



Midwest Companies
275 Sola Drive, Gilberts, IL 60136
P: 847-426-6354/F: 847-426-0146
www.mwcompanies.com

DRIVER APPLICATION

You must answer every question. If a question does not apply to you, answer with Not Applicable (N/A).

In compliance with local, state, and federal equal employment opportunity laws, qualified applicants are considered for all positions without regard to age, race, color, sex, sexual orientation, marital status, veteran status, or non-job related disability. Please advise in advance, if you need any type of special accommodation to complete this application form or need to take any pre-employment test.

Date: ___/___/___ Type of driver operation desired (circle one): LOCAL REGIONAL OTR

Name: ___ Social Security No: ___
Last First MI

Address: ___ How Long: ___
Street City State/Zip Code

If you were at above address less than 3 years, list your previous addresses (must list 3 years of address history total).

Address: ___ How Long: ___
Street City State/Zip Code

Address: ___ How Long: ___
Street City State/Zip Code

Home Phone: (___) ___ Cell Phone: (___) ___

Email: ___ Date available: ___/___/___

Date of Birth: ___/___/___ Can you provide proof of age? Yes [] No []
(Required for driving position)

Are you authorized to work in the U.S.? Yes [] No []

Have you worked for this company before? Yes [] No [] If yes, when: _____

Are you employed now? Yes [] No [] If no, how long since leaving last employment? _____

Have you ever been fired or asked to resign by an employer? Yes [] No []

If yes, please explain: _____

Who referred you? _____ Rate of pay expected _____

DRIVER RIGHTS REGARDING INVESTIGATIVE INFORMATION

Per FMCSR §391.21 (d) Before an application is submitted, the motor carrier must inform the applicant that the information he/she provides in accordance with §391.21(b)(10) may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history information as required by §391.23(d) and §391.23(e) of the FMCSR. The prospective employer must also notify the driver in writing of his/her due process rights as specified in §391.23(i) regarding information received as a result of these investigations. You, the applicant, have the following due process rights as specified in §391.23(i):

- (i) The right to review information provided by previous employers
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records received pursuant to §391.23(i) must send the request for the correction to the previous employer that provided the records to the prospective employer. The previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

Driver's wishing to rebut information in records received pursuant to §391.23(i) must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history. Within 5 business days of receiving a rebuttal from a driver, the previous employer must:

1. Forward a copy of the rebuttal to the prospective motor carrier employer
2. Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement

The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction. The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at §386.12.

No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against:

1. A motor carrier investigating the information described in §391.23(d) and §391.23(e) of the FMCSR, of an individual under consideration for employment as a commercial motor vehicle driver
2. A person who has provided such information
3. The agents or insurers of a person described in 1 and 2 directly above, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

The protections of §391.23(l)(1) do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

Records regarding the safety performance history are required to be maintained by the motor carrier of a new or prospective driver in a secure location with controlled access. This data must only be used for the hiring decision.

I have read and understand my right of due process relating to the investigative information of the safety performance history.

Driver Applicant Printed Name _____

Driver Applicant Signature _____ **Date** ____/____/____

EMPLOYMENT HISTORY *(cont. on next page)*

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of each employer; (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. *(Attach another sheet if more space is needed)*

A total of 10 years work history is required. All gaps in time must be shown.

Current or most recent employer

Business Name	Employment Dates	Start Date (mm/yy): /	End Date (mm/yy): /
Street Address	Position	Status	Salary
City State Zip	Was your position designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing requirements as required by 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone No.	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Were you subject to Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Supervisor Name	Email	Reason for leaving	

Next previous employer

Business Name	Employment Dates	Start Date (mm/yy): /	End Date (mm/yy): /
Street Address	Position	Status	Salary
City State Zip	Was your position designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing requirements as required by 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone No.	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Were you subject to Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Supervisor Name	Email	Reason for leaving
-----------------	-------	--------------------

Next previous employer

Business Name	Employment Dates	Start Date (mm/yy): /	End Date (mm/yy): /
Street Address	Position	Status	Salary
City State Zip	Was your position designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing requirements as required by 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone No.	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
Supervisor Name	Email	Reason for leaving	

Next previous employer

Business Name	Employment Dates	Start Date (mm/yy): /	End Date (mm/yy): /
Street Address	Position	Status	Salary
City State Zip	Was your position designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing requirements as required by 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone No.	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
Supervisor Name	Email	Reason for leaving	

EMPLOYMENT HISTORY --- 2nd Sheet

Next previous employer

Business Name	Employment Dates	Start Date (mm/yy): /	End Date (mm/yy): /
Street Address	Position	Status	Salary
City State Zip	Was your position designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing requirements as required by 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone No.	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Were you subject to Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Supervisor Name	Email	Reason for leaving	

