

# COMMERCIAL DRIVER APPLICATION

Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## APPLICANT INFORMATION

DATE \_\_\_\_\_ Position applying for:  Contractor  Driver  Contractor's Driver

NAME \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ EMERGENCY PHONE ( ) \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

*(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)*

PHYSICAL EXAM EXPIRATION DATE \_\_\_\_\_

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

_____	FROM	_____	TO	_____
_____	FROM	_____	TO	_____
_____	FROM	_____	TO	_____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

## EDUCATION HISTORY:

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post Graduate: 1 2 3 4

## EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr	Mo/Yr	Present or Last Employer
From _____	To _____	Name _____

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ 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? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mo/Yr	Mo/Yr	Present or Last Employer
From _____	To _____	Name _____

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ 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? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (     ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes                      \_\_\_\_\_ 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? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (     ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes                      \_\_\_\_\_ 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? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (     ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes                      \_\_\_\_\_ 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? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (     ) \_\_\_\_\_

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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 49 CFR Part 40? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (     ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes                      \_\_\_\_\_ 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? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

*(Attach additional sheets for 10-year history, if needed.)*

## DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, HAZMAT, ETC) \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

**Accident Record for past three (3) years: (attach sheet if more space is needed):**

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People Injured

**Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):**

Date	Location	Charge	Penalty

**Driver's License (list each driver's license held in the past three(3) years:**

State	License	Type	Endorsements	Expiration Date

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

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answers to any questions listed above are "yes", give details \_\_\_\_\_

**Job References**

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**To Be Read and Signed by Applicant:**

*It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.*

*It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.*

*It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.*

*I agree to furnish such additional information and complete such examinations as may be required to complete my application file.*

*It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.*

*It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.*

*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.*

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Remarks: (For office use only)**

\_\_\_\_\_  
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2480 E Oakton Street  
Arlington Heights IL 60005  
Ph# 847-376-8800  
Fax# 847-376-8349

I \_\_\_\_\_ a professional driver for Elite Cargo Service Inc  
Print name clearly

(Hereinafter referred to as the company ), accept responsibility for any and all damages to, but not limited to, vehicles, trailers, chassis, containers and any property, public or private, if determined by the company or an assigned representative of the company, finds the damage to be caused by my negligence, oversight or lack of judgment.

Upon determination by the company or an assigned representative, that you are culpable for any damages, a full detail of damages, cost to repair or replace damaged items, and a determination letter will be provided to you upon your demand.

Failure to sign this agreement can be grounds for immediate termination. Should you decide to end your employment or be terminated while there are still outstanding debts owed due to damage, you will forfeit any current or subsequently forthcoming wages up to the cost of said damage.

\_\_\_\_\_  
Signature of Employee/ Contractor

\_\_\_\_\_  
Signature of Company Rep.

\_\_\_\_\_  
Print name of employee or contractor

\_\_\_\_\_  
Print name of company rep.

Date \_\_\_\_\_

Date \_\_\_\_\_

## CONDUCT

Our customers expect you to deliver a quality product on time and in good condition. The impression you leave on our customer is the impression they have of Cikule Trucking, Inc. Please conduct yourself as a professional. Be courteous to our customers. Should a problem arise please contact the Safety office for assistance.

## ELEMENTS OF A PROFESSIONAL DRIVER

1. **Attitude** - Have a good attitude about your job. customers and other drivers.
2. **Image** - Take pride in your appearance and your vehicle's appearance. Go to work clean and well groomed. Practice preventative maintenance by performing thorough daily pre-trip inspections.
3. **Courtesy** - Be courteous to other drivers, customers and dispatchers.
4. **Concentration** - Always concentrate on the job while behind the wheel. Practice defensive driving techniques. Plan a safe route out for each possible error that other drivers will make. PLAN AHEAD!
5. **Security**- Enjoy the benefits of knowing that you are a valuable commodity to the trucking industry. You will do everything in your power to deliver the freight safely and on time.
6. **Road Ram** - ZERO TOLERANCE
7. **ALWAYS THINK SAFETY!-SAFETY! -SAFETY!**

## APPEARANCE

We expect you to show up for work clean and well groomed. We ask that you dress appropriately as a professional driver and a representative of Cikule Trucking, Inc.

