



PROFESSIONAL DRIVER'S APPLICATION FOR EMPLOYMENT

Date of Application:

Social Security Number:

PERSONAL INFORMATION

Name: _____ Email: _____

Present Address: _____ Phone: _____

Previous Address(es) during the last 3 years FMCSR 391.21(b) (3) _____

Date of Birth (required by (FMCSR 391.21(b) (2) to verify motor vehicle report _____

In case of emergency notify _____

Alternate Emergency Phone # _____ Name _____

Have you applied for work and/or worked for this company before? Yes No When? _____

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work? Yes No

Position which applying for: _____

Are you able to perform the essential functions and duties of the job as contained in the job description with or without reasonable accommodation? Yes No

EDUCATION

Circle highest grade level completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 Graduate School 1 2 3 4

Other Specialty Training/School _____

Have you served in the U.S. Armed Forces? Yes No

Branch _____ Dates: From _____ To: _____

Duties: _____



46 East End Dr., Gilberts, IL 60136

EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES

<u>STATE</u>	<u>LICENSE NUMBER</u>	<u>TYPE</u>	<u>EXPIRATION DATE</u>

DRIVING EXPERIENCE

<u>CLASS OF EQUIPMENT</u>	<u>TYPE OF EQUIPMENT</u> (VAN, TANK, FLAT BED, ROLL OFF, etc.)	<u>DATES</u>		<u>APPROX. # OF MILES</u>
		<u>FROM</u>	<u>TO</u>	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAYLOR				
TRACTOR - TWO TRAILERS				
OTHER				

Accident record for past 3 years or more (ATTACH SHEET IF MORE SPACE IS NEEDED)

<u>DATES</u>	<u>NATURE OF ACCIDENT</u> (HEAD ON, REAR END, UPSET, etc.)	<u>FATALITIES</u> (#)	<u>INJURIES</u>
LAST ACCIDENT:			
NEXT PREV.:			
NEXT PREV.:			

Traffic Convictions and Forfeitures for the past 3 years (Other than parking violations)

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

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- 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, ATTACH A STATEMENT GIVING DETAILS



Employment Record

NOTE: DOT Requires that employment for at least 3 years and/or Commercial Driving experience for the past 10 years be shown
(ATTACH SHEET IF MORE SPACE IS NEEDED)

MOST RECENT EMPLOYER – NAME: _____

ADDRESS: _____

POSITION HELD: _____ **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 & alcohol testing requirements of 49 CFR Part 40? YES _____ NO _____

SECOND RECENT EMPLOYER – NAME: _____

ADDRESS: _____

POSITION HELD: _____ **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 & alcohol testing requirements of 49 CFR Part 40? YES _____ NO _____

THIRD RECENT EMPLOYER – NAME: _____

ADDRESS: _____

POSITION HELD: _____ **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 & alcohol testing requirements of 49 CFR Part 40? YES _____ NO _____



YOU ARE HEREBY NOTIFIED THAT THE INFORMATION YOU PROVIDE IN THIS APPLICATION MAY BE USED, AND YOUR PREVIOUS EMPLOYERS WILL BE CONTACTED, FOR THE PURPOSE OF INVESTIGATING YOUR SAFETY PERFORMANCE HISTORY INFORMATION AS REQUIRED BY PARAGRAPHS (d) AND (e) OF § 391.23.

YOUR RIGHTS REGARDING CERTAIN INVESTIGATIVE INFORMATION

Pursuant to 49 C.F.R. §391.23(i)(1), all drivers with DOT regulated employment during the preceding three years from the date of this application have the following rights regarding the investigative information that is provided to Elgin Recycling Inc. as required by 49 C.F.R. §391.23 (d) and (e).

1. The right to review information provided by previous employers
2. The right to have errors in the information corrected by the previous employer and for the previous employer to resend the corrected information to the prospective employer
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

The Federal Motor Carrier Safety Regulations ("FMCSR's") require Elgin Recycling to obtain the following information on your application for employment:

1. The names and addresses of your employers during the 10 years preceding the date of the application
2. The dates you were employed by that employer(s)
3. The reason for leaving the employ of your previous employer(s)
4. Whether you were subject to the FMCSR's while employed by your previous employer(s) and
5. Whether your job was designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as set forth by 49 C.F.R. part 40.

