

LAST ACCIDENT:

NEXT PREV.:

46 East End Dr., Gilberts, IL 60136

DRIVER AF	PPLICATION F	OR EMPLOYMENT		Date of	Application:	
Applicant Nan	ne:					
	(First)		(N	Maiden, if any)	((Last)
Date of Birth:		Social Security Numbe	r:		Phone:	i
Current Addre	ess:					low long?
	(Street)		(City)	(State & Zip		· ·
Address for p	ast 3 years (ATTA	CH SHEET IF MORE SPACE	IS NEEDED)			
					Н	low long?
(Street)		(City)		(State & Zip	Code)	
						low long?
(Street)		(City)		(State & Zip	Code)	
		EXPERIENCE A	AND QUALIF	<u>ICATIONS</u>		
		DRIVE	ER LICENSE	<u>S</u>		
<u>STATE</u>	<u>LI</u>	CENSE NUMBER		<u>TYPE</u>		EXPIRATION DATE
		DRIVING	G EXPERIEN	<u>CE</u>		
CLASS OF	EQUIPMENT	TYPE OF EQUIPME		DAT		APPROX. # OF MILES
STRAIGHT TR	RUCK	(VAN, TANK, FLAT BED, ROL	.L OFF, etc.)	FROM	ТО	
	SEMI-TRAYLOR					
TRACTOR - T	WO TRAILERS					
OTHER						
	Accident re	cord for past 3 years or more	e (ATTACH S	HEET IF MORE	SPACE IS NEE	EDED)
<u>[</u>	DATES	NATURE OF ACC (HEAD ON, REAR END,	CIDENT	FATALITIES (#)		INJURIES

Traffic Convictions and Forfeitures for the past 3 years (Other than parking violations)

	Tranic Convictions and Forteitu	ires for the past 3 ye	ears (Other than par	king violations)
DATE	LOCATION		CHARGE	PENALTY
<u> </u>	(ATTACH S	HEET IF MORE SPA	CE IS NEEDED)	
	`		•	
Have you ever	been denied a license, permit or	privilege to operate	a motor vehicle?	YES NO
-	se, permit or privilege ever been s			
•	**IF THE ANSWER TO EITHER	•		
		Employment Re	cord	
	(ATTAC	H SHEET IF MORE SP	ACE IS NEEDED)	
NOTE: DOT R	Requires that employment for at leas	st 3 years and/or Com	mercial Driving expe	rience for the past 10 years be sho
MOST RECENT	EMPLOYER – NAME:			
ADDDECC.				
ADDRE99:				
POSITION HELF):	FROM	TO	SALARY
1 CONTON TIELE	,	110111	10	
REASON FOR L	EAVING			
	NT EMPLOYER – NAME:			
ADDRESS:				
POSITION HELD):	FROM	TO	SALARY
REASON FOR L	EAVING			
	ct to the FMCSR's while employed?			ha duur 9 alaahal taating yayuiyaya
	esignated as a safety sensitive funct 40? YES NO		ted mode subject to ti	ne drug & alconol testing requireme
OI 49 CI K Fait	16: 163 NO			
THIRD RECENT	EMPLOYER – NAME:			
ADDRESS:				
POSITION HELD):	FROM	то	SALARY
DEACON FOR I	EAVING			
KEASUN FUK L	EAVING			
Were vou subia	ct to the FMCSR's while employed?	YES	NO	
-	esignated as a safety sensitive functi			he drug & alcohol testing requirem
Was your job do of 49 CFR Part 4	•			he drug & alcohol testing requiren

GIN RECYCLING MAY REQUEST AND OBTAIN A COPY OF YOUR MOTOR VEHICLE REPORT (MVR). UNDERTSTAND THAT IT CAN BE USED TO DETERMINE WHETHER OR NOT A POSITION WILL BE OFFERED TO YOU. TO BE READ AND SIGNED BY APPLICANT

IZE A COPY OF MY MVR TO BE R	REQUESTED, RELEASED AND OBTAINED BY ELGIN	RECYCLING
MELA COFF OF WIT MVK TO BE K	REQUESTED, RELEASED AND OBTAINED BY ELGIN	
		DATE: (YOUR INITIALS)
AUTHORIZE A COPY OF MY MVR 1	TO BE REQUESTED, RELEASED OR OBTAINED BY E	ELGIN RECYCLING
		DATE: (YOUR INITIALS)
S CERTIFIES THAT THIS APPLICA	ATION WAS COMPLETED BY ME AND THAT ALL ENT AND COMPLETE TO THE BEST OF MY KNOWLI	
APPLICANT	'S SIGNATURE	DATE
APPLICANT	"S SIGNATURE INTERVIEW DETAILS/COMMENTS	DATE
nterview Date:	INTERVIEW DETAILS/COMMENTS	Location:
nterview Date: nterview conducted by: Notes/Comments:	INTERVIEW DETAILS/COMMENTS Interview Time:	Location:
Interview Date: Interview conducted by: Notes/Comments:	INTERVIEW DETAILS/COMMENTS Interview Time:	Location:
nterview Date: nterview conducted by: Notes/Comments:	INTERVIEW DETAILS/COMMENTS Interview Time:	Location:
nterview Date: nterview conducted by: lotes/Comments:	Interview Time:	Location: