

DRIVER'S APPLICATION FOR EMPLOYMENT

Air-Land Transport Service, Inc.

1020 W. Birchwood St.
P. O. Box 968
Morton, Illinois 61550
Telephone: (309) 263-2899

Applicant Name _____ Date of Application _____
(print)

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 you 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 inter-view(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.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State _____ Zip Code _____ Phone _____ How Long? _____
yr./mo.

Previous Addresses

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Do you have the 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? _____ Where? _____

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? _____

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 attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information 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.
ADDRESS			TO Mo.	YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER		SALARY/WAGE	
WERE YOU SUBJECT TO THE FMCSR st WHILE EMPLOYED?			REASON FOR LEAVING	
			<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				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME	FROM Mo. YR.		TO Mo. YR	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR st 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				

EMPLOYER			DATE	
NAME	FROM Mo. YR.		TO Mo. YR	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR st 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				

EMPLOYER			DATE	
NAME	FROM Mo. YR.		TO Mo. YR	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR st 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				

EMPLOYER			DATE	
NAME	FROM Mo. YR.		TO Mo. YR	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR st 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				

EMPLOYER			DATE	
NAME	FROM Mo. YR.		TO Mo. YR	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR st 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				

***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 SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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

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

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	Van Tank Flat Dump Refer			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	Van Tank Flat Dump Refer			
TRACTOR -TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	Van Tank Flat Dump Refer			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	Van Tank Flat Dump Refer			
MOTORCOACH-SCHOOLBUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—			
MOTORCOACH-SCHOOLBUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—			
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 COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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

This certifies 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.

Signature: _____ Date: _____

REQUEST FOR INFORMATION From Previous Employer

Applicant's Name: _____ Social Security Number: _____

YOU ARE HEREBY AUTHORIZED TO GIVE **AIR-LAND TRANSPORT SERVICE, INC.**, ALL INFORMATION REGARDING MY SERVICES, CHARACTER AND CONDUCT WHILE IN YOUR EMPLOY, AND YOU ARE RELEASED FROM ANY LIABILITY WHICH MAY RESULT FROM GIVING SUCH INFORMATION. IN ORDER TO ENABLE AIR-LAND TRANSPORT SERVICE, INC., TO COMPLY WITH THE REQUIREMENTS OF 49 CFR, I HEREBY CONSENT TO AIR-LAND TRANSPORT SERVICE, INC., OBTAINING FROM MY PRIOR EMPLOYERS THE INFORMATION PERTAINING TO MY EMPLOYMENT REGARDING ALCOHOL TESTS WITH A CONCENTRATION OF 0.04 OR GREATER, POSITIVE CONTROLLED SUBSTANCE TEST RESULTS, AND REFUSALS TO BE TESTED, WITHIN THE THREE (3) YEARS PRECEDING THE DATE OF THIS SIGNED RELEASE. I HEREBY AUTHORIZE AND DIRECT MY PRIOR EMPLOYERS TO RELEASE SUCH INFORMATION TO AIR-LAND TRANSPORT SERVICE, INC., IN PERSONAL INTERVIEWS, TELEPHONE INTERVIEWS, LETTERS, OR ANY OTHER METHOD THAT INSURES CONFIDENTIALITY. I HEREBY AUTHORIZE AIR-LAND TRANSPORT SERVICE INC., TO RELEASE ANY SUCH INFORMATION TO ANY OF ITS PERSONNEL WHOSE DUTIES REQUIRE THEM TO ASSESS THIS APPLICATION OR TO MAKE ANY RECOMMENDATIONS OR DECISIONS WITH RESPECT TO IT. I FURTHER AUTHORIZE AIR-LAND TRANSPORT SERVICE, INC. TO PHOTOCOPY THIS FORM AS MANY TIMES AS REQUIRED TO OBTAIN INFORMATION FROM ALL MY PREVIOUS EMPLOYERS. A COPY OF THIS FORM IS AS VALID AS THE ORIGINAL.

APPLICANT'S SIGNATURE: _____ DATE: _____

SIGN ABOVE WHEN COMPLETING APPLICATION

DO NOT WRITE BELOW THIS LINE (OFFICE USE ONLY!)

NAME OF COMPANY: _____ PHONE: _____

ADDRESS: _____ FAX #: _____

PERIOD OF EMPLOYMENT: PER APPLICANT: FROM: _____ TO: _____

PER EMPLOYER: FROM: _____ TO: _____

WHAT POSITION HELD: _____

WAS DRIVER: PART TIME FULL TIME COMPANY DRIVER OWNER/OPERATOR DRIVER FOR O/O N/A

EQUIPMENT: TRACTOR TRAILER VAN REEFER TANKER FLATBED OTHER _____

ACCIDENTS: TOTAL NUMBER: _____ PREVENTABLE: _____ NON-PREVENTABLE: _____

DOT ACCIDENTS: TOTAL NUMBER: _____ PREVENTABLE: _____ NON-PREVENTABLE: _____

WHY DID APPLICANT LEAVE YOUR EMPLOY? _____

IF DISCHARGED, PLEASE DESCRIBE: _____

IS APPLICANT ELIGIBLE FOR REHIRE? YES NO

DRUG/ALCOHOL:

HAS THIS PERSON TESTED POSITIVE FOR A CONTROLLED SUBSTANCE DURING THE PREVIOUS 3 YEARS? YES NO

HAS THIS PERSON HAD AN ALCOHOL TEST READING GREATER THAN .04 DURING THE PREVIOUS 3 YEARS? YES NO

HAD THIS PERSON REFUSED A REQUIRED TEST FOR DRUGS OR ALCOHOL DURING THE PREVIOUS 3 YEARS? YES NO

IF "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE THE SAP'S NAME, ADDRESS AND PHONE NUMBER FOR FURTHER REFERENCE.

NAME: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

ADDITIONAL COMMENTS: _____

BY: _____ DATE: _____

AIR-LAND TRANSPORT SERVICE, INC. REPRESENTATIVE REQUESTING INFORMATION: _____

DATE: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Air-Land Transport Services.

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" 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.

APPLICANT NAME _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____ LICENSE NUMBER _____

(Applicant's Signature) (Date)

.....
(Do Not Write Below This Line)

TO _____

GENTLEMEN:

The above named person has made application with our company for the position of a driver as 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.

REQUESTED BY:

Air-Land Transport Service, Inc.
(Name of Company)
1020 W. Birchwood
(Address)
Morton, IL 61550
(City) (State)

Safety Director
(Title)

(Signature)

(Date)

Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated. Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date ____ / ____ / ____

Referral Source

- | | | |
|---|---|---|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Company Employee | <input type="checkbox"/> Placement Office | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Advertisement - Source _____ | | <input type="checkbox"/> Other _____ |

Name of person who referred you IF APPLICABLE _____

Applicant Information

Name _____ Telephone # (____) _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

- Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|---|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Other |

Military Service:

- | | |
|---|---|
| <input type="checkbox"/> Pre-Vietnam Era | <input type="checkbox"/> Vietnam Era |
| <input type="checkbox"/> Post-Vietnam Era | <input type="checkbox"/> Disabled Veteran |

For Administrative Use Only

Position(s) applied for Available Not Available

Other positions considered for _____

Hired Yes No

Position hired for _____ Date of hire ____ / ____ / ____

From the EEO job classifications listed below, which one best describes the position filled?

- | | | |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |

Notes _____

Completed by _____ Date ____ / ____ / ____