



TRUCK LINE

700 North 2nd Street • Quincy, IL 62301
Phone: 217-222-0248 • 800-747-0248 • Fax: 217-641-0115

Applications are held for 90 days. Applications are considered for position without regard to race, creed, color, sex, religion, age (other than minimum requirements), disability, marital status, or national origin

Application for Authorization to Drive

Please print plainly in ink and all blanks must be completed

Date of Application: ___/___/___ Home Phone #: (___) ___-___-___ Alt. Phone #: (___) ___-___-___

Position Applied for: [] Company Driver [] Full-time [] Part-time (Specify what days and hours) _____

Name: _____
First Middle Last Previously Used Names

Address: _____
Street City State Zip How Long?

Current Address: _____
Street City State Zip How Long?

List all Previous addresses for past 5 years:

Street City State Zip How Long?

Street City State Zip How Long?

SS# ___/___/___ Drivers License # _____ State _____ Class _____

Date of Birth: ___/___/___, if you are applying for a job as a commercial truck driver.
In case of an emergency, whom should we contact?

Name Phone Number Relationship
Name Phone Number Relationship

Have you ever failed or refused a pre-employment drug/alcohol test given by a company where you never accepted employment? Yes ___ No ___

Have you worked for this company before? Yes ___ No ___ Dates _____

Reason for leaving: _____

Do you have any relatives working for this company? Yes ___ No ___ If yes to this answer:
Name: _____ Relationship: _____

EMPLOYMENT RECORD FOR THE PAST TEN (10) YEARS

Begin with your present or most recent job and work backward in order, listing your employers for at least 10 years including all full and part time employment. All times must be accounted for including military service, self-employment, and periods of unemployment. Use supplementary sheet if necessary.

WE MUST HAVE TELEPHONE NUMBERS. INCLUDE PERIODS OF UNEMPLOYMENT

Are you presently employed? Yes No

May we contact your current Employer? Yes No

Previous Employer

Dates of Employment

To _____
(Month, Year)

From _____
(Month, Year)

Name: _____

Supervisor: _____

Address: _____

Telephone: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ Rate of Pay: _____

Driving Experience: All 48 Midwest South East West Northwest Mountains

Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump

Flatbed Tanker Autohauler Doubles Trailer Length: ___ Ft. Logbook required: _____

Approximate Total Number of Miles Driven for this Employer: _____

Reason for Leaving: Quit Fired Lay off Other Explain Circumstances: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? Yes No

Second Last Employer

Dates of Employment

To _____
(Month, Year)

From _____
(Month, Year)

Name: _____

Supervisor: _____

Address: _____

Telephone: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ Rate of Pay: _____

Driving Experience: All 48 Midwest South East West Northwest Mountains

Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump

Flatbed Tanker Autohauler Doubles Trailer Length: ___ Ft. Logbook required: _____

Approximate Total Number of Miles Driven for this Employer: _____

Reason for Leaving: Quit Fired Lay off Other Explain Circumstances: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? Yes No

Third Last Employer

Dates of Employment

To _____
(Month, Year)

From _____
(Month, Year)

Name: _____

Supervisor: _____

Address: _____

Telephone: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ Rate of Pay: _____

Driving Experience: All 48 Midwest South East West Northwest Mountains

Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump

Flatbed Tanker Autohauler Doubles Trailer Length: ___ Ft. Logbook required: _____

Approximate Total Number of Miles Driven for this Employer: _____

Reason for Leaving: Quit Fired Lay off Other Explain Circumstances: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? Yes No

Fourth Last Employer

Dates of Employment

To _____
(Month, Year)

From _____
(Month, Year)

Name: _____ Supervisor: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ Rate of Pay: _____

Driving Experience: All 48 Midwest South East West Northwest Mountains

Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump

Flatbed Tanker Autohauler Doubles Trailer Length: ___ Ft. Logbook required: _____

Approximate Total Number of Miles Driven for this Employer: _____

Reason for Leaving: Quit Fired Lay off Other Explain Circumstances: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? Yes No

Fifth Last Employer

Dates of Employment

To _____
(Month, Year)

From _____
(Month, Year)

Name: _____ Supervisor: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ Rate of Pay: _____

Driving Experience: All 48 Midwest South East West Northwest Mountains

Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump

Flatbed Tanker Autohauler Doubles Trailer Length: ___ Ft. Logbook required: _____

Approximate Total Number of Miles Driven for this Employer: _____

Reason for Leaving: Quit Fired Lay off Other Explain Circumstances: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? Yes No

Sixth Last Employer

Dates of Employment

To _____
(Month, Year)

From _____
(Month, Year)

Name: _____ Supervisor: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ Rate of Pay: _____

Driving Experience: All 48 Midwest South East West Northwest Mountains

Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump

Flatbed Tanker Autohauler Doubles Trailer Length: ___ Ft. Logbook required: _____

