



205 East Main Street, Robinson, IL 62454 P.O. Box 8608 618-544-3399 Fax 618-544-4155

DATE OF APPLICATION: \_\_\_/\_\_\_/\_\_\_

**APPLICATION**

MIDWEST TRANSPORT, INC.

PO BOX 8608, 205 EAST MAIN STREET, ROBINSON, ILLINOIS 62454

DRIVER NAME _____		
(LAST)	(FIRST)	(MIDDLE)
ADDRESS _____		
CITY _____, STATE _____, ZIP _____		
TELEPHONE NUMBER (_____) _____ - _____ MOBILE PHONE NUMBER (_____) _____ - _____		
DATE OF BIRTH ___/___/___ SOCIAL SECURITY NUMBER _____ - _____ - _____		
HEIGHT ___ ft. ___ in. WEIGHT _____ PHYSICAL RESTRICTIONS _____		
IN CASE OF EMERGENCY - CONTACT _____		
Name Telephone Number Relationship		

**PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS**

1) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
2) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
3) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____

**I hereby affirm that I am capable of performing the job for which I'm applying and that I have not been convicted of a felony crime.**

\_\_\_\_\_  
Applicant's Signature

**COMMERCIAL DRIVER'S LICENSE INFORMATION**

LICENSE # \_\_\_\_\_ TYPE \_\_\_\_\_ STATE \_\_\_\_\_ EXP. DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (A,B, OR C)

ENDORSEMENTS (check all that apply):  DOUBLE/TRIPLE TRAILERS  TANK VEHICLES  
 PASSENGER VEHICLES  HAZARDOUS MATERIALS

LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:  
 STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED?  NO  YES IF YES, EXPLAIN \_\_\_\_\_

**COLLISIONS**

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. IF NONE, WRITE "NONE"

<u>DATE</u>	<u>DESCRIPTION</u>	<u>STATE</u>	<u># OF INJURIES</u>	<u># OF FATALITIES</u>	<u>HAZ.MAT.SPILL</u>
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

**TRAFFIC CONVICTIONS AND FORFEITURES**

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLE) FOR THE PAST THREE YEARS (OTHER THAN PARKING). IF NONE, WRITE "NONE"

<u>DATE</u>	<u>LOCATION</u>	<u>CHARGE</u>	<u>PENALTY</u>
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

**DRIVING EXPERIENCE**

<u>EQUIPMENT CLASS</u>	<u>TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)</u>	<u>DATES FROM</u>	<u>TO</u>	<u>or</u>	<u>APPROX. MILES DRIVEN</u>
STRAIGHT TRUCK	_____	_____	_____		_____
TRACTOR & SEMI TRAILER	_____	_____	_____		_____
OTHER	_____	_____	_____		_____
LIST COMMODITIES HAULED: _____					

## DRUG & ALCOHOL TESTING HISTORY

IN ACCORDANCE WITH PART 40.25(J) OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS, PLEASE ANSWER THE FOLLOWING:

HAVE YOU EVER TESTED POSITIVE, OR REFUSED TO TAKE A DOT DRUG OR ALCOHOL PRE-EMPLOYMENT TEST WITHIN THE PAST THREE YEARS FROM A MOTOR CARRIER WHO DID NOT HIRE YOU?     YES     NO

HAVE YOU EVER TESTED POSITIVE, OR REFUSED TO TAKE A DOT DRUG OR ALCOHOL TEST?     YES     NO

IF THE ANSWER TO THE ABOVE QUESTION IS YES, PLEASE LIST THE CONTACT INFORMATION FOR THE SUBSTANCE ABUSE PROFESSIONAL (SAP) WHO COMPLETED YOUR EVALUATION:

NAME OF SAP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

## EDUCATION

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12    COLLEGE: 1 2 3 4

OTHER TRAINING : \_\_\_\_\_

HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? \_\_\_\_\_

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?     YES     NO

## WORK EXPERIENCE

In accordance with §391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years. Do not leave any gaps in employment.

**PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.**

CURRENT OR LAST EMPLOYER COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?     YES     NO        \*Was this job subject to FMCSA Regulations?     YES     NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: \_\_\_\_\_

\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

\*\*Any gaps in employment and/or unemployment must be explained.

**SECOND LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO \*Was this job subject to FMCSA Regulations?  YES  NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: \_\_\_\_\_

**THIRD LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO \*Was this job subject to FMCSA Regulations?  YES  NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: \_\_\_\_\_

**FOURTH LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO \*Was this job subject to FMCSA Regulations?  YES  NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: \_\_\_\_\_

**FIFTH LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40?  YES  NO \*Was this job subject to FMCSA Regulations?  YES  NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: \_\_\_\_\_

**GENERAL**

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE?    YES    NO

IF SO, WHEN? \_\_\_\_/\_\_\_\_      WHERE? \_\_\_\_\_

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED?       YES    NO

HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI OR OUI?    YES    NO

WHILE EMPLOYED, HAVE YOU BEEN OFF WORK FOR MORE THAN 10 DAYS, NOT INCLUDING VACATION TIME?  
 YES    NO   IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**MUST BE READ AND SIGNED BY THE APPLICANT**

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged 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.

X \_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**



## **DRIVER NOTIFICATION AND RELEASE**

In connection with my application for employment (including contract for services) with you, I understand that a consumer report which may contain public record information is being requested from DAC Services, Tulsa, Oklahoma. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, etc. from federal, state and other agencies which maintain such records as well as information from DAC concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving record; (3) claims involving me in the files of insurance companies.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the sources of information; the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**IMPORTANT NOTICE REGARDING  
BACKGROUND REPORTS FROM THE *PSP Online*  
Service**

In connection with your application for employment with **Midwest Transport, Inc.** (Prospective Employer”), it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **Midwest Transport, Inc.**, (“Prospective Employer”) to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Prospective Employer and its employees, agents, and affiliates to obtain the information authorized above.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

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