



1051 S Westwood Ave. Addison IL 60101 (630) 543-4650 Fax (630) 543-4649

Application for Employment Driver Professional

Note; Read and complete all portions of this proposal in your own handwriting (legibly) in ink (Please Print). Applications that are incomplete or filled out in pencil may be rejected.

Personal Information

Home Phone: () _____

Name; _____

Cell Phone: () _____

Current Address _____

Street

City

State

Zip

How Long ? _____ Social Security# _____ - _____ - _____

Date Of Birth _____ (DOT requires age. All CMV Drivers must be at least 21 years old)

Have you ever been known by another name? ☐ Yes ☐ No

If Yes, Name; _____

Are you a U.S. Citizen? ☐ Yes ☐ No

If no, are you legally permitted to work in the U.S. ? ☐ Yes ☐ No

Type of Employment Desired ☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal

If you have lived at your current address for less than 5 years please provide previous 5 years.

Street	City	State	Zip	How Long?	

Street	City	State	Zip	How Long?	

How Did you hear about us?

☐ Sign On Monroe Vehicle ☐ Monster ☐ Craig's List ☐ Gov Employment Agency

☐ Walk In ☐ Monroe Employee Referral Name: _____

Military Service Record

Have you ever served in the U.S. armed forces? ☐ Yes ☐ No

Branch? ☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard ☐
Guard/Reserves

Education –Circle highest year completed

Grade School 1 2 3 4 5 6 7 8

High School 1 2 3 4

College 1 2 3 4

High School Diploma or Equivalent ☐ Yes ☐ No

List any training or special study you are attending or have completed.

_____	_____	From _____	To _____
Course	Certification		
_____	_____	From _____	To _____
Course	Certification		

Motor Vehicle Licenses

List all driver licenses held in the past 5 years (include multiple licenses if you have them)

State	License #	Class	Endorsements	Expiration Date

Accident Record (If none, write none)

List all accident involvements with any vehicle for the past 5 years (even if not at fault)

Date	Nature Of Accident Roll Over, Head-On Etc.	Were you Ticketed	Fatality ?	Injuries ?	Amount of Property Damage

Traffic Convictions (If none, write none)

List all traffic convictions and forfeitures for the past 5 years (In any motor vehicle other than parking)

Date	State	Violation (if speeding show rate of speed)	Penalty/Fine

Do you have a current Medical Examination Form? ☐ Yes ☐ No

Have you ever been fired from a job? ☐ Yes ☐ No

Has any license, or permit ever been suspended or revoked? ☐ Yes ☐ No

Have you ever been denied any type of insurance or bonding? ☐ Yes ☐ No

Personal History For The Past 10 Years

Begin with your present experience and work backward in order, listing all of your employers, periods of education, military service, self-employment, and unemployment for at least ten years. All time must be accounted for. Fill in all blanks or gaps in time for the past ten years. Your application cannot be processed without phone numbers.

Dates: From _____ To _____	Position Held
Company	Avg Wkly Earnings
Address	Reason For Leaving
City _____ State _____ Zip _____	Type Of Trailer
Phone ()	Equipment Type
Supervisor	# Of Accidents
FT / PT _____ Hours/Miles Per Wk _____	States Driven

★ May We contact this employer (if any) to verify your work record? ☐ Yes ☐ No

Period of unemployment (if any) _____ Dates: From _____ To _____

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Company	Avg Wkly Earnings
Address	Reason For Leaving
City _____ State _____ Zip _____	Type Of Trailer
Phone ()	Equipment Type
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Period of unemployment (if any) Dates: From _____ To _____

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Employment History Continued

Dates: From To	Position Held
Company	Avg Wkly Earnings
Address	Reason For Leaving
City State Zip	Type Of Trailer
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Please indicate below why you want to work for Monroe Transportation Services Inc.

