

APPLICATION FOR EMPLOYMENT

KEENAN TRANSIT CO.

245 East Fullerton

Carol Stream, IL 60188

APPLICANT INFORMATION

Name: _____			
_____	_____	_____	
(First)	(Middle)	(Last)	
Current Address: _____			
_____	_____	_____	_____
(Street)	(City)	(State, Zip)	How Long?
Previous Address(es): _____			
_____	_____	_____	_____
(Street)	(City)	(State, Zip)	How Long?
_____	_____	_____	_____
(Street)	(City)	(State, Zip)	How Long?
Phone #: () _____ Date of Birth: _____ Social Security			
#: _____			
Emergency Contact			
Name: _____ Relation: _____			
Contact Address: _____ Phone			
#: () _____			

DRIVER'S LICENSE INFORMATION

State	License #	Type	Expiration
_____	_____	_____	_____/_____/_____
_____	_____	_____	_____/_____/_____
_____	_____	_____	_____/_____/_____
_____	_____	_____	_____/_____/_____

DRIVER EXPERIENCE

Type of Equipment # of Miles	From (Date)	To (Date)	Approx.

Have you ever been denied a license, permit or privilege to operate a motor vehicle?
 Yes No

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

If you answered yes to either of the above 2 questions, attach a statement of explanation

TICKETS / ACCIDENTS / ETC.

Date Accident	Description	# of Injuries / Fatalities
_____	_____	
_____	_____	

Record for _____

Past 3 Yrs. _____

Location	Date	Charge	Penalty

Traffic

Convictions

& Forfeitures

for Past 3 Yrs.

EMPLOYMENT RECORD

NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

Employer: _____ **Employed**

From: _____ **To:** _____

Address:

Phone:

() _____ **Supervisor:** _____

Position: _____ **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 & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ **Employed**

From: _____ **To:** _____

Address:

Phone:

() _____ **Supervisor:** _____

Position: _____ **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 & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ **Employed**

From: _____ **To:** _____

Address:

Phone:

() _____ **Supervisor:** _____

Position: _____ **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 & alcohol testing requirements of 49 CFR Part 40? Yes No

SUPPLEMENTAL EMPLOYMENT RECORD

NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

Employer: _____ **Employed**

From: _____ **To:** _____

Address:

Phone:

() Supervisor: _____

Position: _____ 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 & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ Employed

From: _____ To: _____

Address:

Phone:

() Supervisor: _____

Position: _____ 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 & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ Employed

From: _____ To: _____

Address:

Phone:

() Supervisor: _____

Position: _____ 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 & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ Employed

From: _____ To: _____

Address: _____

Phone: _____

() _____ Supervisor: _____

Position: _____ 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 & alcohol testing requirements of 49 CFR Part 40? Yes No

If more space is needed please request another sheet to complete history.

This certifies that this application, was completed by me, and that all entries on it and the information in it are true and complete to best of my knowledge

Applicant

Signature _____ Date _____

DECLARATION OF EMPLOYMENT STATUS

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

From: _____ To: _____

During this time, I was engaged in the following activity:

In addition:

_____ **I was not employed by any company or individual**

_____ **I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle**

To Be Read and Signed By Applicant

I authorize you to make such investigations and inquiries 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 inquiries 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by the 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 cannot agree on the accuracy of the information.

Signature: _____

Date:

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: _____

To: _____ Date: _____

Social Security Number: _____

_____ has made application to this company for a position as _____

and states that he/she was employed by you as _____ from _____ to _____.
 Will you please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed a stamped self-addressed envelope.

Very truly yours,

Safety Department

1. Is the employment record with your company correct as stated above? _____

2. What kind(s) of work did the applicant do? _____

3. Did the applicant drive motor vehicles for you? Passenger car _____ Straight truck _____ Bus _____
 Tractor-Semitrailer _____ Other (specify) _____

4. Was the applicant a safe and efficient driver? _____

5. Give the dates of vehicle accidents in which he/she was involved. _____

6. Reason for leaving your employ: Discharged _____ Laid off _____ Resigned _____

Remarks: _____

7. Was the applicant's general conduct satisfactory? _____

8. Is the applicant competent for the position sought? _____

9. Did the applicant drink any alcoholic beverages while on duty? _____

	Excellent	Good	Fair	Poor	Very Poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving skill	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: _____

Date: _____ Signature: _____

Name of Company: _____

(Detach here for your records)

(Name of Former Employer) Date: _____

Your are hereby authorized to give to _____
(Name of Prospective Employer)

all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec: 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

Prospective Employee Name _____ ID Number _____
(print)

The prospective employee is required by Se, 40.25(j) to respond to the following questions.

1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to duty requirements?

Check one: Yes No

I certify that the information provide on this document is true and correct.

Previous Employee Signature _____ Date _____

Witnessed By: _____ Date _____
(signature)