

Please complete and email to Scott Kohler at s.kohler@illinienv.com once completed.

Driver's Application for Employment

Date of Application _____

Applicant Name _____
(Last) (First) (Middle)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color religion, sex, national origin, age , marital status, veteran status, non-job related disability, or any other protected group status .

(Answer all questions – please print)

Position(s) applied for _____

Social Security No. _____

Phone Number (____) _____ - _____ Emergency Phone Number (____) _____ - _____

Age _____ Date of Birth ____/____/____
(required for commercial drivers)

D.O.T. Physical Exam Expiration Date ____/____/____

List your address of residency for the past 3 years.

Current Address _____
(Street) (City)

(State) (Zip) How Long? _____
(yr. /mo.)

Previous Addresses

(Street) (City) (State & Zip) How Long? _____
(yr. /mo.)

(Street) (City) (State & Zip) How Long? _____
(yr. /mo.)

(Street) (City) (State & Zip) How Long? _____
(yr. /mo.)

Have you worked for this company before? ___ Yes ___ No From _____ To _____

Position _____ Reason for Leaving? _____

Education

Please circle the highest grade completed:

Grade / High School: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 Post Graduate: 1 2 3 4

Employment History

Provide the following information on all employers during the preceding 3 years include any unemployment or self-employment. List complete mailing address, street number, city, state, zip code, phone number and contact person.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(Note: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Present or Last Employer

Date

Name _____ From ____/____/____ To ____/____/____
Address _____ Position Held _____
City _____ State _____ Zip _____ Reason for leaving _____
Contact Person _____ Phone # _____
Were you subject to the FMCSRs 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

Employer

Date

Name _____ From ____/____/____ To ____/____/____
Address _____ Position Held _____
City _____ State _____ Zip _____ Reason for leaving _____
Contact Person _____ Phone # _____
Were you subject to the FMCSRs 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

Name _____ From ____/____/____ To ____/____/____
Address _____ Position Held _____
City _____ State _____ Zip _____ Reason for leaving _____
Contact Person _____ Phone # _____
Were you subject to the FMCSRs 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

Name _____ From ____/____/____ To ____/____/____
Address _____ Position Held _____
City _____ State _____ Zip _____ Reason for leaving _____
Contact Person _____ Phone # _____
Were you subject to the FMCSRs 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

Name _____ From ____/____/____ To ____/____/____
Address _____ Position Held _____
City _____ State _____ Zip _____ Reason for leaving _____
Contact Person _____ Phone # _____
Were you subject to the FMCSRs 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

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Totals)
	From	To	
<input checked="" type="checkbox"/> Straight Truck	____/____/____	____/____/____	_____
Tractor and Semi-trailer	____/____/____	____/____/____	_____
Tractor-two trailers	____/____/____	____/____/____	_____
Tractor-three trailers (triples)	____/____/____	____/____/____	_____
Others	____/____/____	____/____/____	_____

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

List special courses/training completed that will help you as a driver: _____
 List any Safe Driving awards you hold and from whom: _____

Accident Record for past three years

Date of Accident	Nature of Accident	Location of Accident	<input checked="" type="checkbox"/> - # fatalities ? #	<input checked="" type="checkbox"/> - # injuries ? #
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

If none, write none

Date of Conviction	Location of Conviction	Charge	Penalty
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

Drivers' License (List each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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? ___ Yes ___ No

If any yes answered above give details _____

TO BE READ AND SIGNED BY APPLICANT

- It is agreed and understood that any misrepresentation given on this application shall be considered as an act of dishonesty.
- It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicants record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.
- I agree to furnish such additional information and complete such examinations as may be required to complete my application.
- It is agreed and understood that this application for qualification 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.
- It is agreed and understood that In the event of employment, false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.
- I understand that information I provide regarding current and/or previous 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(d) and €. I understand I have the right to:
 - Review information provided by previous employers;
 - Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
 - 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.
- 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 _____

Date _____

Driver Applicant Drug and Alcohol Pre-Employment Statement

CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety – sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process.

See section 40.25(b) (5) and (e).

Applicant Name _____

As an applicant, applying to perform safety sensitive-functions for our company, you are required by CFR PART 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes No
2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return – to – duty requirements? Yes No

My signature below certifies that the information provided is true and correct.

Signature _____

Date _____

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b) (2) (A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature _____ Date _____

Applicant's Name Printed _____ ID Number _____

Request for Check of Driving Record

I hereby authorize you to release the following information to

(prospective employer)

For purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant's Signature _____ Date _____

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 9Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a))

(Signature of requester)

(Date)

TO: Company Name _____
Address _____
Attn: _____

_____ The following named person has made application with our company for the position of _____ In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

_____ The following named person is employed with our company for the position of _____ In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

Applicant Name _____
(Last) (First) (Middle)

Current Address _____
(Number and street) (City) (State) (Zip)

Previous Address _____
(Number and street) (City) (State) (Zip)

Date of Birth ____/____/____ Social Security No. ____-____-____ License # _____

Requested By _____

Requester Name/Title _____

release/request for driving record

Controlled Substance & Alcohol Testing Information, Acknowledgement/Consent Form

As a condition of employment with

(Prospective employer)

Commercial Motor Vehicle (CMV) Driver applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

- Post-Accident (Section 382.303)
- Random (Section 382.305)
- Reasonable Suspicion (Section 382.307)
- Return to Duty (Section 382.309)
- Follow up (Section 382.311)

A driver who tests positive for a controlled substance(s) and/or alcohol test will be immediately removed for a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a driver from returning to a safety-sensitive position for any motor carrier until and unless the driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart O.

