



16325 S. Crawford Avenue  
Markham, IL 60428

19649 North Halsted Street  
Chicago Heights, IL 60411

18861 90<sup>th</sup> Avenue, Suite E  
Mokena, IL 60448

### Employment Application

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address History For The  
Past 3 Years:

\_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

\_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

**Accident Record** for past 3 years. **If no accidents within the last 3 years – check here:**

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last Accident			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Previous			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Previous			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Traffic Convictions & Forfeitures** for past 3 years (other than parking violations).  
**If no traffic convictions and/or forfeitures within the last 3 years – check here:**

LOCATION	VEHICLE TYPE	DATE	CHARGE	PENALTY

Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
*Last First M.I.*

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**Driver License Information** – Section 383.21 FMCSR states, “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license.”

I certify that I do not have more than one motor vehicle license. My current license information is below:

STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	STATUS

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No  
 B. Has any license, permit or privilege ever been suspended or revoked?  Yes  No

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate?    YES    NO  
                                                            Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?    YES    NO  
                                                            Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?    YES    NO  
                                                            Degree: \_\_\_\_\_

**Previous Employment History**

**Commercial Drivers applying at xxx must provide the last 10 years of employment history.**

All gaps in employment of 30 days or more must be explained. You are required to list the complete mailing address: street number, city, state, zip code, and phone number including area code. **Please list employers in reverse order starting with the most recent.**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSR's while employed?  Yes  No

Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
*Last First M.I.*

Was your job designated as a safety sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?  Yes  No

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSR's while employed?  Yes  No

Was your job designated as a safety sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?  Yes  No

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSR's while employed?  Yes  No

Was your job designated as a safety sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?  Yes  No

May we contact your previous supervisor for a reference? YES NO

**Driving Experience**

CLASS OF EQUIPMENT (Check Yes or No)	TYPE OF EQUIPMENT (Circle)	DATES	APPROXIMATE NO. OF TOTAL MILES
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)		
Tractor and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)		
Tractor – Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)		

Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Last First M.I.

Tractor – Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)		
Motor coach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No	More than 7 passengers		
Motor coach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No	More than 15 passengers		
Other:			

LIST STATES OPERATED IN FOR LAST 5 YEARS.

**Experience & Qualifications - Other**  
 SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN THIS WORK.

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION.

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN).

**Personal References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Disclaimer and Signature**

**TO BE READ AND SIGNED BY APPLICANT**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

*"I certify that I meet the minimum age requirement (21 years) to operate a commercial vehicle for E&R and Xpert Towing."* Initial \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_