

DRIVER'S APPLICATION FOR EMPLOYMENT

CONNORS TRANSPORTATION COMPANY

9100 WEST PLAINFIELD ROAD

BROOKFIELD, IL 60513

(Answer all questions - please print)

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, or non-job related disability.

Date of application: _____

Position Applied for: _____

Name _____ **Social Security No.** _____
Last First MI

List your addresses of residency for the past 3 years. Current Address

Current Address: _____ How Long? _____
Street City State & Zip Code

Home Phone _____ **Cell Phone** _____

Previous Address _____ How Long? _____
Street City State & Zip Code

_____ How Long? _____
Street City State & Zip Code

_____ How Long? _____
Street City State & Zip Code

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

Date of Birth _____ **Can you prove your age?** _____
(Required for Commercial Drivers)

Have you ever been convicted of a felony? _____

If yes, please explain fully on the back of this sheet of paper.

Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

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

Dates: From _____ to _____ Rate of Pay _____ Position _____

Reason for Leaving: _____

Are you employed now? _____ **If not, how long since leaving last employment?** _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description?] _____

If yes, explain?

EMPLOYMENT HISTORY
(MUST GO BACK AT LEAST 10 YEARS)

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 and a phone number.

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.)

EMPLOYER			DATE	
NAME	FROM MO. YR.	TO MO. YR.		
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING

EMPLOYER			DATE	
NAME	FROM MO. YR.	TO MO. YR.		
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING

EMPLOYER			DATE	
NAME	FROM MO. YR.	TO MO. YR.		
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING

EMPLOYER			DATE	
NAME	FROM MO. YR.	TO MO. YR.		
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING

EMPLOYER			DATE	
NAME	FROM MO. YR.	TO MO. YR.		
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING

EMPLOYER			DATE	
NAME	FROM MO. YR.	TO MO. YR.		
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING

EMPLOYER			DATE	
NAME	FROM MO. YR.	TO MO. YR.		
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Connors Transportation Company
9100 West Plainfield Road Brookfield, Illinois 60513
Phone: 708-485-9800
Fax: 708-485-9854

APPLICANT: Please complete **ONLY BOLDED** Areas.
EMPLOYMENT VERIFIER: Please fill out form in its entirety to avoid a follow-up call.

Company Name: _____

Attn: _____

Driver Name: _____

Driver SS#: _____

Position: _____

Dates of Employment: _____

____ Tractor Trailer ____ Straight Truck ____ OTR ____ Regional ____ Local ____ Van
____ Flatbed ____ Tanker ____ Doubles/Triples
Length of Trailer: ____ 48 Ft. ____ 53 Ft. ____ Other

Accident Information: # of Preventable: _____ # of Non-Preventable: _____

Date	Prev/Non-Prev	Cost	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reason for Separation: ____ Quit ____ Discharged ____ Lack of Work
Comments: _____

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ____ then, fill in the dated of employment: from: _____ to: _____.

Eligibility for Rehire: ____ Yes ____ No ____ Upon Review
Has the driver ever:

- 1.) Has the driver ever refused a required drug or alcohol test? ____ Yes ____ No
- 2.) Has the driver ever tested positive on a required controlled-substance test? ____ Yes ____ No
- 3.) Has the driver ever tested at or above 0.02 on any required alcohol test ____ Yes ____ No
- 4.) Has the driver ever violated any other provisions of the DOT drug & alcohol testing regulation? ____ Yes ____ No
- 5.) Have you ever received information from any previous employer that this individual violated DOT drug and alcohol regulations? ____ Yes ____ No

Prepared By: _____ Position: _____

I Hereby Authorize You to Release the Above Information.

Signature: _____ **Date:** _____

ACCIDENT RECORD FOR 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
LAST ACCOUNT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

HIGHEST GRADE COMPLETED

GRADE SCHOOL (1-8):

HIGH SCHOOL (1-4):

COLLEGE (1-4):

LAST SCHOOL ATTENDED: _____
 NAME CITY

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A) Have you ever been denied a license, permit or privilege to operate a motor vehicle? ____ Yes ____ No

B) Has your permit or privilege ever been suspended or revoked? ____ Yes ____ No

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

***** MONTH & YEAR CDL OBTAINED ***:** _____

DRIVING EXPERIENCE (IF NONE. WRITE NONE)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI TRAILER				
TRACTOR – TWO TRAILERS				
MOTOR COACH – SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

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)

TO BE READ AND SIGNED BY APPLICANT

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. I authorize you to make such investigations and inquiries of my personal, employment, 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 understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant Signature

TO BE COMPLETED BY EMPLOYER

APPLICANT HIRED: _____

REJECTED: _____

DATE EMPLOYED: _____

POINT EMPLOYED: _____

DEPARTMENT: _____

CLASSIFICATION: _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
APPLICATION						
INTERVIEW						
PAST EMPLOYMENT						
WRITTEN EXAM						
ROAD TEST						
CRIMINAL & TRAFFIC CONVICTION						

SIGNATURE OF INTERVIEWING OFFICER: _____

TRANSFERS

FROM: _____ TO: _____

FROM: _____ TO: _____

DATE: _____

DATE: _____

REASON FOR TRANSFER: _____

REASON FOR TRANSFER: _____

FROM: _____ TO: _____

FROM: _____ TO: _____

DATE: _____

DATE: _____

REASON FOR TRANSFER: _____

REASON FOR TRAN _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASE FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to **CONNORS TRANSPORTATION COMPANY** 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 (Title 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: _____

DEAR SIR/MADAM:

The following named person has submitted an application to our company for the position of a Driver. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicants' driving record for the past three years.

The following named person is employed with our company in the position of a Driver. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the applicants' driving record for the past three years.

Name of Applicant Driver _____

Address _____

Former Address _____

Date of Birth _____ **SSN** _____ **License #** _____

CONNORS TRANSPORTATION COMPANY

Name of Company

RON MALCOLM

Name Printed

9100 WEST PLAINFIELD ROAD

Address

SAFETY MANAGER

Title

BROOKFIELD, IL 60513

City, State, ZIP

Signature

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) POSSESS ONLY ONE LICENSE: You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:

Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

The following license is the only one I will possess:

Driver's License No.

State

Expiration Date

DRIVER CERTIFICATION: I hereby certify that I have read and understood the above requirements.

Driver's Name (Printed)

Driver's Signature

Date

Notes: _____

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 **CONNORS TRANSPORTATION COMPANY** ("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 **CONNORS TRANSPORTATION COMPANY** ("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

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby consent to Connors Transportation Company to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I am also consenting to Connors Transportation Company making as many limited queries as needed throughout the duration of my employment with the company, if employment is obtained.

I understand that if the limited query by Connors Transportation Company indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Connors Transportation Company without obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Connors Transportation Company to conduct a limited query of the Clearinghouse, Connors Transportation Company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol regulations.

Employee Signature

Date