



Ennis Transportation Co., Inc.

P.O. Box 124 • Coal City, IL 60416

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

(answer all questions – please print)

Date of Application: _____

Position Applied For: **APPLYING FOR QUALIFICATION AS A LEASED DRIVER**

NAME: _____
 first middle last

DATE OF BIRTH: _____

ADDRESS: _____
 street

SOCIAL SECURITY # _____

PHONE # () _____

city state zip

ADDRESS FOR PAST THREE YEARS | _____
 street city state,zip

HOW LONG? _____

 street city state,zip

HOW LONG? _____

In case of emergency, please contact: _____ Phone#() _____

Do you have the legal right to work in the United States? _____ Can you provide proof of age? _____

Have you driven with Ennis Transportation Co., Inc? _____

If yes, dates: From _____ to _____ Reason for Leaving _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

Who referred you to Ennis Transportation Co., Inc? _____

In the past 3 years have you tested positive or refused to test on any drug/alcohol including pre-employment test? YES NO (if yes, the company's name, address, and phone #)

Is there any reason you might be unable to perform the functions as a Leased Driver for which you have applied for qualification?

If yes, explain

Have you ever been convicted of a felony? YES NO
(If yes, explain on a separate sheet of paper)

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle in intrastate 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)

**ALL EMPLOYMENT INFORMATION MUST BE COMPLETED TO BE ACCEPTED
ANY GAPS IN EMPLOYMENT/UNEMPLOYMENT MUST BE EXPLAINED!**

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		mo yr	mo yr
CITY/STATE/ZIP		Position:	
CONTACT	PHONE # ()	Salary/Wage:	
Were you subject to the Federal Motor Carrier Safety Regulations while employed here?	YES NO	Reason for Leaving:	
Was employment designated as a "safety sensitive function in regard to alcohol and drug testing required by 49 CFR Part 40?	YES NO		
EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		mo yr	mo yr
CITY/STATE/ZIP		Position:	
CONTACT	PHONE # ()	Salary/Wage:	
Were you subject to the Federal Motor Carrier Safety Regulations while employed here?	YES NO	Reason for Leaving:	
Was employment designated as a "safety sensitive function in regard to alcohol and drug testing required by 49 CFR Part 40?	YES NO		
EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		mo yr	mo yr
CITY/STATE/ZIP		Position:	
CONTACT	PHONE # ()	Salary/Wage:	
Were you subject to the Federal Motor Carrier Safety Regulations while employed here?	YES NO	Reason for Leaving:	
Was employment designated as a "safety sensitive function in regard to alcohol and drug testing required by 49 CFR Part 40?	YES NO		
EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		mo yr	mo yr
CITY/STATE/ZIP		Position:	
CONTACT	PHONE # ()	Salary/Wage:	
Were you subject to the Federal Motor Carrier Safety Regulations while employed here?	YES NO	Reason for Leaving:	
Was employment designated as a "safety sensitive function in regard to alcohol and drug testing required by 49 CFR Part 40?	YES NO		
EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		mo yr	mo yr
CITY/STATE/ZIP		Position:	
CONTACT	PHONE # ()	Salary/Wage:	
Were you subject to the Federal Motor Carrier Safety Regulations while employed here?	YES NO	Reason for Leaving:	
Was employment designated as a "safety sensitive function in regard to alcohol and drug testing required by 49 CFR Part 40?	YES NO		
EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		mo yr	mo yr
CITY/STATE/ZIP		Position:	
CONTACT	PHONE # ()	Salary/Wage:	
Were you subject to the Federal Motor Carrier Safety Regulations while employed here?	YES NO	Reason for Leaving:	
Was employment designated as a "safety sensitive function in regard to alcohol and drug testing required by 49 CFR Part 40?	YES NO		

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF NEEDED)

(if none state "NONE")

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-ENDED, UPSET, ETC.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS?
Month/Year				YES NO
Month/Year				YES NO
Month/Year				YES NO

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

(if none state "NONE")

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGHSCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____
NAME CITY/STATE

EXPERIENCE AND QUALIFICATIONS

DRIVER'S LICENSES	STATE	LICENSE #	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 OF THESE IS "YES", ATTACH A STATEMENT GIVING FULL DETAILS!

