

COMMERCIAL DRIVER APPLICATION

EJR LOGISTICS
2600 South 25th Ave
Broadview, IL 60155

APPLICANT INFORMATION

NAME _____ Date _____
First, Middle, Last

ADDRESS _____ HOW LONG? _____
Street City State Zip

PHONE () _____ DATE OF BIRTH _____ SS# _____

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

1. _____ FROM _____ TO _____
2. _____ FROM _____ TO _____
3. _____ FROM _____ TO _____

DRIVING EXPERIENCE & QUALIFICATIONS-DRIVER

LICENSE

State	License No.	Type	Expiration Date

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	From	To	Approximate Number of miles(Total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor and Two Trailers				
Other				

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE

Dates	Nature of Accident (Rear-end, Upset, Etc.)	Fatalities	Injuries

TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty

List states operated in, for the last five (5) years: _____

List special courses/training completed (PTD/DDC, HAZMAT, ETC) _____

List any Safe Driving Awards you hold and from whom: _____

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

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? YES NO

Have you ever been convicted of a felony? YES NO

If the answers to any questions listed above are "yes", give details _____

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self-employment periods, and all commercial driving experience for the past ten (10) years.

Last Employer Name: _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason(s) for leaving _____ Company phone () _____

Subject to the FMCSRs? Yes No Subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Second Last Employer Name: _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason(s) for leaving _____ Company phone () _____

Subject to the FMCSRs? Yes No Subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Third Last Employer Name: _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason(s) for leaving _____ Company phone () _____

Subject to the FMCSRs? Yes No Subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

As a perspective employer, we must ask any applicant for a driving position with our company whether he/she has tested positive, or refused to do so, on any pre-employment drug or alcohol test administered by any employer to which the applicant applied for, but did not obtain, "self-sensitive transportation work" (Driving a commercial motor vehicle) during the past three years.

____ YES, I have tested positive for a drug/alcohol, or refused to take a pre-employment drug/alcohol test in the three years preceding the date of this application.

____ NO, I have NOT tested positive for a drug/alcohol, or refused to take a pre-employment drug/alcohol test in the three years preceding the date of this application.

DOT regulations prohibit our utilizing you to perform a "safety sensitive function" (Driving a commercial vehicle) if you had a positive test, or refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with the DOT regulations.

To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

Have you had any Workman's Comp Claims in the past 5 years? Yes _____ No _____

If yes, please explain _____

Applicant Signature _____ Date _____

Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items: 1. Alcohol tests with a result of 0.04 or higher; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Information obtained from previous employers of a drug and alcohol rule violation; 6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A

New Employer Name: EJR LOGISTICS

Address: 2600 South 25th Ave

Broadview, IL 60155

Phone #: 708/ 344-8700 Fax #: 708/865-7573

Designated Employer Representative: Nelly Miranda

I-B

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A.

In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES NO
2. Did the employee have verified positive drug tests? YES NO
3. Did the employee refuse to be tested? YES NO
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES NO
5. Did a previous employer report a drug and alcohol rule violation to you? YES NO
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process YES NO N/A

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).