



1327 Stanford Drive,  
KANKAKEE, IL 60901  
815-9370869 FAX 815-304-5658  
Accounts@Nortontrucking.net

### Employment Application

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard of race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

#### TO BE READ AND SIGNED BY THE APPLICANT

I authorize you to make such investigations and inquires 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 inquires 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 all rules and regulations of the Company. I understand that information I provide regarding current and/or previous employers may be used , and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFE 391.23(d) and (e).

I understand I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I can not agree on the accuracy of the information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### FOR COMPANY USE ONLY

Applicant Hired \_\_\_\_\_ Rejected \_\_\_\_\_

Dated Employed \_\_\_\_\_ Point Employed \_\_\_\_\_

Department \_\_\_\_\_ Classification \_\_\_\_\_

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

SIGNATURE OF INTERVIEWING OFFICES \_\_\_\_\_ Date \_\_\_\_\_

#### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

## APPLICANT TO COMPLETE

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

                    Last                                      First                                      Middle

Phone Number \_\_\_\_\_ Cell phone \_\_\_\_\_ Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

List your address of residency for the past 3 years.

Current address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Do you have the legal right to work in the United State? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Are you employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied \_\_\_\_\_

If YES please Explain if you wish. \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceeding 3 years. List complete mailing address, street number, city, state, and zip code. 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	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? YES NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <div> <input type="checkbox"/> YES <input type="checkbox"/> NO         </div>				

**EMPLOYMENT HISTORY (continued)**

EMPLOYER			DATE	
NAME			FROM	TO
			MO.    YR.	MO.    YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?			YES	NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?				
			YES	NO

EMPLOYER			DATE	
NAME			FROM	TO
			MO.    YR.	MO.    YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?			YES	NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?				
			YES	NO

EMPLOYER			DATE	
NAME			FROM	TO
			MO.    YR.	MO.    YR.
ADDRESS			POSITION HELD	

CITY	STATE	<input type="text"/> ZIP	<input type="text"/>	SALARY/WAGE
CONTACT PERSON	<input type="text"/> <input type="text"/> PHONE NUMBER			REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? YES NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO				
<input type="text"/> <input type="text"/>				

EMPLOYER				DATE	
NAME				FROM	TO
				MO. YR.	MO. YR.
ADDRESS				POSITION HELD	
<input type="text"/> <input type="text"/>					
CITY	STATE	<input type="text"/> ZIP	<input type="text"/>	SALARY/WAGE	
CONTACT PERSON	<input type="text"/> <input type="text"/> PHONE NUMBER			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? YES NO					
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="text"/> YES <input type="text"/> NO					
<input type="text"/> <input type="text"/>					

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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	HAZARDOUS MATERIAL SPILL

LAST ACCIDENT

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)

EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

YESNO

B. Has any license, permit, or privilege ever been suspended or revoked?

YESNO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM(M/Y) TO(M/Y)	APPROX. NO. OF MILES (TOTAL)

STRAIGHT TRUCK	YES	NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR AND SEMI-TRAILER	YES	NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR - TWO TRAILERS	YES	NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR - THREE TRAILERS	YES	NO	(VAN,TANK,FLAT,DUMP,REFER)			
MOTORCOACH - SCHOOL BUS	YES	NO	More than 8 passengers			
MOTORCOACH - SCHOOL BUS	YES	NO	More than 15 passengers			
OTHER	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

LIST STATES OPERATED IN FOR THE 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)  
\_\_\_\_\_

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8                      HIGH SCHOOL: 1 2 3 4                      COLLEGE: 1 2 3 4  
LAST SCHOOL ATTENDED (NAME) (CITY, STATE)  
\_\_\_\_\_

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.

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