

DRIVER'S APPLICATION FOR EMPLOYMENT

SPIN EXPRESS
1633 RIVER ST, APT 2D
DES PLAINES, IL 60016

Phone: 765-761-6152
Email: info@spin-express.com

Applicant Name: _____ Date of Application: _____
Phone: _____ Email: _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to 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 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 interview(s) 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 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 cannot agree on the accuracy of the information.

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED: _____ REJECTED _____
DATE EMPLOYED: _____ POINT EMPLOYED: _____
DEPARTMENT: _____ CLASIFICATION: _____

(IF REJECTED, SUMMARY REPORT OF REASON SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____ DEPARTMENT RELEASED FROM: _____
DISMISSED: _____ VOLUNTARILY QUIT: _____ OTHER: _____
TERMINATION REPORT PLACED IN FILE: _____ SUPERVISOR: _____

APPLICANT TO COMPLITE

Position applied for: :			
First Name:	Last Name:	Middle Name:	Social Security No.:
Date of Birth:	(Required for Commercial Drivers)	Can you provide proof of age?	
Current Address:		Phone:	How long:
List your addresses for the past 3 years:			
Address:			How long:
Address:			How long:
Address:			How long:
Address:			How long:
Do you have legal right to work in the United States?			
Have you worked for this company before?		Where?	
Date from:	Date to:	Rate of pay:	Position:
Reason for leaving:			
Are you now employed?	If not, how long since leaving last employment?		
Who referred you?		Rate of pay expected:	
Have you ever been bonded?		Name of bonding company:	
Have you ever been convicted of a felony?		Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.	
If yes, please explain:			
Is there any reason you might be unable to perform the function of the job for which you have applied (as described in the attached job description)?			
If yes, 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 1		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY, STATE, ZIP		SALARY/WAGE	
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 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYER 2		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY, STATE, ZIP		SALARY/WAGE	
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 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYER 3		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY, STATE, ZIP		SALARY/WAGE	
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 49 CFR 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 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, CHECK BOX

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, CHECK BOX ; (ATTACH SHEET IF MORE SPACE IS NEEDED)

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? _____

B. Has any license, permit, or privilege ever been suspended or revoked? _____

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

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES
		FROM	TO	
STRAIGHT TRUCK <input type="checkbox"/> Yes <input type="checkbox"/> No				
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> Yes <input type="checkbox"/> No				
TRACTOR - TWO TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No				
TRACTOR - THREE TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No				
MOTORCOACH – SCHOOL BUS More than 8 passengers <input type="checkbox"/> Yes <input type="checkbox"/> No	/			
MOTORCOACH – SCHOOL BUS More than 15 passengers <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 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: (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: _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provision 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. Your employer may obtain this information from Accufax, Equifax, Transunion, Experian or other vendors of information services.

Applicant's name: _____

Social Security Number: _____

Applicant's signature: _____

Date: _____

ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE

Have you ever refused to be tested for drugs and alcohol?

Yes No

Have you ever tested positive for drugs and alcohol?

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 answer is 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 Safety Regulations and company policy, all drivers must submit to alcohol and controlled substance testing as a condition for 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 name: _____

Social Security Number: _____

Applicant's signature: _____

Date: _____

Employer witness: _____

G2 CONNECT INC

ACKNOWLEDGMENT OF RECEIPT OF MOTOR CARRIER DRUG AND ALCOHOL TESTING PROGRAM AGREEMENT

I, hereby acknowledge that I have received a copy of Explore Transport, Inc Motor Carrier Drug Testing Program (“Program”), which has been developed pursuant to 49 CFR Part 382. In conjunction with my receiving a copy of the Program, I further acknowledge the following:

- I have read the Program and fully understand the terms contained therein and the consequences for violating any term of the Program.
- I understand that my compliance with all terms of the Program is a condition of my lease/employment with Explore Transport, Inc, and I agree to abide by all terms of the Program.
- If a post – accident drug test is required under the Program and I am seriously injured and unable to provide specimen at the time of the accident, then this Acknowledgment shall be considered my authorization for Explore Transport, Inc. or its designated representative to obtain hospital reports and other documents which would indicate whether there were any controlled substances in my system.
- I authorize the collection site, laboratory and/or medical review officer retained by Explore Transport, Inc. to perform any and all functions, which those entities and/or individuals may be, required to perform pursuant to the applicable Federal Department of Transportation regulations. Such authorization shall include, but is not limited to Explore Transport, Inc. verification of the use of prescribed medications, obtaining information from the driver’s physician, hospital, dentist or pharmacist and the reporting of negative test results with a qualifying statement in cases wherein a driver may be taking a legally – prescribed Schedule II drug. I hereby release and hold harmless the Company, Explore Transport, Inc, and its employees and agents from any liability whatsoever arising from the Program.

Applicant’s name: _____

Social Security Number: _____

Applicant’s signature: _____

Date: _____

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENT

MOTOR CARRIER INSTRUCTION: The requirements in Part 383 apply to every driver who operates in intrastate, interstate or foreign commerce and operates a vehicle weighing 26001 pounds or more, can transport more than 15 people or transport hazardous materials that require placarding.

The requirements in part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10001 pounds or more, can transport more than 15 people or transport hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Safety 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:

- You, as a commercial vehicle driver, may not possess more than one license
- 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. 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
- Section 392.42 and 383.33 of the Federal Motor 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 is the only license I will possess:

Driver's License Number: _____ State: _____ Expiration Date: _____

Applicant's name: _____ Date: _____

Driver's Signature _____

DRIVER STATEMENT OF ON-DUTY HOURS

Driver's Name: _____

Driver's License Number: _____

Issuing State: _____

Day	1(yesterday)	2	3	4	5	6	7
Date							
Hours worked							

Total: _____

I hereby certify that the information given above is correct and to the best of my knowledge and belief. I was last relieved from work at:

_____ : _____ M on

Instructions: When using a driver for the first time or intermittently, motor carriers are required to obtain a signed statement giving the driver's total on-duty during the immediately preceding 7 days and time at which the driver was last relieved from duty prior to beginning work for such carrier (395.8(j)(2)). On-duty time includes both compensated and uncompensated time working at a motor carrier and compensated work for non-motor carriers.

Driver's Signature _____

Date: _____