

610 Center Ave. Carol Stream, IL 60188 | ph. 630-480-4858 | fax 866-414-4595



Please bring following paperwork:

1. Driver License
2. MVR
3. Social Security Card
4. Employment record
5. Medical Card
6. Drug Test
7. Company Federal ID (EIN)
8. Truck/Trailer Registration
9. Truck/Trailer Annual Inspection
10. MC/DOT/Insurance
11. KY Permit
12. IFTA

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EMPLOYMENT RECORD

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM (M/Y) _____ TO (M/Y) _____
REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____

SECOND LAST EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM (M/Y) _____ TO (M/Y) _____
REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____

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THIRD LAST EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM (M/Y) _____ TO (M/Y) _____
REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____

FOURTH LAST EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM (M/Y) _____ TO (M/Y) _____
REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes _____ No _____