

Employment History

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer; (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. *(attach another sheet if more space is needed)*

A total of 10 years work history is required. All gaps in time must be shown.

Current or most recent employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations ? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving

PREVIOUS EMPLOYEE PRE-EMPLOYMENT DRUG & ALCOHOL TESTING STATEMENT

1. Have you ever failed a D.O.T. Drug and/or Alcohol Test? Yes No
2. Have you ever refused to take a D.O.T. Drug and/or Alcohol Test? Yes No
3. Have you ever violated any other D.O.T. Drug and/or Alcohol Regulations? Yes No
4. If the answer is yes to the above questions, provide details, attach second sheet if necessary
5. In the past two years have you tested positive, or refused to test, on any pre-employment drug or alcohol test, but did not get hired for a safety sensitive position as a result of the refusal or failure?
 Yes No
6. If yes to any of the above questions, please provide proof that you have successfully completed the SAP Evaluation, recommended treatment, return to duty testing and follow up testing . (Attach another sheet if necessary)

Signature

DATE

Accident record for past 3 years or more *(attach sheet if more space is needed)*

Last Accident:	_____	_____	_____	_____
	Date	Nature of Accident	Fatalities	Injuries
Next Previous:	_____	_____	_____	_____
	Date	Nature of Accident	Fatalities	Injuries
Next Previous:	_____	_____	_____	_____
	Date	Nature of Accident	Fatalities	Injuries

Traffic convictions and license forfeitures for the last 3 years *(other than parking violations)*

_____	_____	_____	_____
Location	Date	Charge	Penalty
_____	_____	_____	_____
Location	Date	Charge	Penalty
_____	_____	_____	_____
Location	Date	Charge	Penalty

Drivers License _____
 State _____ License (Type and Endorsements) _____ Expiration Date _____

Have you ever been denied a license, permit or privileges to operate a motor vehicle?

No Yes ...explain _____

Has any license, permit, or privilege ever been suspended or revoked?

No Yes ...explain _____

Have you ever been disqualified from driving subject to CFR49 Section 391 of the Federal Motor Carrier Regulations?

No Yes ...explain _____

Employment History –2nd Sheet

§391.21 (b)(10) A list of the names and addresses of the applicant' s employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer; (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant' s employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. *(attach another sheet if more space is needed)*

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving _____

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving _____

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving _____

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving _____



Request for Driving Record

Driver Applicant' s Release

I authorize you to release the following information to **F.E. Wheaton**, for the purpose of investigation as required under Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Driver Applicant' s Signature

Date

Requester' s Statement

1. As specified in Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law # 91-508, I hereby certify that the information you provide regarding the applicant' s driving record for the last 3 years will be used for the "permissible purposes" as defined in the Act, and that the information received will be used for no other purpose.

2. I further certify, that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615 (a) of the Fair Credit Reporting Act.

Requester' s Signature

Date

To Whom it May Concern:

The below named individual has made application to this company for a Driver position. As in accordance with Section 391.23, FMCSR, please furnish the undersigned with the applicant' s driving record for the past 3 years.

Applicant' s Name

Last

First

M.I.

Date of Birth

Social Security Number

Driver' s License Number

Address

City

State

Zip

Previous Address

City

State

Zip

Requested By

F.E. Wheaton

Address: 204 W. Wheaton Ave. City: Yorkville State: IL Zip: 60560

Contact Name

Title

Signature