DRIVING EXPERIENCE

DATES	TYPE OF EQUIPMENT (circle all that apply)	DATES:		APPROXIMATE # OF MILES (TOTAL)
		FROM:	TO:	
Straight Truck	Van, Reefer, Tank, Flat			
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat			
Tractor & Two Trailers	Van, Reefer, Tank, Flat			
OTHER	Van, Reefer, Tank, Flat			

LIST STATE OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK WITH ENNIS TRANSPORTATION CO., INC

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION.

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOUR CAN WORK WITH (other than those already shown)

TO 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.

As a condition of my qualification, I agree to pre-employment controlled substance testing, as per Federal Motor Carrier Safety Regulations, Section 391.103. I understand a "positive" test will medically disqualify me from the operation of a commercial motor vehicle for this company. The Medical Review Officer will maintain results. Negative and positive results will be reported to ENNIS TRANSPORTATION CO., INC.

I authorize ENNIS TRANSPORTATION CO., 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 a qualification decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of qualification 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 my qualification, I understand that false or misleading information given in my application or interview(s) may result in disqualification. I understand, also, that I am required to abide by all policies of ENNIS TRANSPORTATION CO., INC and by all Federal and State Regulations regarding Commercial Vehicle Driver's and the Operation of Commercial Motor Vehicles.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contracted for the purpose of investigating my safety performance history required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

Review information provided by current/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 employers; 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.

Date

Applicant's Signature

REQUEST FOR INFORMATION
 From Previous Employer on Past Driver Qualification
 & Alcohol/Controlled Substance Testing

I hereby authorize you to release the following information to: ENNIS TRANSPORTATION CO., INC for purposes of investigation as required by Section 391.23 and in compliance with 382.405 (Alcohol & Controlled Substances Testing) of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

 (Date)

 (Applicant's Signature)

ENNIS TRANSPORTATION CO., INC
 ATTN: SAFETY DEPARTMENT
 PO BOX 124
 COAL CITY, IL 60416

PHONE #
 800-527-6772

FAX#
 815-634-4607

 Phone #

 Fax #

Dear Sir/Madam:

The below named individual has made application to **ENNIS TRANSPORTATION CO., INC** for a position as a Leased Qualified Driver and states that he/she was qualified by you as a Driver and/or Owner/Operator from _____ to _____

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience or return by fax/E-Mail to the above number/address. Thank you for your courtesy.

Sincerely,

 Safety Department

Name of Applicant:

S.S#

Date of Birth:

1. Dates Qualified: _____ Job Title: _____

2. Type of Equipment: Straight Truck Tractor/Trailer Other: _____

3. Type of Trailer: Flat Van Dump Other: _____

4. Type of Driving: OTR Local Single Team

5. Areas Operated: All 48 East Mid-West West

6. Commodities Hauled: _____

7. Were Logs and Paperwork kept properly? YES NO

8. Any problems with Shippers or Consignees? YES NO

9. Would you consider Driver Safe and Efficient? YES NO

10. Does your company have 48 state authorities? YES NO if no, what area: _____

Motor Vehicle Driver's

**CERTIFICATION 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) You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.

If you currently have more than one license, you should 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, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) Sections 392.42 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 to your employing motor vehicle carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

Driver's Signature: _____

Notes: _____

RECRUITING FAX 815-634-4607

**TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization**



Send to Fax# (800) 267-4093 (Manual Service)

Send to Fax# (800) 257-8069 (Database Retrieval)

HireRight Customer:	
Company Name:	<u>ENNIS TRANSPORTATION CO. INC</u>
Company Contact Name:	<u>SAFETY DEPARTMENT</u>
Fax #:	<u>815-634-4607</u>
HireRight Customer #:	<u>4988</u> Sub-account: _____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE *PSP Online Service*

In connection with your application for employment with Ennis Transportation Company, Inc. ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below.

I authorize Ennis Transportation Company, 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 consenting to 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://datags.fmcsa.dot.gov>. If I am challenging 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 Stat for adjudication.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent from, Prospective Employer my 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 NICT solely for the use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a drive consent form related to PSP, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.