## UNAUTHORIZED PASSENGERS

Federal rule prohibits the transportation of unauthorized passengers in any tractor operated by a motor carrier. No driver shall transport another person in the tractor without prior written authorization from the safety department. There are 2 exceptions to this rule:

1. When a dispatcher assigns another driver that is already DOT qualified by the company to ride with you.
2. When a person is being transported for the purpose of rendering aid in case of an accident or other emergency.

Drivers observed with an unauthorized passenger will be terminated

## MINIMUM DRIVER QUALIFICATIONS/ REQUIREMENTS

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

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

## Cell Phone & Seat Belt Policy

It is well supported by accident statistics that using a cellular phone, either a hand-held or a hands-free model, while operating a motor vehicle distracts a driver's attention from traffic conditions. To help reduce the possibility of vehicle accidents and help create a safer working environment in connection with the use of cell phones and seat belts, Cikule Trucking Inc. has adopted a cellular phone policy and seat belt policy that is applicable to all employees while driving a company vehicle at any time, or while driving any other vehicle (rented, leased, borrowed or owned) while conducting company business.

### **Federal Rulemaking restricts a CMV driver from:**

1. Holding a mobile telephone to conduct voice communication.
2. Dialing mobile telephone by pressing more than a single button.
3. Reaching for a mobile telephone in an UNACCEPTABLE and unsafe manner (e.g., reaching for any mobile telephone on the passenger seat, under the driver's seat or into the sleeper berth)
4. Operating a CMV without a wearing a seat belt'

### **Our company's Policy is as follows:**

- ALL Divers WILL HAVE BLUE TOOTH OR THEY CAN NOT OPERATE EQUIPMENT
- ON
- BEHALF OF CIKULE TRUCKING INC!
- Cellular phone calls, incoming or outgoing, are prohibited while driving.
- Text messaging,incoming or outgoing,are prohibited while driving.
- All non-emergency calls should be made when the vehicle is in a parked position
- Drivers must wear a seat belt at ail times while driving a company vehicle

Disciplinary program for Safety Policy Violations accumulated within a 3 Year period

- 1st Violation-Written warning & intervention
- 2nd Violation-Subject to termination

**I have read the above policy and am aware of my responsibility**

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

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

## ACCIDENT POLICIES & PROCEDURES

**Each and every accident must be reported to the company as soon as possible and within 1 hour. Failure to report an accident will subject the driver to disciplinary action up to and including termination.**

The following procedures will be adhered to:

1. No matter how minor the accident in which you may be involved, stop immediately and investigate.
2. Prevent another accident. Make sure you have turned on the four-ways and/or triangles to warn other vehicles.
3. If there is an injury you should call for medical assistance immediately.
4. Use your accident reporting kit packet to secure the names, addresses and telephone numbers of any witnesses. Write down the license plate numbers of any vehicles at the time that may be used as witnesses in the future.
5. Call the police and file a report. Take down the officer's name and badge #.
6. Take photographs of the scene and surrounding vehicles.
7. Take as many pictures and angles as possible. NEVER TAKE PICTURES OF INJURED PEOPLE. Only photos of the vehicles, lights or stop signs, potholes or physical attributes to the accident. Do not give information concerning the accident to anyone except the police, the company or the insurance representative.
8. Contact the company as soon as possible. Have the following information available:
  - Location
  - Time of accident
  - Police report number and officers name and badge number
  - The other vehicle information:
    - Make and Year
    - Owner's name, address and telephone number
    - Driver's name, address and telephone number
    - Names, address and phone numbers of any witnesses
9. Document all information regarding the accident. You may not remember it several hours later.
10. See the Safety Dept. Manager as soon as possible to fill out an insurance accident report. Bring all documents or notes related to the accident.
11. You will not receive another dispatch until these steps have been followed.
12. Keep in touch with the company. If anything happens regarding the accident do not handle it yourself.

The insurance company will best represent us.

Doors, fences, walls, etc, are all to be considered accidents. No matter how minor the accident appears you must follow these procedures. Little accidents can turn into big ones.

In the event of a recordable accident (an accident involving death, injury or towed vehicle) where the driver received a citation as a result of the accident, the driver must be sent for a post-accident drug test within 32 hours and a alcohol test within 8 hours, company policy requires you to be tested within 4 hours after being released from the accident scene.

The chain of custody form and test results will be maintained in the accident file.

**\*\*ALWAYS REFER TO YOUR ACCIDENT REPORTING KIT PACKAGE AND FOLLOW THE INSTRUCTIONS\*\***

**DO NOT ADMIT FAULT**

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

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