Next previous employer

Business Name	Employment Dates	Start Date (mm/yy): /	End Date (mm/yy): /
Street Address	Position	Status	Salary
City State Zip	Was your position designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing requirements as required by 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone No.	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Were you subject to Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Supervisor Name	Email	Reason for leaving	

Next previous employer

Business Name	Employment Dates	Start Date (mm/yy): /	End Date (mm/yy): /
---------------	------------------	--------------------------	------------------------

Street Address	Position	Status	Salary
City State Zip	Was your position designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing requirements as required by 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone No.	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Were you subject to Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Supervisor Name	Email	Reason for leaving	

Next previous employer

Business Name	Employment Dates	Start Date (mm/yy):	End Date (mm/yy):
		/	/
Street Address	Position	Status	Salary
City State Zip	Was your position designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing requirements as required by 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone No.	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Were you subject to Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Supervisor Name	Email	Reason for leaving	

Next previous employer

Business Name	Employment Dates	Start Date (mm/yy):	End Date (mm/yy):
		/	/
Street Address	Position	Status	Salary
City State Zip	Was your position designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing requirements as required by 49 CFR part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Phone No. _____	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
Supervisor Name _____	Email _____	Reason for leaving _____

PREVIOUS EMPLOYEE PRE-EMPLOYMENT DRUG & ALCOHOL TESTING STATEMENT

- Have you ever failed a D.O.T. Drug and/or Alcohol Test? Yes No
- Have you ever refused to take a D.O.T. Drug and/or Alcohol Test? Yes No
- Have you ever violated any other D.O.T. Drug and/or Alcohol Regulations? Yes No
- If the answer is yes to any of the above questions, provide details (attach second sheet if necessary)
- In the past two years have you tested positive, or refused to test, on any pre-employment drug or alcohol test, but did not get hired for a safety sensitive position as a result of the refusal or failure?
Yes No
- If yes to any of the above questions, please provide proof that you have successfully completed the SAP Evaluation, recommended treatment, return to duty testing and follow up testing. (attach another sheet if necessary)

Signature Date

Accident record for past 3 years or more (from date application is submitted; attach sheet if more space is needed)

Last Accident:	_____	_____	_____	_____
	Date	Nature of Accident	Fatalities	Injuries
Next Previous:	_____	_____	_____	_____
	Date	Nature of Accident	Fatalities	Injuries
Next Previous:	_____	_____	_____	_____
	Date	Nature of Accident	Fatalities	Injuries

Violations of motor vehicle laws or ordinances (other than parking violations) of which you were convicted, forfeited bond, or collateral for past 3 years or more (from date application is submitted; attach sheet if more space is needed)

_____	_____	_____	_____
Location	Date	Charge	Penalty
_____	_____	_____	_____
Location	Date	Charge	Penalty
_____	_____	_____	_____
Location	Date	Charge	Penalty

Driver's License _____
State License (Number, Type, Endorsements) Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

No Yes ... explain _____

Has any license, permit, or privilege ever been suspended or revoked?

No Yes ... explain _____

Have you ever been disqualified from driving subject to CFR49 Section 391 of the Federal Motor Carrier Regulations?

No Yes ... explain _____

DRIVING EXPERIENCE: (Class of Equipment)

Straight Truck:

Type of Equipment (Van, Tanker, Flatbed, Reefer etc.)	From (mm/yy)	To (mm/yy)	# of Miles (Total)
---	--------------	------------	--------------------

Tractor Trailer:

Type of Equipment (Van, Tanker, Flatbed, Reefer etc.)	From (mm/yy)	To (mm/yy)	# of Miles (Total)
---	--------------	------------	--------------------

Other:

Type of Equipment (Van, Tanker, Flatbed, Reefer etc.)	From (mm/yy)	To (mm/yy)	# of Miles (Total)
---	--------------	------------	--------------------

List states operated in for the last five years: _____

Special courses of training that will help you as a driver: _____

Safe driving awards held and from whom: _____

Show any trucking, transportation, or other experiences that may help in your work for this company:

List courses and training other than shown elsewhere in the application: _____

List special equipment or technical materials you can work with: _____

EDUCATION

Circle highest grade completed:

1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 Other: _____

Last school attended: _____
Name City/State

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Part 382.301, pre-employment testing requirements apply to driver applicants of our company.

382.301 Pre-Employment testing requirements include the following:

- a) A motor carrier shall require a driver applicant, who the motor carrier intends to hire, to be tested for the use of controlled substances as a pre-qualification condition.
- b) A driver applicant shall submit to a controlled substance test as a pre-qualification process.
- c) Prior to collection of a urine sample under 382.113 of this subpart, a driver applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing. I understand a positive test for controlled substances based on the urinalysis test will medically disqualify me from the operation of a commercial motor vehicle for this company. The Medical Review Officer will maintain the results of the urinalysis test. Negative and positive test results will be reported to the company.