Elgin Recycling is also required by 49 C.F.R. §391.23 (d) to investigate the following information from your previous employer(s) if you were employed to operate a commercial motor vehicle:

1. General driver identification and employment verification information
2. The data elements as specified in 49 C.F.R. §390.15 (b)(1) for accidents involving you that occurred in the ten year period preceding the date of your employment application;
3. Any accidents defined by 49 C.F.R. §390.15; and
4. Any accidents the previous employer may wish to provide that are retained pursuant to 40 C.F.R. §390.15 (b)(2) or pursuant to the employer's internal policy for retaining more detailed minor accident information.

Additionally, 49 C.F.R. §391.23(e) provides that Elgin must investigate the following information from all previous DOT regulated employers that employed you in a safety sensitive function that required alcohol and control substance testing specified in 49 C.F.R. part 40;

1. Whether within the previous 10 years you have violated the alcohol and control substance prohibitions under 49 C.F.R. §382
2. Whether you failed to undertake or complete the rehabilitation program prescribed by a substance abuse professional
3. If you successfully completed a substance abuse professional's rehabilitation referral and remained in the employ of the referring employer, information on whether you had the following tested violations subsequent to the completion of the referral:
 - a. Alcohol tests with a result of 0.04 or higher alcohol concentration
 - b. Verified positive drug tests
 - c. Refusals to be tested (including verified adulterated or substituted drug test results)

Elgin Recycling must provide your previous employer with your written consent to release the information on paragraph (e). If you refuse to provide this written consent, Elgin cannot permit you to operate a commercial motor vehicle.

CERTIFICATION OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving parking) of which the driver has been convicted, or an account of which he/she has forfeited bond or collateral during the preceding 12 months (section 391.27). Driver who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

Name of Driver: (print)	Social Security Number/Employee ID		
Home Terminal (City and State)	Driver License Number	State	Expiration Date

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
(If you have had no violations, check the following box - <input type="checkbox"/> None.)			

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's Signature _____ Date of Certification _____

Reviewers Signature _____ Reviewed Date _____

NOTICE TO DRIVERS & CERTIFICATE OF COMPLIANCE

I. NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle regardless of weight, transporting hazardous materials.

The following provisions of this legislation becomes effective July 1, 1987:

- 1 No driver may possess more than one license, and no motor carrier may use a driver having more than one license. A limited exception is made for drivers who are subject to non-resident licensing requirements of any state. This exception does not apply after December 31, 1989.
- 2 A driver convicted of a traffic violation (other than parking) in any vehicle must notify the motor carrier AND the state which issued the license to that driver of the conviction within 30 days.
- 3 Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
- 4 The Federal Motor Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial vehicle, or who is disqualified from operating a commercial vehicle, must advise the motor carrier that next business day after receiving notification.

PENALTIES – Any violation of the above is punishable by a fine not to exceed \$2,500. Willful violation of (1) of (3), above, or failure to notify the motor carrier within 30 days of the loss of any privilege to operate a commercial vehicle can result in criminal penalties not to exceed \$5,000.00 and/or 90 days in jail.

II. CERTIFICATION BY DRIVER

I hereby certify that I have read the above and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986, effective on July 1, 1987.

Driver's Name (print) _____ Soc. Sec. # _____

Driver's Address _____

License: State _____ Type/Class _____ ID No. _____

I further certify that I have surrendered the following licenses to the state(s) indicated.

License: State _____ Type/Class _____ ID No. _____

License: State _____ Type/Class _____ ID No. _____

Check if applicable:

I further certify that I am required by the state of _____ to maintain a non-resident license.

Type/Class _____ ID No. _____

Driver's Signature _____ Date: ____/____/____



DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for a non-motor carrier services.

Are you currently working for another employer? Yes No

At this time do you intend to work for another employer while still employed by this company? Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activities.

Driver's Signature

Date

TO BE READ AND SIGNED BY APPLICANT

ELGIN RECYCLING MAY REQUEST AND OBTAIN A COPY OF YOUR MOTOR VEHICLE REPORT (MVR). UNDERSTAND THAT IT CAN BE USED TO DETERMINE WHETHER OR NOT A POSITION WILL BE OFFERED TO YOU.

PLEASE INITIAL AND DATE ONE OPTION BELOW:

YES, I AUTHORIZE A COPY OF MY MVR TO BE REQUESTED, RELEASED AND OBTAINED BY ELGIN RECYCLING

_____ DATE: _____
(YOUR INITIALS)

NO, I DO NOT AUTHORIZE A COPY OF MY MVR TO BE REQUESTED, RELEASED OR OBTAINED BY ELGIN RECYCLING

_____ DATE: _____
(YOUR INITIALS)

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.

APPLICANT'S SIGNATURE

DATE