of pay expected? _____

Temporary Part Time Full time Who referred you? _____

Have you worked for this company before? Yes No Dates: / / - / /

Where? _____ Rate of Pay? _____

Position _____ Reason for leaving? _____

Have you ever worked for this company under another name? Yes No _____

(If job requirement) Have you ever been bonded? Yes No Name of bonding company _____

List names of relatives working for this company: _____

Are you currently employed? Yes No If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
Name Address

List special courses or training that will help you as a driver _____

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EMPLOYMENT RECORD Complete all data for EACH last employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past **three years**. Effective July 1, 1987, they **must also show commercial driver employment for the seven years preceding this three year period**. Sec. 391.21 (b) (10) (11). Account for any gaps in employment between employers.

Last Employer:

Name _____ Phone () _____

Address _____
Street City State Zip

Position Held _____ Dates: / / - / /

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

Second Last Employer:

Name _____ Phone () _____

Address _____
Street City State Zip

Position Held _____ Dates: / / - / /

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

Third Last Employer:

Name _____ Phone () _____

Address _____
Street City State Zip

Position Held _____ Dates: / / - / /

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

Fourth Last Employer:

Name _____ Phone () _____

Address _____
Street City State Zip

Position Held _____ Dates: / / - / /

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

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DRIVER EXPERIENCE & QUALIFICATION

LICENSES List all licenses held in the last 3 years.

State	License Number	Type/Endorsements	Expiration Date
_____	_____	_____	_____

Do you currently hold more than one valid license? Yes No

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

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Reg's? Yes No

If answered Yes to any of the above questions, please give details: _____

EXPERIENCE

Class of Equipment	Type (Van, Tank, Etc.)	From	Dates To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List states operated in during last five years _____

List safe driving awards held & who presented by _____

Accident Review for past 3 years:

Date	City, State	# Fatalities	# Injuries	Nature of Accident (Head-on, Rear-end, etc.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Motor Vehicle Laws & Ordinances for the past 3 years other than parking violation:

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant: Read and sign before submitting this application.

I understand that the information in this application will be used and that prior employers will be contacted for the purposes of investigating my safety performance history information as required by 391.23 (d)&(e). 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.

Signature of Applicant _____ Date _____

OFFICE USE ONLY Hire Date: _____ Employment Denial Date: _____ Staff Initials: _____