

Application for Qualification

A & T Trucking - 2920 S. 19th Ave- Broadview, IL 60155

The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None," do not leave the item blank, but write "No" or "None." This is important!

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Date _____

Check One: Contractor

Name _____
(First) (Middle) (Last)

Driver

Social Security Number _____

Age _____ Date of Birth _____

Phone Number(_____) _____

Current & Three Years Previous Addresses

From _____ To _____
From _____ To _____
From _____ To _____
From _____ To _____

Employment

Give a **Complete Record** of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr Mo/Yr
From _____ To _____
Phone #(_____) _____

Present or Last Employer:

Name _____
Address _____
(Street) (City) (State/Zip)
Position Held _____ Salary _____
Reason For Leaving _____

Mo/Yr Mo/Yr
From _____ To _____
Phone #(_____) _____

Next Previous Employer:

Name _____
Address _____
(Street) (City) (State/Zip)
Position Held _____ Salary _____
Reason For Leaving _____

From _____ To _____

Phone #(_____) _____

Mo/Yr

Mo/Yr

From _____ To _____

Phone #(_____) _____

Mo/Yr

Mo/Yr

From _____ To _____

Phone #(_____) _____

Mo/Yr

Mo/Yr

From _____ To _____

Phone #(_____) _____

Mo/Yr

Mo/Yr

From _____ To _____

Phone #(_____) _____

Mo/Yr

Mo/Yr

From _____ To _____

Phone #(_____) _____

Name _____

Address _____
(Street) (City) (State/Zip)

Position Held _____ Salary _____

Reason For Leaving _____

Next Previous Employer:

Name _____

Address _____
(Street) (City) (State/Zip)

Position Held _____ Salary _____

Reason For Leaving _____

Next Previous Employer:

Name _____

Address _____
(Street) (City) (State/Zip)

Position Held _____ Salary _____

Reason For Leaving _____

Next Previous Employer:

Name _____

Address _____
(Street) (City) (State/Zip)

Position Held _____ Salary _____

Reason For Leaving _____

Next Previous Employer:

Name _____

Address _____
(Street) (City) (State/Zip)

Position Held _____ Salary _____

Reason For Leaving _____

Next Previous Employer:

Name _____

Address _____
(Street) (City) (State/Zip)

Position Held _____ Salary _____

Reason For Leaving _____

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Other			

List states operated in for the last five years _____

Show special courses or training that will help you as a driver _____

What Safe Driving Awards do you hold and from whom? _____

Accident Record for past three years (attach sheet if more space is needed)

Dates	Nature of Accident (Head on, rear end, upset, etc.)	# of Fatalities	# of People Injured

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

Location	Date	Charge	Penalty

Driver's license (list each driver's license held in the past three years)

State	License #	Type	Endorsements	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 A or B is YES, give details. _____

Personal References

List three persons for reference, other than relatives, who have knowledge of your safety habits.

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given above shall be considered 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 applicant's 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.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ the applicant.

It is agreed and understood that if qualified, the driver may be on a probationary period during which time he may be disqualified 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.

Date

Applicant's Signature

Remarks



This form courtesy of
Great West Casualty Company

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 (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 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 in 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.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

(Name of Company)

(Typed Name)

(Address)

(Title)

(City)

(State)

(Signature)

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check (✓) in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Any other remarks _____

SIGNATURE _____

TITLE _____

DATE _____

**FOR PROSPECTIVE EMPLOYER'S RECORD
 MAINTAIN THIS INFORMATION IN THE DRIVER QUALIFICATION FILE FOR
 3 YEARS AFTER THE PERSON'S EMPLOYMENT BY THE MOTOR CARRIER CEASES.**