



921 West Magill Street
PO Box 498
Sullivan, IL 61951
(217) 728-7195
(217) 728-3190 fax

DRIVER'S APPLICATION FOR EMPLOYMENT

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.

Date of Application: _____ Phone number: _____

Applicant Name: _____
Last Name First Name Middle

Social Security Number: _____ Drivers License Number: _____

List your addresses for the past 3 years.

CURRENT ADDRESS:

Street City State Zip Code How Long? yr./mo.

PREVIOUS ADDRESSES:

Street City State Zip Code How Long? yr./mo.

Street City State Zip Code How Long? yr./mo.

Street City State Zip Code How Long? yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth: _____ Can you provide proof of age? _____

Have you worked for this company before? _____ When? _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquires of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires 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 inquires and releasing information in connection with my application.

In event of employment, I understand that 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 (e). I understand that 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 employers; 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.
- Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information to the applicant within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received by the prospective employer. If you have not arranged to pick up or receive the requested records within 30 days of prospective employer making them available, the prospective employer may consider you to have waived your request to review the record.

Your Right to Dispute:

- Drivers wishing to request correction of erroneous information in records received from previous employers of this section just send the request for the correction to the previous employer that provided the records to the prospective employer.
- The previous employer must either correct and forward the corrected information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.
- Drivers wishing to rebut information in the records received from the previous employer must send the rebuttal to the previous employer requesting that it be included in the Driver's Safety performance history.
- Driver may submit a rebuttal initially without a request for correction or after requesting correction.

Signature: _____ Date: _____

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to driver a commercial motor vehicle in intrastate and 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 most recent. Add another sheet if necessary.)

Employer	Date
Name	From Mo. Yr. TO Mo. Yr.
Address	Position Held
City State Zip Code	
Contact Person Phone #	Reason for leaving
Were you subject to FMCSRs * while employed ? Yes ___ No ___	
Was your job designated as safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___	

Employer	Date
Name	From Mo. Yr. TO Mo. Yr.
Address	Position Held
City State Zip Code	
Contact Person Phone #	Reason for leaving
Were you subject to FMCSRs * while employed ? Yes ___ No ___	
Was your job designated as safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___	

Employer	Date
Name	From Mo. Yr. TO Mo. Yr.
Address	Position Held
City State Zip Code	
Contact Person Phone #	Reason for leaving
Were you subject to FMCSRs * while employed ? Yes ___ No ___	
Was your job designated as safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___	

Employer	Date
Name	From Mo. Yr. TO Mo. Yr.
Address	Position Held
City State Zip Code	
Contact Person Phone #	Reason for leaving
Were you subject to FMCSRs * while employed ? Yes ___ No ___	
Was your job designated as safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___	

Employer	Date
Name	From Mo. Yr. TO Mo. Yr.
Address	Position Held
City State Zip Code	
Contact Person Phone #	Reason for leaving
Were you subject to FMCSRs * while employed ? Yes ___ No ___	
Was your job designated as safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___	

Employer	Date
Name	From Mo. Yr. TO Mo. Yr.
Address	Position Held
City State Zip Code	
Contact Person Phone #	Reason for leaving
Were you subject to FMCSRs * while employed ? Yes ___ No ___	
Was your job designated as safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___	

*Includes vehicles having GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

*The Federal Motor Carrier Safety Regulations (FMCSRs) 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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Accident Record for the past 3 years or more (attach sheet if more space is needed) If none, write NONE.

Dates	Nature of Accident (Head-on, rear-end, upset, etc.)	Fatalities	Injuries	Hazardous Materials Spill

**Traffic Convictions and forfeitures for the past 3 years (other than parking violations)
If none, write NONE.**

Location	Date	Charge	Penalty

Experience and Qualifications--Driver
(Attach sheet if more space is needed)

Driver licenses or permits held in the past 3 years	State	License No.	Class	Endorsement(s)	Expiration Date

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, please give details

Driving Experience

Class of Equipment Circle Yes or No	Circle Type of Equipment	Dates		Approximate # of Miles (Total)
		From (M/Y)	TO (M/Y)	
Straight Truck Yes or No	(Van, Tank, Flat, Dump, Reefer)			
Tractor and Semi-Trailer Yes or No	(Van, Tank, Flat, Dump, Reefer)			
Tractor-Two Trailers Yes or No	(Van, Tank, Flat, Dump, Reefer)			
Tractor-Three Trailers Yes or No	(Van, Tank, Flat, Dump, Reefer)			
Class of Equipment Circle Yes or No	Circle Type of Equipment	From (M/Y)	TO (M/Y)	Approximate # of Miles (Total)
Motor coach-School Bus (More than 8 passengers) Yes or No				
Motor coach-School Bus (More than 15 passengers) Yes or No				
Other _____				

List States Operated in last 5 years:

Experience and Qualifications-Other

Show any trucking, transportation, or other experience that may help in your work for this company.

Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

Last School Attended: _____

Name

City, State

To be read and signed by applicant

This certifies that this application was completed by me, and that all entries on it and information are true and complete to the best of my knowledge.

Signature: _____ Date: _____

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 Transport Services of Sullivan, IL ("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 Transport Services of Sullivan, IL ("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 2/11/2016