

DRIVER'S APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Home Telephone Number	Cell Telephone Number	Social Security Number (voluntary)
Any Other Telephone Number(s)	Email Address	

Previous	Street _____	City _____	State, Zip Code _____	How Long?	_____ yr./mo.
Addresses	Street _____	City _____	State, Zip Code _____	How Long?	_____ yr./mo.
	Street _____	City _____	State, Zip Code _____	How Long?	_____ yr./mo.

Do you have a legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ When? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? YES / NO

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the provided job description)?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON		PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

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*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), 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 a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR 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, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF YOU ANSWER YES TO EITHER OF THE ABOVE TWO QUESTIONS, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	YES		NO		CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. 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 FOR 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 ADDITIONAL COURSES AND TRAINING OTHER THAN PREVIOUSLY LISTED ON THIS APPLICATION

LIST ANY ADDITIONAL SPECIAL EQUIPMENT OR TECHNICAL MATERIALS WITH WHICH YOU CAN WORK

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

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. I authorize investigations and inquiries of matters necessary in arriving at an employment decision. By signing this, I acknowledge the AreA Landscape Supply, Inc. drug testing policy as dictated by DOT.

Signature: _____ DATE: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Previous Employer		Telephone Number	Fax Number
Previous Employer's Address – Street	City	State	Zip

I, _____ (Social Security Number _____) has made application to this company for a position as _____ and states that he/she was employed by your firm from _____ to _____. We would appreciate if you could take a couple of minutes to complete the following questions and return to my attention.

Sincerely,

I authorize you to release the following information for the purpose of investigation as required by Part 391.23.405 (f) & (h) of the FMCSR and in accordance with part 382.413 (a)(b)(c)(d)(e) of the FMCSR to:

PROSPECTIVE Employer		Telephone Number	Fax Number
Prospective Employer's Address – Street	City	State	Zip

Date _____ Applicant's Signature _____

- Are your employment dates accurate as shown? _____
- Did the applicant drive a motor vehicle for you? YES / NO TYPE? _____
- What type of trailing equipment was hauled? _____
- In which states did the applicant operate said equipment? _____
- Is this driver eligible for re-hire? YES / NO AGAINST COMPANY POLICY _____
- Is there any reason that I should consider not hiring this applicant? _____
- Was the applicant: DISCHARGED / LAID-OFF / RESIGN _____

Please rate the applicant in the following areas:	EXCELLENT	GOOD	FAIR	POOR
	Co-operation with others			
Safety Habits				
Personal Habits				
Driving Skills				
Attitude				
Professionalism				

Questions 8 through 12 are in accordance with Part 382.413 (a)(b)(c)(d)(e) of the FMCSR. (Check either the Yes or No box)

	YES	NO
8. Has this person ever tested positive for a controlled substance in the last two years?		
9. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last two years?		
10. Has this person ever refused a required test for drugs or alcohol in the last two years?		
11. Has this person committed any other violations of DOT agency drug and alcohol testing regulations?		
12. With respect to any DOT drug and alcohol violations, is there documentation of his/her successful completion of the return-to-duty process?		

If yes to any of questions 8-12, please give the SAP's (Substance Abuse Professional) information for further reference.

SAP Name		Telephone Number	
SAP Employer Address – Street	City	State	Zip

Completed by – Previous Employer Contact Name

Completed by – Previous Employer Contact Signature

Date

AREA
LANDSCAPE SUPPLY, INC.
18851 S. WOLF ROAD
MOKENA, IL 60448
PHONE 708-479-8400 FAX 708-479-8499

To: Johnson Insurance

FAX: 877-254-8586

RE: MVR Request

PLEASE PRINT:

Employee/Driver name:

Driver's License # & Issuing State:

Date of Birth:

I hereby authorize Area Landscape Supply to request my Motor Vehicle Report for the purpose of allowing company vehicle driving privileges.

SIGNED: _____ DATE: _____

AREA
LANDSCAPE SUPPLY, INC.
18851 S. WOLF ROAD
MOKENA, IL 60448
PHONE 708-479-8400 FAX 708-479-8499

Attn: Driver Candidate for Area Landscape Supply Co.

During this application process you may be asked to test-drive our equipment. To facilitate this, you will be asked to provide us with a copy of your CDL license when completing this application.

If you are hired as a driver for Area Landscape Supply Co., you will be required to supply us at your cost:

- An up-to-date Medical Examination Report.
- A satisfactory drug screen taken at our clinic.

If you have any questions regarding these requirements, please ask.

Management
Area Landscape Supply Co.