Referral to a Substance Abuse Professional can be acquired through the company safety department.

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I, _____, have read the above controlled substance and
(Applicant's name printed)
Alcohol testing requirements and understand them. I acknowledge receipt of where to acquire a referral list of Substance Abuse Professionals.

Applicant's Signature _____ Date _____

Employer Representative _____ Title _____

BACKGROUND INVESTIGATION AUTHORIZATION

The information requested below is for the sole purpose of conducting a background investigation which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for employment. It is the _____ policy to evaluate any adverse information obtained in the background investigation based upon a range of factors including, but not limited to, employment history and time, nature and job-relatedness of the offense. This form along with the final report will be placed in a separate file and will not be made a part of your personnel file should you be hired.

This information will be used for purposes of identification and pre-employment only and will not be used for discriminatory purposes. Federal law prohibits discrimination in employment on the basis of age, race, color, creed, religion, sexual orientation, disability, or national origin. Many states also prohibit some or all of the above types of discrimination and may also include marital status or other categories.

<p>NAME (PLEASE PRINT) _____</p> <p>ADDRESS (for the last three years (street/city/county/state/years from-to):</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>MAIDEN NAME(S) NICKNAME(S), OR OTHER NAME(S) USED _____</p> <p>SOCIAL SECURITY NUMBER _____</p> <p>DRIVER'S LICENSE NUMBER—STATE _____</p> <p>ISSUING DATE _____</p> <p>IS YOUR DRIVERS LICENSE VALID? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please give details.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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I acknowledge that consideration for employment is contingent on the results of a reference check, credit check, criminal record check, background check, negative drug screen result, my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 and upon verification of the information provided by me in my application, my resume or in other parts of the application process.

I understand that in making this application for employment, or any agent acting on its behalf may request an investigative consumer report or other such information obtained through personal interviews with third parties such as neighbors, friends, business associates, financial sources and acquaintances. I authorize _____, its affiliates and representatives to verify all information provided by me in the application process and to inquire into my character, general reputation, personal characteristics and mode of living. I expressly authorize all employers, personnel, schools, companies, corporations, and law enforcement agencies to supply any and all information concerning my qualifications for employment and to verify the information given by me herein or elsewhere in the application process. In consideration for being a candidate for employment, I release _____ related entities, as well as any individual or entity providing information from any and all liability in connection with inquires and investigations, information given, decisions made, or action taken concerning my employment based on such information. I further understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information concerning the nature and scope of the investigation.

I understand that employee screening or other tests, including drug screen, may be a condition of employment and refusal to take such tests when asked will subject me to termination. I also understand that no person is authorized to enter into written employment contracts on behalf of the _____. I hereby acknowledge that the _____ authorizes no verbal promises or contracts and upon my acceptance of employment, I expressly acknowledge that no such verbal promises, inducements, or verbal contracts have been made.

AT-WILL EMPLOYMENT

If hired, I understand that, unless otherwise provided in a valid and enforceable collective bargaining agreement, my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice and with or without cause. In consideration of my employment, I agree to conform to the policies and procedures of the _____.

CERTIFICATION

I hereby certify that the information provided on this form is true and complete. I understand that any omission or false or misleading information provided on this form, my resume or in other aspects of the employment process may result in termination of my employment and/or personal liability for any damages caused by the submission of false information. A copy of this authorization shall have the same authority as the original.

Date

Signature

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Illini Env. Inc ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA 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 your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Illini Env. Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

PRE-EMPLOYMENT NOTIFICATION AND ACKNOWLEDGEMENT

I understand I will be required to register in the FMCSA Clearinghouse and consent to a full query for the employer to obtain information of any drug or alcohol violation as described in Part 382, Subpart B before a pre-employment drug test can be conducted.

I acknowledge that I will be required to undergo a urine drug test under the authority of the U.S. Department of Transportation (DOT) and Federal Motor Carrier Safety Administration (FMCSA) prior to being hired or transferred into a safety-sensitive function* as defined in 49 CFR Part 382. I will not be assigned to perform a safety-sensitive function until my urine drug test is released to the employer as a verified negative result.

Applicant's/Driver's Printed Name: _____

Applicant's/Driver's Signature: _____

Date: _____ Applicant's/Driver's SS#: _____

Applicant's/Driver's CLP# / CDL# _____
(Commercial Learner's Permit / Commercial Driver's License)

Have you tested positive, or refused to test, on any DOT pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, a safety-sensitive position in the past two years? Please circle your response below:

YES

NO

If you answered YES, can you provide documentation that you successfully completed the DOT return to duty requirements described in 49 CFR Part 40, Subpart O? Please circle your response below:

YES

NO

Applicant's/Driver's Printed Name: _____

Applicant's/Driver's Signature: _____

* A safety-sensitive function, as described in 49 CFR Part 382.107, includes: all time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work. Safety-sensitive functions include: 1) All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer; 2) All time inspecting equipment as required by 49 CFR Parts 392.7 and 392.8 or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time; 3) All time spent at the driving controls of a commercial motor vehicle in operation; 4) All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth; 5) All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and 6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.