Physical Requirements For Position

All applicants must meet the D.O.T. physical qualification requirements which are as follows:

No loss of foot, leg, hand, arm (unless the DOT has waived the requirement)

No impairment of:

- A hand or finger that interferes with prehension or power grasping.
- An arm, foot or leg that interferes with the ability to perform normal tasks associated with operating a motor vehicle (unless the DOT has waived the requirement)

No established history or current diagnosis of:

- Diabetes mellitus currently requiring insulin for control
- Epilepsy or any other condition likely to cause loss of consciousness or any loss of ability to control a motor vehicle.

No established medical history of or clinical diagnosis of any of the following likely to interfere with the ability to control, operate or drive a motor vehicle safely:

- Respiratory dysfunction
- Rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease.

No current clinical diagnosis of:

- Myocardial infarction (heart attack)
- Angina pectoris (chest pain)
- Coronary insufficiency (decrease in blood flow through the coronary blood vessels)
- Thrombosis (blood clots)
- Any other cardiovascular disease known to be accompanied by syncope (fainting) dyspnea (shortness of breath) collapse or congestive heart failure.
- High blood pressure likely to interfere with the ability to operate a motor vehicle safely.
- Alcoholism

No use of Schedule 1 drugs, an amphetamine, narcotic, or any other habit-forming drug except prescribed drugs that do not interfere with the ability to drive.

No mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with the ability to operate a motor vehicle safely.

Applicant Initials _____

IF YOU DO NOT MEET THE ABOVE STATED PHYSICAL REQUIREMENTS YOU WILL NOT BE ABLE TO DO THE JOB FOR WHICH YOU ARE APPLYING.

Are you physically able, with or without accommodation:

- | | | |
|------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|
| • To operate a commercial motor vehicle for long periods of time? | <input type="radio"/> Yes | <input type="radio"/> No |
| • To move freight weighing up to 75 lbs per pc from floor level up to 48 ft for extended periods of time ? | <input type="radio"/> Yes | <input type="radio"/> No |
| • To climb in and out of a tractor trailer 4 to 6 ft 10-30 times per day? | <input type="radio"/> Yes | <input type="radio"/> No |
| • To reach above shoulder level with both arms to load and unload freight for extended periods of time? | <input type="radio"/> Yes | <input type="radio"/> No |
| • To correspond with dispatchers? | <input type="radio"/> Yes | <input type="radio"/> No |
| • To complete written logs? | <input type="radio"/> Yes | <input type="radio"/> No |
| • To conduct pre-trip inspections of a tractor trailer? | <input type="radio"/> Yes | <input type="radio"/> No |
| • To fuel and perform preventative maintenance on a tractor trailer? | <input type="radio"/> Yes | <input type="radio"/> No |

TO BE READ AND SIGNED BY THE APPLICANT

The Employer is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

By completing this application, I;

- **Authorize Monroe Transportation Services Inc. (Employer) or it's agent to investigate my character, general reputation and prior employment by contacting my past employers, references or any other individuals the Employer considers necessary.**
- **Authorize Employer, my prior employers, references and any other individuals contacted by Employer to release any and all information they may have regarding me and absolve those parties who provide information requested from any and all liability related to their doing so;**
- **Acknowledge that any employment offered to me is at the will of Employer and may be terminated by Employer at any time, with or without cause;**
- **Acknowledge that I will be required and agree to submit to a physical examination and testing for drug use as part of Employer's evaluation procedures and authorize release of my results to Employer and Employer's use of those results in deciding whether I should be offered employment;**
- **Acknowledge and agree that evidence of illegal drug use during my employment will be grounds for immediate termination without recourse;**
- **Certify by my signature that all entries on this application and all information in it are true and complete to the best of my knowledge;**
- **Agree that, if any information in this application changes, I will immediately provide Employer with new and updated information;**
- **Agree that providing false, misleading or incomplete statements in this application or in connection with Employer's evaluation of me as a candidate for employment is grounds for immediate termination of my employment, regardless of when such information is discovered.**

This application is current for only (60) days. At conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant _____ Date ____/____/____