

Driver's Application for Employment

Company name **EVENNON, INC.**
Street address **10131 ANDERSEN AVE**
City, state zip code **CHICAGO RIDGE, IL 60415**
Phone / Fax number **(847) 621-2483 (847) 621-2601**

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant name (first middle last) _____

Date of application: _____

Cell phone: _____ Home phone: _____

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 Evennon, Inc. 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, schools, health care 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 prospective 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.

Applicants signature: _____

Date: _____

X _____

FOR EVENNON, INC. USE ONLY

APPLICANTS DO NOT WRITE UNDER THIS LINE

Recommended for hire

Date employed _____

Classification CMV DRIVER OVER THE ROAD

Rejected

Rejection reason _____

Signature of interviewing officer _____ Date _____

Interviewing officer printed name VLADICA MARJANOVIC

TERMINATION OF EMPLOYMENT

Termination date _____

Termination reason _____

Supervisor's signature _____

Supervisor's printed name _____

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Position(s) applied for	_____	EMERGENCY CONTACT INFO:
Name (first/last/middle)	_____	
Date of birth	_____	
Social security number	_____	
Gender	_____	
		Phone: _____
		Name: _____
		Relation: _____

Current drivers license information	Endorsements	Restrictions
Driver license number	_____	_____
Driver license issuing state	_____	_____
Driver license type	_____	_____
Driver license class	_____	_____
Driver license expiration date	_____	_____

Current street address: _____
 City, state zip _____

Previous address _____
(if less than 3 years on current)

Mailing address _____
(if different than current)

Do you have legal right to work in the United States? YES NO
 Have You worked for this company before? YES NO

If answered **YES** to previous question please, provide following information:

Where _____

Dates: From: _____ To: _____ Rate of pay: _____

Position held _____

Reason for leaving: _____

Are You now employed? YES NO
 IF **NO** how long since leaving last employment? _____
 Who referred You? _____

Have You ever been bonded? YES NO
 If **YES** please, provide the name of bonding company: _____

Have You ever been convicted for a felony? YES NO

(Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.)

If **YES**, please, explain:

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EMPLOYMENT HISTORY

Please, provide all required information COMPLETELY. The United States Department of Transportation requires that the driver applicants show all employment for past 3(three) years. Effective July1, 1987, they must also show commercial driver employment for the 7(seven) years preceding this 3(three) year period. FMCSR 391.21(b)(10)(11).

First previous company name	_____
Company address	_____
City, state zip code	_____
Phone / Fax	_____
Contact / supervisor name	_____
Employment period	From: _____ to: _____
Position Held	_____
Reason for leaving	_____
Were you subject to the FMCSRs while employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was it DOT regulated job, subject to the D&A testing requirements of 49 CFR part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Second previous company name	_____
Company address	_____
City, state zip code	_____
Phone / Fax	_____
Contact / supervisor name	_____
Employment period	From: _____ to: _____
Position Held	_____
Reason for leaving	_____
Were you subject to the FMCSRs while employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was it DOT regulated job, subject to the D&A testing requirements of 49 CFR part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Third previous company name	_____
Company address	_____
City, state zip code	_____
Phone / Fax	_____
Contact / supervisor name	_____
Employment period	From: _____ to: _____
Position Held	_____
Reason for leaving	_____
Were you subject to the FMCSRs while employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was it DOT regulated job, subject to the D&A testing requirements of 49 CFR part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fourth previous company name	_____
Company address	_____
City, state zip code	_____
Phone / Fax	_____
Contact / supervisor name	_____
Employment period	From: _____ to: _____
Position Held	_____
Reason for leaving	_____
Were you subject to the FMCSRs while employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was it DOT regulated job, subject to the D&A testing requirements of 49 CFR part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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EMPLOYMENT HISTORY (continued from previous page)

Please, provide all required information COMPLETELY. The United States Department of Transportation requires that the driver applicants show all employment for past 3(three) years. Effective July1, 1987, they must also show commercial driver employment for the 7(seven) years preceding this 3(three) year period. FMCSR 391.21(b)(10)(11).