Approximate Total Number of Miles Driven for this Employer: _____

Reason for Leaving: Quit Fired Lay off Other Explain Circumstances: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? Yes No

Seventh Last Employer

Dates of Employment

To _____
(Month, Year)

From _____
(Month, Year)

Name: _____

Supervisor: _____

Address: _____

Telephone: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ Rate of Pay: _____

Driving Experience: All 48 Midwest South East West Northwest Mountains

Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump

Flatbed Tanker Autohauler Doubles Trailer Length: ___ Ft. Logbook required: _____

Approximate Total Number of Miles Driven for this Employer: _____

Reason for Leaving: Quit Fired Lay off Other Explain Circumstances: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? Yes No

Please answer the following questions with a "YES" or "NO"

1. Are you a U.S Citizen or otherwise lawfully authorized to work in this country? Yes No

2. Have you ever been convicted of a felony? Yes No

If Yes, WHEN ___ / ___ / ___ *A conviction records will not necessarily bar you from employment. Such factors as age and time of the offense, seriousness, and nature of the violation will be taken into account.*

3. Is there any reason that you might be unable to perform the functions of the job, for which you have applied, (Truck Driver), i.e.: but not limited to lifting, loading, unloading, minor maintenance, tarping and securement of loads, Fueling, and driving? Yes No

If yes, explain; _____

4. Have you been convicted for driving while intoxicated or driving while under the influence of drugs within the last five (5) years? Yes No

5. Are you familiar with the Federal Motor Carrier Safety Regulations? Yes No

6. Have you ever been denied a bond? Yes No

7. Have you ever had your drivers' license suspended or revoked? Yes No

License Information (You must have a valid CDL)

List all licenses held the past 5 years

Issuing State	License Number	Type	Expiration Date	Restrictions	Turned In?

Driving Record

Have you been convicted of any traffic violations in the past 4 years? Yes No

List all traffic violations except for parking tickets the last 4 years. If none, write "None".

Month/Year	Violation	Type of Vehicle	Location, City, State	Penalty/Fine	Points Assessed

Accidents

Have you been involved in any accident in the past 4 years? Yes No

List all accidents, preventable, non-preventable, regardless of \$\$ amount or fault in the past 4 years. If none, write "None"

Month/Year	Type of accident	Type of Vehicle	Location, City/State	\$\$ amount of Damage	Number of Fatalities	Number of Injuries	Were you ticketed	Were you at Fault

Cargo Claims

Have you had any cargo claims in the past 4 years? Yes No

List all claims, preventable, non-preventable, regardless of \$\$ amount or fault in the past 4 years. If none, write "None"

Month/Year	Type of Claim	\$\$ Amount of Claim	Type of Cargo	Were you charged for the claim?

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Check the following that apply: High School Diploma G.E.D. College Degree None of These

College: 1 2 3 4 5 6 7 8

List any Truck Driving Schools you have attended, dates of completion, and other safety training:

Military Status

Have you served in the United States Armed Forces? Yes No

Branch of Service _____ Dates: From ____ / ____ / ____ to ____ / ____ / ____

Reason for Leaving; _____

Honorable Discharge? Yes No, Explain _____

Are you currently involved in the National Guard or Reserves? Yes No

How long are you willing to be away from home? _____

How much home time will you need when you return? _____

How many miles or hours are you expecting per week? _____

How much do you expect to make per week, (gross)? _____

When are you available to start work for this Company? _____

I hereby acknowledge that prior to submitting this application, I have been informed that the information provided herein may be used to conduct current and previous employer's references or any other individuals this Company considers necessary.

I hereby authorize my current and previous employers, references, and any other individuals contacted by this company to release any past or present information requested, including but not limited to past drug and alcohol test results, and I release all providers of said information from any liability stemming from release of same information.

In connection with my application for employment with this Company, I understand that I have the right to review, correct or rebut any information obtained from former employers requested by this Company.

I understand that any false, misleading, or incomplete answers or statements shall be considered sufficient cause for denial or termination of employment and/or authorization to drive.

I understand that nothing contained in this application or in the granting of an interview or road test is intended to create an employment contract between this Company and myself, for either employment, authorization to drive, or for the providing of any benefits. No promises regarding employment or authorization to drive have been made to me, and no such promises exist unless specifically made by this Company in writing. If an employment relationship is established, I understand that, as an employee at will, I have the right to terminate my employment at any time, and this Company has the same right.

It is agreed and understood that if hired, I will be on a probationary period for 180 days during which time I may be discharged without recourse.

It is agreed and understood that if hired I will familiarize myself with and adhere to all company policies and procedures.

It is agreed that if hired I will follow all safety rules set by the company and/or the government.

Print Name _____ Social Security Number _____

Applicant's Signature _____ Date _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS
IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with Richard McNay, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Richard McNay, Inc ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.
LAST UPDATED 10/29/2012