



DRIVER EMPLOYMENT APPLICATION

Tri-State Disposal, Inc. US DOT# 650578
13903 S. Ashland Avenue
Riverdale, IL 60827
(708) 388-9910

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: _____ Soc. Security #: _____
Emergency Contact Name: _____ Relation: _____
Contact Address: _____ Phone #: (____) _____

DRIVER'S LICENSE INFORMATION

State	License #	Type	Expiration Date
____/____/____	____/____/____	____	____/____/____
____/____/____	____/____/____	____	____/____/____

DRIVER EXPERIENCE

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

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.

Accident Record for Past 3 Years		
Date	Description	# of Injuries / Fatalities

Traffic Convictions & Forfeitures for Past 3 Years			
Location	Date	Charge	Penalty

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer: _____	Employed From: _____	To: _____
Address: _____		
Phone: (____) _____	Supervisor: _____	
Position: _____	Reason for Leaving: _____	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer: _____	Employed From: _____	To: _____
Address: _____		
Phone: (____) _____	Supervisor: _____	
Position: _____	Reason for Leaving: _____	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Note: if needed, make additional copies of this page to capture info regarding all employers during the past 10 yrs.

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

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

DECLARATION OF EMPLOYMENT STATUS

– this refers to any gaps in employment history

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: _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number

Employer Witness

Company Name

ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE

Have you ever refused to be tested for drugs & alcohol at any time in the last 2 years?	Yes	No
Have you ever tested positive for drugs or alcohol at any time in the last 2 years?	Yes	No
Have you ever tested positive on any pre-employment drug or alcohol test for a job which you applied for but did not obtain?	Yes	No

If you answered yes to any of the above questions, attach a statement of explanation and provide proof of return to duty process.

I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post Accident

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

Applicant's Signature

Date

Print Name

Social Security Number

Employer Witness

Company Name

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.

If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it: you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Driver's License #: _____ State: _____ Exp. Date: _____

Driver's Signature: _____ Date: _____

Notes: _____

Pages 1 – 4 are the driver's application for employment.

Pages 5 – 7 are each separate documents to be filled out in conjunction with the application process.

Page 8 is to be completed only AFTER a hiring decision has been made and you can establish the HIRE DATE.

Pages 9 and 10 are used to correspond with previous employers.

Pages 11 and 12 make up two of three parts of the annual review.

Have the driver complete page 11

Get a new MVR

Then a carrier representative completes page 12

HOURS OF SERVICE RECORD FOR FIRST-TIME OR INTERMITTENT DRIVERS

Name: _____, S. S. # _____

Day	Total Time on Duty
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
Total	_____

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was:

From: _____ To: _____

Signature

Date

This form is to be completed on the day before or day of driver's first dispatch.

Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, M.I., Last Social Security Number Date of Birth

Herby authorize:

Previous Employer: _____ Telephone: _____

Street: _____ Fax No.: _____

City, State, Zip: _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____ To: _____
(date of employment application)

Attn: _____ Phone: _____

Prospective Employer: [Company]

Street: [Address]

City, State, Zip: [City]

Fax: [Fax]

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 fax, letter, or email.

Applicant's Signature

Date

**Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER
ACCIDENT HISTORY**

The applicant named above was employed by us. Yes No

Employed from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor Trailer
 Other (Specify) _____

2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here , sign below & return.

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 register data for this driver.

Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

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

Signature: _____ Title: _____ Date: _____ **Section**

3: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to DOT testing requirements while employed by this employer please check here , fill in the dates of employment from (m/y) _____ to (m/y) _____, complete bottom of Section 3, sign, and return.
 Driver was subject to DOT testing requirements from (m/y) _____ to (m/y) _____.

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post accident, random, reasonable suspicion, or follow up controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382 or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug & 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 with this form.	<input type="checkbox"/>	<input type="checkbox"/>
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Name: _____ Telephone: _____
 Company: _____
 Street: _____ City: _____ State: _____ Zip: _____

Section 3 completed by (Signature) _____ Date: _____

Section 4 TO BE COMPLETED BY [COMPANY]

1st Attempt

This form was (check one) Faxed to previous employer Mailed Other _____
 By: _____ Date: _____

2nd Attempt

This form was (check one) Faxed to previous employer Mailed Other _____
 By: _____ Date: _____

3rd Attempt

This form was (check one) Faxed to previous employer Mailed Other _____
 By: _____ Date: _____

Information was received by: Fax Mail Other _____

Date received: _____

CERTIFICATION OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: The company is required by the DOT to perform an annual records check, to ensure the company is aware of any and all traffic violations committed by its drivers, including those in a private auto as well as any in a Commercial Motor Vehicle.
Please list on the following lines all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which you have been convicted, or on account of which you have forfeited bond or collateral during the last 12 months. (Per FMCSR 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver’s license #: _____ State: _____ Exp. Date: _____

_____ Date of Certification Driver’s Signature

_____ Motor Carrier’s Name Motor Carrier’s Address

_____ Reviewed By: Signature Title

**Carrier's annual review of driving record
And certification of continued qualification
As required by FMCSR 391.25(c)(2)**

Driver's name: _____

Driver's SSN: _____

Driver's license #: _____

This day I have reviewed the driving record of the above named driver in accordance with 391.25 of the FMCSRs. I considered any evidence that the driver has violated applicable provisions of the FMCSRs and the HMRs (if applicable). I considered the driver's accident record and any evidence that he/she has violated any laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving, and operation while under the influence of alcohol or controlled substances, that indicate the driver has exhibited a disregard for the safety of the public. Having done so, I find that:

- the driver meets the minimum requirements for safe driving, or
 - the driver is disqualified to drive a motor vehicle pursuant to 391.15.
-

Date	Name of motor carrier
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Reviewed by:

(Name and signature of company official)