

Applicant's Name _____

In Case of Emergency Please Contact:

Name Relationship Telephone No.

Have you ever been convicted of a Felony, DUI or DWI? Yes No

If yes, please explain _____

Have you ever been employed by this company in the past? Yes No

If yes, please explain _____

PREVIOUS ADDRESSES FOR PAST 3 YEARS (attach a separate sheet if more space is needed)

(Street) (City) (State) (Zip)

(Street) (City) (State) (Zip)

DRIVER LICENSES FOR THE PAST 3 YEARS (attach a separate sheet if more space is needed)

(State) (License No.) (Class/Type) (Expiration Date)

(State) (License No.) (Class/Type) (Expiration Date)

VIOLATIONS OF MOTOR VEHICLE LAWS/ORDINANCES FOR THE PAST 3 YEARS

(please do not list parking violations - attach a separate sheet if more space is needed)

Charge and date of violation	Charge and date of violation	Charge and date of violation

Has any license, permit or privilege ever been suspended or revoked? Yes No

If yes, please explain _____

DRIVING EXPERIENCE (attach a separate sheet if more space is needed)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (dry van, reefer, tank, double/triples, etc.)	DATE(s) FROM	DATE(s) TO	APPROX. NO. OF MILES (total)
Straight Truck/Class B				
Tractor/Class A				
Trailer(s)				
Other (i.e. passenger)				

MOTOR VEHICLE ACCIDENTS FOR PAST 3 YEARS (attach a separate sheet if more space is needed)

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES

Applicant's Name _____

Are currently working for another employer full time or part time? Yes No

If yes, please explain _____

Past Employment Record

(List ALL past employment for the last 3 years and ALL DOT regulated past employers for the past 10 years)

Past Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____

Past Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____

Past Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____

Past Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____

**If needed, please add additional past employers on a separate sheet

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application and any additional past employer records have been completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that if employed, and any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Applicant's Signature

Date

Applicant's Name _____

Past Employment Record continued

Past Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____

Past Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____

Past Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____

Past Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____

Past Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____

Past Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____



Request for Safety Performance History

Fort Transfer Company
Attn: Human Resources
Fax: (309) 263-8300

Section I: To Be Completed By Prospective Employee (Shaded Region Only)

I (print name) _____
Last First Middle Social Security #

Applicant's Signature Application Date Date of Birth

Hereby authorize:

Previous Employer: _____ Phone: _____

City, St Zip _____ Fax: _____

To release and forward the information by section III of this document concerning my Alcohol & Controlled Substances Testing records with the previous 3 years from the date of this form.

Prospective Employer: **Fort Transfer Company** Phone: **(309) 263-2000**

City, St Zip **Morton, IL 61550** Fax: **(309) 263-8300**

In compliance with 40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as a confidential fax, e-mail, or letter.

This information is being requested in compliance with 40.25 and 391.23.

Section II: To Be Completed by Previous Employer

The applicant named above was employed by us: From (date) _____ To (date) _____

- Did s/he drive a motor vehicle for you? Yes No
- If yes, what type? Tractor-Trailer Tanker Other (specify) _____
- Reason for leaving: Discharged Resigned Laid Off Military Other

If there is no safety history to report, check here ____, and sign below.

Accidents: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here __ if there is no accident data.

Date	Location	# Injuries	# Fatalities	Hazmat Spill
				Y N
				Y N
				Y N

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Section III: To Be Completed By Previous Employer

If the driver was not subject to Department of Transportation testing requirements while employed by employer, please check here __, fill in the date of employment from _____ to _____ , complete Section III, sign and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

		Yes	No
1.	Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?		
2.	Has this person tested positive or adulterated or substituted a test specimen for controlled substances?		
3.	Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test?		
4.	Has this person committed other violations of Subject B of Part 382, or Part 40?		
5.	If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.		
6.	For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did the driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?		

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years.

Name: _____ Phone: _____

City, St Zip: _____ Fax: _____

Form Completed by (Signature): _____

Title: _____ Date: _____