

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

DATE	LOCATION	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A or B IS YES, ATTACH A STATEMENT GIVING DETAILS

Employment Record

(ATTACH SHEET IF MORE SPACE IS NEEDED)

NOTE: DOT Requires that employment for at least 3 years and/or Commercial Driving experience for the past 10 years be shown

MOST RECENT EMPLOYER – NAME: _____

ADDRESS: _____

POSITION HELD: _____ **FROM** _____ **TO** _____ **SALARY** _____

REASON FOR LEAVING _____

Were you subject to the FMCSR's 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 _____

SECOND RECENT EMPLOYER – NAME: _____

ADDRESS: _____

POSITION HELD: _____ **FROM** _____ **TO** _____ **SALARY** _____

REASON FOR LEAVING _____

Were you subject to the FMCSR's 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 _____

THIRD RECENT EMPLOYER – NAME: _____

ADDRESS: _____

POSITION HELD: _____ **FROM** _____ **TO** _____ **SALARY** _____

REASON FOR LEAVING _____

Were you subject to the FMCSR's 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 _____

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

USE INITIAL AND DATE ONE OPTION BELOW:

I AUTHORIZE A COPY OF MY MVR TO BE REQUESTED, RELEASED AND OBTAINED BY ELGIN RECYCLING

(YOUR INITIALS) DATE: _____

DO NOT AUTHORIZE A COPY OF MY MVR TO BE REQUESTED, RELEASED OR OBTAINED BY ELGIN RECYCLING

(YOUR INITIALS) DATE: _____

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'S SIGNATURE

DATE

INTERVIEW DETAILS/COMMENTS

Interview Date: _____ **Interview Time:** _____ **Location:** _____

Interview conducted by: _____, _____, _____

Notes/Comments:

Position Offered? Yes No **If yes, starting date?** _____

Location: AAR CLR Elgin EW Gilberts