

# APPLICATION FOR EMPLOYMENT

AMERICAN DREAMLINER LOGISTICS & TRANSPORTATION LLC  
8888 KEYSTONE CROSSING, SUITE 1300  
INDIANAPOLIS, IN 46240 (317) 985-6678

## APPLICANT INFORMATION

<b>Name:</b> _____			
(First)	(Middle)	(Last)	
<b>Current Address:</b> _____			
(Street)	(City)	(State, Zip)	How Long?
<b>Previous Address(es):</b> _____			
(Street)	(City)	(State, Zip)	How Long?
_____			
(Street)	(City)	(State, Zip)	How Long?
<b>Phone #:</b> (____)_____ <b>Date of Birth:</b> _____ <b>Social Security #:</b> _____			
<b>Emergency Contact Name:</b> _____ <b>Relation:</b> _____			
<b>Contact Address:</b> _____ <b>Phone #:</b> (____)_____			

## DRIVER'S LICENSE INFORMATION

<b>State</b>	<b>License #</b>	<b>Type</b>	<b>Expiration Date</b>
____/____/____	____/____/____	____/____/____	____/____/____
____/____/____	____/____/____	____/____/____	____/____/____

## DRIVER EXPERIENCE

<b>Type of Equipment</b>	<b>From (Date)</b>	<b>To (Date)</b>	<b>Approx. # of Miles</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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
<b>If you answered yes to either of the above 2 questions, attach a statement of explanation</b>		

## TICKETS / ACCIDENTS / ETC.

	Date	Description	# of Injuries / Fatalities
<b>Accident</b>	_____	_____	_____
<b>Record for</b>	_____	_____	_____
<b>Past 3 Yrs.</b>	_____	_____	_____

  

	Location	Date	Charge	Penalty
<b>Traffic</b>	_____	_____	_____	_____
<b>Convictions</b>	_____	_____	_____	_____
<b>&amp; Forfeitures</b>	_____	_____	_____	_____
<b>for Past 3 Yrs.</b>	_____	_____	_____	_____

## EMPLOYMENT RECORD

NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

<b>Employer:</b> _____	<b>Employed From:</b> _____	<b>To:</b> _____
<b>Address:</b> _____		
<b>Phone:</b> (____) _____	<b>Supervisor:</b> _____	
<b>Position:</b> _____	<b>Reason for Leaving:</b> _____	
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		
<b>Employer:</b> _____	<b>Employed From:</b> _____	<b>To:</b> _____
<b>Address:</b> _____		
<b>Phone:</b> (____) _____	<b>Supervisor:</b> _____	
<b>Position:</b> _____	<b>Reason for Leaving:</b> _____	
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		
<b>Employer:</b> _____	<b>Employed From:</b> _____	<b>To:</b> _____
<b>Address:</b> _____		
<b>Phone:</b> (____) _____	<b>Supervisor:</b> _____	
<b>Position:</b> _____	<b>Reason for Leaving:</b> _____	
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		

## SUPPLEMENTAL 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? ☐ 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

**If more space is needed please request another sheet to complete history.**

## DECLARATION OF EMPLOYMENT STATUS

**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: \_\_\_\_\_