



1327 Stanford Drive,
KANKAKEE, IL 60901
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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 CFR 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 _____

Last

First

Middle

Email Address _____

Social Security Number _____

Phone Number _____

Cell phone _____

Drivers License Number _____

State _____

List your address of residency for the 2 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 States?

Date of Birth _____ Can you provide proof of age? _____

Who referred you? _____

Are you employed? Yes NO 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 preceding 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 _____ Start Date(Mo&Yr) _____ to End date (Mo&Yr) _____

Supervisor _____ Phone number _____ May we contact? Yes No

Address _____

Reason for leaving _____

Accident? Yes No If yes Explain _____

Were you subject to the FMCSR while employed? Yes No And Alcohol testing requirements of 49 CFR part 40? Yes No

Employer _____ Start Date(Mo&Yr) _____ to End date (Mo&Yr) _____

Supervisor _____ Phone number _____ May we contact? Yes No

Address _____

Reason for leaving _____

Accident? Yes No If yes Explain _____

Were you subject to the FMCSR while employed? Yes No And Alcohol testing requirements of 49 CFR part 40? Yes No

Employer_____ Start Date(Mo&Yr)_____ to End date (Mo&Yr)_____

Supervisor_____ Phone number_____ May we contact? Yes No

Address_____

Reason for leaving_____

Accident? Yes No If yes Explain_____

Were you subject to the FMCSR while employed? Yes No And Alcohol testing requirements of 49 CFR part 40? Yes No

Employer_____ Start Date(Mo&Yr)_____ to End date (Mo&Yr)_____

Supervisor_____ Phone number_____ May we contact? Yes No

Address_____

Reason for leaving_____

Accident? Yes No If yes Explain_____

Were you subject to the FMCSR while employed? Yes No And Alcohol testing requirements of 49 CFR part 40? Yes No

* 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				
Date	Nature of Accident	Injuries	Fatalities	Hazardous Material Spill

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

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? YES NO

B. Has any license, permit or privilege ever been suspended or revoked? YES NO

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

DRIVING EXPERIENCE CIRCLE YES OR NO			
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR- OVERSIZED			
TRACTOR- STRETCH TRAILER			
MOTOR COACH- SCHOOL BUS			
MOTOR COACH- PASSENGER			
OTHER			

LIST STATE 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? _____

WHAT YEAR DID YOU FIRST GET YOUR CLASS A CDL _____

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:
