

Ampro Express

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Please answer all questions (Print)

DATE OF APPLICATION: _____

NAME _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS _____ # YEARS _____
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

_____ # YEARS _____
(STREET) (CITY) (STATE & ZIP CODE)

_____ # YEARS _____
(STREET) (CITY) (STATE & ZIP CODE)

_____ # YEARS _____
(STREET) (CITY) (STATE & ZIP CODE)

Do you have the legal right to work in the United States? _____

Can you provide proof of your age, as well as, your legal right to work in the United States? _____ (see I9 form)

What is the highest level of education you have completed? _____

DRIVERS LICENSE INFORMATION

STATE ISSUED	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX NO OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE
IF NONE, WRITE "NONE"**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)
IF NONE, WRITE "NONE"**

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

If yes, explain _____

Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

If yes, explain _____

Did you ever take any special courses or training that will help you as a driver? _____

If yes, please describe _____

Have you ever received any safe driving awards or certifications? _____

If yes, please describe

(Name of award/certification) (Date awarded/certified)

(Name of award/certification) (Date awarded/certified)

(Name of award/certification) (Date awarded/certified)

PRIOR EMPLOYMENT RECORD

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.

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three [3] years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven [7] years prior to the initial three years (total of ten [10] years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

REASONS FOR LEAVING _____

DID YOU DRIVE A VEHICLE REQUIRING A CDL? Yes _____ No _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

REASONS FOR LEAVING _____

DID YOU DRIVE A VEHICLE REQUIRING A CDL? Yes _____ No _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

REASONS FOR LEAVING _____

DID YOU DRIVE A VEHICLE REQUIRING A CDL? Yes _____ No _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____

FOURTH LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

REASONS FOR LEAVING _____

DID YOU DRIVE A VEHICLE REQUIRING A CDL? Yes _____ No _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____

FIFTH LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

REASONS FOR LEAVING _____

DID YOU DRIVE A VEHICLE REQUIRING A CDL? Yes _____ No _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

(ATTACH A SEPARATE SHEET IF MORE SPACE IS NEEDED)

TO BE READ AND SIGNED BY APPLICANT

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

APPLICANT'S SIGNATURE

DATE SIGNED

APPLICANT'S PRINTED NAME

PROCESS APPLICATION

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE (Y/N)
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Criminal & Traffic Convictions						

STATUS: ACCEPTED _____ REJECTED _____ (Summary report of reasons should be placed in file)

I9 Verification MVR Fee Collected MVR Processed

DATE EMPLOYED: _____

VEHICLE # _____

SIGNATURE OF INTERVIEWING OFFICER: _____