



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: _____