

Application for Qualification

Company Glendenning Brothers, Inc Address 10128 Il. Rt. 72 P.O. Box 243

City Stillman Valley State Illinois Zip Code 61084

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None," do not leave the item blank, but write "No" or "None." This is important!

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Date _____ Check One: Contractor Driver

Name _____
(First) (Middle) (Last)

Phone Number (_____) _____ Emergency Phone Number (_____) _____

*Age _____ Date of Birth _____ Social Security Number _____

Physical Exam Expiration Date _____

Current & Three Years Previous Addresses:

From _____ To _____

From _____ To _____

From _____ To _____

From _____ To _____

Education and Employment History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

Give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____
(Street) (City) (State/Zip)
Position Held _____ Address _____
Reason For Leaving _____ Phone # (_____) _____

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____
Address _____
(Street) (City) (State/Zip)
Reason For Leaving _____ Phone # (_____) _____

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Other			

List states operated in for the last five years: _____

List special courses/training completed (PTD/DDC, Haz Mat, etc): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three years (attach sheet if more space is needed)

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three years)

State	License #	Type	Endorsements	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

C. Have you ever tested positive or refused a DOT drug or alcohol pre-employment test within the past two years from an employer who did not hire you?..... YES NO

D. Have you ever been convicted of a felony?..... YES NO

If the answers to A, B, C, or D is "YES", give details _____

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

