



3801 N. 89<sup>th</sup> Street • Caseyville, IL 62232

### APPLICATION FOR EMPLOYMENT

#### PERSONAL DESCRIPTION

Full Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Name of Spouse \_\_\_\_\_

In Case of Emergency, Notify \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Addresses \_\_\_\_\_

Used in \_\_\_\_\_

Last 3 Years \_\_\_\_\_

#### PHYSICAL HISTORY

Date of Last Physical \_\_\_\_/\_\_\_\_/\_\_\_\_ Doctor's Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Address \_\_\_\_\_

List Any Physical Limitations (Diabetes, Heart Disease, Vision, Limb Impairment, etc.) \_\_\_\_\_

#### EXPERIENCE AND QUALIFICATIONS

Valid D/L	State	License Number	Type	Expiration Date

Have you ever been denied a Permit, License or Privilege to operate a motor vehicle? \_\_\_\_\_

Has your License Permit/privilege been suspended or revoked? \_\_\_\_\_ If Yes explain \_\_\_\_\_

Have you been convicted of driving under the influence of alcohol or drugs? \_\_\_\_\_ Penalty \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Explain \_\_\_\_\_

### DRIVING EXPERIENCE

Power Equipment	Type of Equipment	# Years	States Driven In
Straight Truck			
Tractor Trailer	Power Unit      Trailer		
Bus	School              Coach		
Other			

### ACCIDENT RECORD (LAST THREE YEARS)

Date	Nature of Accident	# Fatalities	# of Injuries	Commercial Vehicle	Personal Automobile

### TRAFFIC CONVICTIONS & FORFEITURES (LAST THREE YEARS)

State	Date	Charge	Penalty	Commercial Vehicle?

### EMPLOYMENT HISTORY (10 YEARS) (USE SEPARATE SHEET IF NECESSARY)

Last Employer \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_

From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

2<sup>nd</sup> Last Employer \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_

From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

3<sup>rd</sup> Last Employer \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_

From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ When will you be available \_\_\_\_\_

Do you have a full understanding of Federal Safety Requirements \_\_\_\_\_

Are you legally eligible to work in the U.S. \_\_\_\_\_ Are you a U.S. citizen \_\_\_\_\_

Have you served in the U.S. Armed Forces \_\_\_\_\_ Branch \_\_\_\_\_ Years of Service \_\_\_\_\_

**MUST BE READ AND SIGNED BY APPLICANT**

I agree and understand that any misrepresentations of information given above shall be considered an act of falsification.

I agree and understand that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment is factual.

I agree and understand that if hired, I will be on a probationary period during which time I may be discharged 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.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

