



# Chicago International Trucks, LLC

## DRIVER'S APPLICATION FOR EMPLOYMENT



(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_ Phone: \_\_\_\_\_

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ How Long? \_\_\_\_\_  
 \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ yr./mo.

Previous Addresses \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_ yr./mo.  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_ yr./mo.  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_ yr./mo.

Do you have the legal right to work in the United States?  Yes  No

Required for Commercial Drivers:

Date of Birth      /      /      Can you provide proof of age?  Yes  No  
mm dd yyyy

Have you worked for this company before?  Yes  No Dates:      /      /      to      /      /     

Location: \_\_\_\_\_ Position: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ per \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Are you currently employed?  Yes  No If so, may we inquire with your present employer?  Yes  No

Referred by: \_\_\_\_\_ Desired Rate of Pay: \_\_\_\_\_ per \_\_\_\_\_

Have you ever been bonded?  Yes  No If so, name of Bonding Company: \_\_\_\_\_

Have you ever plead guilty to or been convicted of any criminal offence other than a minor traffic violation?

Yes  No If yes, please explain fully on a separate sheet of paper.

Is there any reason you might be unable to perform the functions of the job for which you have applied?  Yes  No  
 If yes, explain if you wish.

\_\_\_\_\_  
 \_\_\_\_\_

EDUCATION	Name and Location of School	# of Years Attended	Did you Graduate?	Subjects Studied
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE,BUSINESS,OR CORRESPONDENCE SCHOOL				

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List completed mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate 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: / / TO: / /
ADDRESS	POSITION
CITY STATE ZIP	SALARY
CONTACT PERSON PHONE NUMBER	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 AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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NAME	FROM: / / TO: / /
ADDRESS	POSITION
CITY STATE ZIP	SALARY
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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NAME	FROM: / / TO: / /
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NAME	FROM: / / TO: / /
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CITY STATE ZIP	SALARY
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, 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 9 or more passengers, 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**

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	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** (Check Yes or No)

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES mm/yy to mm/yy	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR & SEMI-TRAILER <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REFER)		
MOTOR COACH/SCHOOL BUS <input type="checkbox"/> Yes <input type="checkbox"/> No			
OTHER _____			

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 YOU IN YOUR WORK FOR THIS COMPANY

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LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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**REFERENCES:** Give the names of 3 persons not related to you whom have known you for at least 1 year.

NAME	ADDRESS/PHONE	BUSINESS	YEARS KNOWN
1)			
2)			
3)			

**TO BE READ AND SIGNED BY APPLICANT**

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. I UNDERSTAND THAT MY SUBMISSION OF THIS APPLICATION IS NOT A GUARANTEE OF EMPLOYMENT. I UNDERSTAND THAT I MAY BE REQUIRED TO SUBMIT TO A MEDICAL EXAMINATION AND/OR DRUG OR ALCOHOL TEST PRIOR TO AND/OR DURING EMPLOYMENT. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYEMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

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



# Chicago International Trucks, LLC APPLICATION FOR EMPLOYMENT



(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

## Mechanical Experience and Qualifications

Name \_\_\_\_\_

LAST

FIRST

MI

List courses and training in maintenance work \_\_\_\_\_

Job Function	(Check)		Area	(Check)	
	Formal Training	Yrs of Experience		Formal Training	Yrs of Experience
Indicate training and experience in the following:					
Drive Line Components			Body Work		
Diesel Engine Tune-Up and Rebuild			Electrical Repair		
Gas Engine Tune-Up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning (Cab)			Inspections (St/Fed)		
Refrigeration			General Car Repair		

Shop Equipment	(Check)		Area	(Check)	
	Formal Training	Yrs of Experience		Formal Training	Yrs of Experience
Indicate training and experience in the following:					
Diagnostic Equipment (Type(s))			Tire Servicing		
Sheet Metal Equipment			Tire Recapping		
Frame & Axle Straightening Equipment			Wheel & Tire Balancing Machine		
Engine Rebuilding			Engine Dynamometer		
Diesel Injection Equipment			Chassis Dynamometer		
Electric Welder			Magnetic Crack Detector		
Oxyacetylene Welder			Engine Analyzer		
Paint Spray Gun			Noise Measuring Equipment		
Air Conditioning (Cab)			Emissions/Smoke Testing		
Refrigeration (Cargo)			Inspections (St/Fed)		
ASE Certification(s), Specify			General Car Repair		

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_