

**DRIVER'S APPLICATION
FOR EMPLOYMENT**

Applicant Name _____ Date of Application _____

**Leader Services, Inc.
P.O. Box 399
Wood Dale, IL 60191**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, school, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospected employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

Applicant Hired _____ Rejected _____
Date Employed _____ Point Employed _____
Department _____ Classification _____
Signature of Interviewing officer _____

Date Terminated _____ Department released from _____

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Contact Person	Salary/Wage
Were you subject to the FMCSRs+ while employed? (yes or no)	Reason for leaving
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 or no)	

	DATE
Name	From Mo. Yr.
Address	To Mo. Yr.
City	Position Held
Contact Person	Salary/Wage
Were you subject to the FMCSRs+ while employed? (yes or no)	Reason for leaving
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 or no)	

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*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.

(+)The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a Motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has GVWR of 10,001 lbs. Or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE(ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

Dates	Nature of accident (Head-on, rear-end, upset, ect.)	Fatalities	Injuries	Hazardous material spill
Last Accident				
Next Previous				
Next Previous				
Next Previous				

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TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS(OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

Location	Date	Charge	Penalty

(attach sheet if more is needed)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years.

Drivers Licenses

State	License Number	Type	Expiration Date

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, GIVE DETAILS _____

DRIVING EXPERIENCE (YES OR NO)

Class of Equipment	Circle Type of Equipment	Dates:		Approximate number of miles (total)
		From (M/Y)	To (M/Y)	
Straight Truck	(Van, Tank, Flat, Dump, Refer)			
Tractor and Semi-trailer	(Van, Tank, Flat, Dump, Refer)			
Tractor -two trailers	(Van, Tank, Flat, Dump, Refer)			
Tractor-three trailers	(Van, Tank, Flat, Dump, Refer)			
Motorcoach-school bus (more than 8 passengers)				
Motorcoach-school bus (more than 15 passengers)				
Other _____				

List States Operated in the last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation, or other experience that may help in your work for this company

List courses and training other than shown elsewhere in this application

List special equipment or technical materials you can work with (other than those already shown)

EDUCATION

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended _____
(Name) (City, State)

TO BE READ AND SIGNED BY APPLICANT

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.

Signature _____ Date _____



Corporate Headquarters
875 N. Wood Dale Road
P.O. Box 399
Wood Dale, Illinois 60191
800-799-0930 Toll Free
224-345-3937 Fax

Employment Verification Release Form

- 1) **Notice of Drug and Alcohol Testing Requirements:** I authorize, per 49 CFR Part 40, the release of information from my D.O.T. regulated drug and alcohol testing records by the carriers (company/school) listed below to Leader Services, Inc. for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three (3) years; (i) alcohol tests with a result of 0.04 or higher; (ii) verified drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized Leader Services, Inc. to review involves tests required by the Department of Transportation (DOT). If any carrier (company/school) listed below furnishes Leader Services, Inc. with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests with the results below 0.04 during the three (3) year period and the name and phone number of any substance abuse professional who evaluated me during the past three (3) years.

- 2) **Authorization for Accident Information from Previous Employers:** I authorize my previous employer to release information to Leader Services, Inc. regarding accidents I was involved in during the past three (3) years, as required by 390.15 of the Federal Motor Carrier Safety Regulations, and as defined in 390.05 of the Federal Motor Carrier Safety Regulations.
- 3) **Authorization for Employment Verification/Reference Check:** I hereby authorize you to release the following information to Leader Services, Inc. for the purpose of Investigation as required by Section 391.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given the opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

Name of Applicant: _____

Social Security Number _____

Driver Signature _____



Post Office Box 399
Wood Dale, Illinois 60191

Employment Verification

Please return completed form to
(224) 345-3937

Drivers Full Name: _____

SSN: _____

Signature: _____

Date: _____

Company	City	State	Phone Number

The individual listed above has applied for a driving position with Leader Services, Inc. Please provide as much information as possible. Thank you.

Employment Dates: From: _____ To: _____

Reason for leaving: _____

Check all that apply						
Type:	OTR	Regional			Local	
Equipment:	Tractor Trailer	Flatbed	Doubles/Triples	Tankers	Straight Truck	Other
Trailer:	40 Ft	42 Ft	45 Ft	48 Ft	53 Ft	

Reason for Separation		
Current-None	Quit without Notice	Quit with Notice
Discharged	Lack of Work	Safety Record

Rate Driver				
Eligible for Rehire:	Yes	No	Upon Review	
Safety Habits:	Poor	Fair	Good	Excellent
Driving Skills:	Poor	Fair	Good	Excellent
Loyalty:	Poor	Fair	Good	Excellent
Attitude:	Poor	Fair	Good	Excellent
Resourcefulness:	Poor	Fair	Good	Excellent
Initiative:	Poor	Fair	Good	Excellent
Attendance:	Poor	Fair	Good	Excellent

Please Make a Yes or a No Selection for EACH Question *

Has driver ever refused a required drug or alcohol test?	Yes	No
Has driver ever tested positive on a required controlled-substance test?	Yes	No
Has driver ever tested at or above 0.02 on any required alcohol test?	Yes	No
Has driver ever violated any provisions of the DOT drug and alcohol testing regulations?	Yes	No
Have you received information from any previous employer that this individual violated DOT drug and alcohol regulations?	Yes	No

** In answering these questions, please include any drug or alcohol testing information obtained from previous employers under 40.25 or other DOT agency regulations.*

Contact Information for Person Completing This Form

Name _____ Phone _____
 Company _____ Date _____
 Address _____ Signature _____
 City, State, Zip _____

Accident Detail and Totals

Date: mm/dd/year	Preventalbe	Non-Preventalbe	Hazmat Release	No of Injuries	No of Fatalities	DOT Report Y/N	City	State	Damage Amount

Total Count _____ * Hazmat Release " Other than Fuel"

If accident count>5 please attach sheet with all required accident details

Comments and Descriptions _____

Driver Name _____
 Drivers Signature _____ Date _____