

**Hiring Manager: Please verbally verify marked questions \*\*\*\* with applicant**

**ILLINOIS LOCATION ONLY**

**DRIVER'S APPLICATION FOR EMPLOYMENT**

Twin State, INC.

3541 E. Kimberly Road, Davenport, IA 52807

**(Equal Opportunity Employer)**

**(Answer ALL Questions—Please Print)**

Position(s) Applied For \_\_\_\_\_ Date You Can Start \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

Last three years' residences

Current Address \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_

\_\_\_\_\_ How Long? \_\_\_\_\_

\_\_\_\_\_ How Long? \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

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

Date of Birth (Required for Commercial Drivers) \_\_\_\_\_ Can you provide proof of Age? \_\_\_\_\_

Please provide the information below for your **UNEXPIRED** commercial motor vehicle license or permit:

Issuing State \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you have a medical card? \_\_\_\_\_

Have you ever had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended? \_\_\_\_\_

If yes, give details of facts and circumstances: \_\_\_\_\_

\_\_\_\_\_

<u>Name and Location of School</u>	<u>Years Attended</u>	<u>Graduate</u>	<u>Subject Studied</u>
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High School

College/Trade/Business/Correspondence

Have you applied to / or worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If yes, may we contact your current employer? \_\_\_\_\_

If not, how long since leaving your last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? \_\_\_\_\_ If yes, explain if you wish.

\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\* In the preceding two years, have you had a pre-employment drug/alcohol test read positive, or have you refused to test?**

\_\_\_\_\_

**\*\*\*\* Have you had any DOT violations involving alcohol/drug regulations?** \_\_\_\_\_

**\*\*\*\* Have you ever been required to complete a substance abuse rehabilitation program?** \_\_\_\_\_

**If yes, did you complete the program?** \_\_\_\_\_ **Date Program Completed** \_\_\_\_\_

**\*\*\*\* EMPLOYMENT HISTORY** List below ALL employers in the last three years, starting with most recent.

Name \_\_\_\_\_ Date from \_\_\_\_\_ Date to \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Equipment Driven \_\_\_\_\_

Contact Person \_\_\_\_\_ Salary/Wage \_\_\_\_\_

Phone \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**\*\* Did you drive a vehicle requiring a CDL?** \_\_\_\_\_ **were you drug/alcohol tested?** \_\_\_\_\_

Were you subject to FMCSRs? \_\_\_\_\_

Name \_\_\_\_\_ Date from \_\_\_\_\_ Date to \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Equipment Driven \_\_\_\_\_

Contact Person \_\_\_\_\_ Salary/Wage \_\_\_\_\_

Phone \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**\*\* Did you drive a vehicle requiring a CDL?** \_\_\_\_\_ **were you drug/alcohol tested?** \_\_\_\_\_

Were you subject to FMCSRs? \_\_\_\_\_

Name \_\_\_\_\_ Date from \_\_\_\_\_ Date to \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Equipment Driven \_\_\_\_\_

Contact Person \_\_\_\_\_ Salary/Wage \_\_\_\_\_

Phone \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

\*\* Did you drive a vehicle requiring a CDL? \_\_\_\_\_ were you drug/alcohol tested? \_\_\_\_\_

Were you subject to FMCSRs? \_\_\_\_\_

Name \_\_\_\_\_ Date from \_\_\_\_\_ Date to \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Equipment Driven \_\_\_\_\_

Contact Person \_\_\_\_\_ Salary/Wage \_\_\_\_\_

Phone \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

\*\* Did you drive a vehicle requiring a CDL? \_\_\_\_\_ were you drug/alcohol tested? \_\_\_\_\_

Were you subject to FMCSRs? \_\_\_\_\_

\*\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

For those drivers applying to operate a commercial motor vehicle, list the names and addresses of the applicant's employers during the seven-year period preceding the three years contained on Page 2 for which the applicant was an operator of a commercial motor vehicle with the dates of employment and the reasons for leaving, starting with the most recent.

Name \_\_\_\_\_ Date from \_\_\_\_\_ Date to \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Equipment Driven \_\_\_\_\_

Name \_\_\_\_\_ Date from \_\_\_\_\_ Date to \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Equipment Driven \_\_\_\_\_

Name \_\_\_\_\_ Date from \_\_\_\_\_ Date to \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Equipment Driven \_\_\_\_\_

Name \_\_\_\_\_ Date from \_\_\_\_\_ Date to \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Equipment Driven \_\_\_\_\_

ALL DRIVERS HAVE THE RIGHT TO REVIEW THE INFORMATION OBTAINED FROM PREVIOUS EMPLOYERS, AND TO CORRECT ERRORS.

**\*\*\*\*MOTOR VEHICLE ACCIDENTS** List all motor vehicle accidents, in which you were involved during the 3 years preceding this application.

<u>Date</u>	<u>Nature of Accident</u>	<u>Personal Injuries</u>	<u>Fatalities</u>

**\*\*\*\* MOTOR VEHICLE VIOLATIONS** List all violations of motor vehicle laws or ordinances (not parking) of which the applicant was convicted or forfeited bond or collateral during the 3 years preceding the date of this application.

<u>Date</u>	<u>Description of Violation</u>

**REFERENCES** Give below the names of two persons not related to you, whom you have known at least one year.

<u>Name</u>	<u>Address</u>	<u>Business</u>	<u>Years Known</u>

**AUTHORIZATION**

“I certify 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; and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize the investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment history, motor vehicle driving history related to accidents, drug and alcohol, violations or required rehabilitation as well as any pertinent information they may have, personal or otherwise, and release the company from all liability for damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

Applicant’s Signature

Date of Application