My written authorization is required for the urinalysis test results to be given to other parties. I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant Name (*please print*): _____

Applicant Signature: _____ Date Signed: _____

Company Representative Signature: _____ Date Signed: _____

CERTIFICATE OF COMPLIANCE

Notice To Drivers

The commercial Motor Vehicle Safety Act of 1986 provides a set of controls over the drivers of commercial motor vehicles. Generally, the law applies to all drivers operating vehicles and combinations of vehicles with a Gross Vehicle Weight Rating or Gross Combination Weight Rating over 26,001 pounds, vehicles designed to transport 16 or more passengers, and any vehicle, regardless of weight, transporting hazardous materials. The following provisions became effective July 1, 1987:

- 1) No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
- 2) A driver convicted of a traffic violation, other than parking, must notify the carrier in writing within 30 days.
- 3) Any person applying for a job as a driver of a commercial motor vehicle must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
- 4) In addition, the Federal Motor Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise the motor carrier in writing the next business day after receiving such notice or action.
- 5) Any violation is punishable by a fine not to exceed \$2,500, and any willful violation is subject to criminal fine not to exceed \$5,000 or imprisonment up to 90 days, or both.

Certification by Driver

I hereby certify that I have read and understand the summarized driver provisions of the Commercial Motor Vehicle Safety Act of 1986 and its regulations which became effective on July 1, 1987. I further understand that any falsification or negligence to state all required information on this form may lead to my termination of employment or contract.

Driver's Full Name:	Last	First	Middle Initial	Social Security Number
---------------------	------	-------	----------------	------------------------

Driver's Address:	Street	City	State	Zip Code
-------------------	--------	------	-------	----------

Driver's License Number	Type / Class / Endorsements	State Issued
-------------------------	-----------------------------	--------------

I further certify that the above commercial vehicle license is the only one I hold Yes No

I have surrendered the following license(s) to the state(s) indicated. (write NA if not applicable)

License: State	Type / Class	Identification Number
----------------	--------------	-----------------------

License: State	Type / Class	Identification Number
----------------	--------------	-----------------------

Driver's Signature _____

Date _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: (print) _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check One: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return – to – duty requirements?

Check One: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By Signature: _____ Date: _____

FAIR CREDIT REPORTING ACT - DISCLOSURE

To Be Completed By Driver

In accordance with the provisions of Section 604(b)(2)(A) 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 I, of Public Law 104-208), You are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record will be obtained on you for employment purposes with this company.

These reports are required by sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Driver's Full Name:	Last	First	Middle Initial	Social Security Number

Driver's Signature

Date

Midwest Companies

NOTICE TO ALL APPLICANTS AND EMPLOYEES

Please be advised that all applicants, after a formal interview and regardless of the position being applied for, will be subject to a background screening including verification of past employment, criminal record, and a motor vehicle report, if applicable. These reports will be compared to the information provided on the employment application for accuracy and truthfulness. Failure to provide truthful information may result in the removal of the employee's name from the eligibility list.

The illegal use of drugs and the abuse of alcohol are problems that invade the workplace, endangering the health and safety of the abusers and those who work around them. Midwest Companies is committed to creating and maintaining a workplace free of substance abuse. Our policy formally and clearly states the illegal use of drugs or abuse of alcohol or prescription drugs will not be tolerated. As a means of maintaining our policy, we have implemented, as of November 2013, pre-employment drug testing for all newly hired employees, as outlined in our Safety Manual (Section 2.3 - Drug and Alcohol Policy), and random drug testing for all active employees covered by DOT regulations, as outlined in our DOT Drug and Alcohol Policy. An employee whose conduct violates this substance abuse policy will be subject to discipline *up to and including termination*.

After a written offer of employment has been made, and prior to the commencement of all employment duties, all job applicants will be required to undergo a pre-employment drug screening administered by an outside lab, and paid for by Midwest Companies. Any applicant whose test results are positive for drugs or alcohol, unless the result was due to a prescription or over-the-counter medication at a therapeutic level which would not affect job performance, will result in a withdrawal of the employment offer and removal of the employee's name from the eligibility list.

While employed by Midwest Companies, drivers, whose job duties require them to possess a valid Commercial Driver's License (CDL) and are subject to the DOT testing regulations, will be placed in a separate random testing pool containing only DOT-covered employees for purposes of DOT compliance. With regard to those employees covered by DOT regulations, federal regulations shall be considered as preempting any inconsistent state or local laws or regulations.

Please note that any employment with Midwest Integrated Companies is "at will." This means that you are free to end your employment with the company at any time and for any reason. It also means that the company can end your employment at any time and for any reason that is not illegal under state or federal law.

I have read and understand this notice. 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. I understand that false or misleading information in my application or interview may result in the removal of my name from the eligibility list. In the event of employment, I understand false or misleading information given in my application or in interview(s) may result in discharge. I understand that any offer of employment made by Midwest Companies is conditional upon a negative drug test. I agree to and hereby authorize the release of the results of the drug screen to Midwest Companies.

Signature

Date