Fifth previous company name	_____
Company address	_____
City, state zip code	_____
Phone / Fax	_____
Contact / supervisor name	_____
Employment period	From: _____ to: _____
Position Held	_____
Reason for leaving	_____
Were you subject to the FMCSRs while employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was it DOT regulated job, subject to the D&A testing requirements of 49 CFR part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sixth previous company name	_____
Company address	_____
City, state zip code	_____
Phone / Fax	_____
Contact / supervisor name	_____
Employment period	From: _____ to: _____
Position Held	_____
Reason for leaving	_____
Were you subject to the FMCSRs while employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was it DOT regulated job, subject to the D&A testing requirements of 49 CFR part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Seventh previous company name	_____
Company address	_____
City, state zip code	_____
Phone / Fax	_____
Contact / supervisor name	_____
Employment period	From: _____ to: _____
Position Held	_____
Reason for leaving	_____
Were you subject to the FMCSRs while employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was it DOT regulated job, subject to the D&A testing requirements of 49 CFR part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Eighth previous company name	_____
Company address	_____
City, state zip code	_____
Phone / Fax	_____
Contact / supervisor name	_____
Employment period	From: _____ to: _____
Position Held	_____
Reason for leaving	_____
Were you subject to the FMCSRs while employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was it DOT regulated job, subject to the D&A testing requirements of 49 CFR part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO

* - IF THERE IS MORE THAN EIGHT PREVIOUS EMPLOYERS USE SEPARATE SHEET OF PAPER

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ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (attach sheet if more space is needed)

Check here if no accident past 3 years

	Date	Accident description	Fatalities	Injuries	HM accid.	Tow
Last accident						
Second previous accident						
Third previous accident						
Fourth previous accident						
Fifth previous accident						

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (other than parking violations)

Check here if no convictions past 3 years

	Location (city, state)	Date	Violation	Penalty
First previous conviction				
Second previous conviction				
Third previous conviction				
Fourth previous conviction				
Fifth previous conviction				

DRIVING QUALIFICATIONS - LIST ALL DRIVERS LICENSES (OTHER THAN CURRENT) AND PERMITS HELD IN PAST 3 YEARS

	State	DL number	Type	Class	Expiration date
First previous DL or permit					
Second previous DL or permit					
Third previous DL or permit					

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 any of last two questions answered YES, please explain:

DRIVING EXPERIENCE

Equipment class	Equipment type	From	To	Approx. no. of miles

OTHER EXPERIENCE AND QUALIFICATIONS

List states or regions operated in last 5 (five) years _____
 List special courses or trainings you have that will help you as a driver _____
 List any safe driving awards you hold and from whom _____
 List special equipment or technical materials you can work with _____

EDUCATION LEVEL

Highest grade completed _____
 Last school attended _____
 Last school city, state _____

I hereby certify that information in this application was completely provided by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's name _____ Applicant's signature X _____ Date _____

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Motor vehicle driver's

CERTIFICATE OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1) POSSESS ONLY ONE LICENSE:

You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license. If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. **DESTROYING** a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

I hereby certify that I have read and understood above requirement.

- YES** - I agree with above requirement.
- NO** - I do not agree with above requirement.

The following license is the only one I will possess:

Drivers license number _____ State _____ Exp. date _____

2) NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:

Sections 391 .15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

I hereby certify that I have read and understood above requirement.

- YES** - I agree with above requirement.
- NO** - I do not agree with above requirement.

Applicant's printed name _____ Applicant's signature X _____ Date _____

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REQUEST FOR CHECK OF DRIVING RECORD

To: **Explore Information Services, Inc.**

Dear sir/madam, has made application with EVENNON, INC. for the position of . In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years. Thank You!

Applicant name _____
Address _____
City, state, zip _____
Date of birth _____
Social sec. number _____
DL number, state _____

Drivers release:

I hereby authorize 'EXPLORE INFORMATION SERVICES, INC.' to release my driving record information to EVENNON, INC. for purpose of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant's signature _____ Date _____
X _____

EVENNON, INC. statemet:

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:
1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.
I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

Requested by - printed name **VLADICA MARJANOVIC** Signature _____ Date _____

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Evennon Inc (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Evennon Inc (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015