



"Superior Service, Every Single Delivery."

Return by Fax: 708-496-4662

Owner Operator Application

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP. ANSWER ALL QUESTIONS - PLEASE PRINT

Date of Application ___/___/___

Position applied for _____

Name _____ Social Security No. ___/___/___

Last First Middle

Address _____

Street City

_____ Phone _____

State

Zip

List all addresses for past 7 years

_____ How Long? _____
Street City State & Zip Code

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Street City State & Zip Code

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Street City State & Zip Code

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Street City State & Zip Code

Are you a U.S. Citizen? _____

Date of Birth _____ Can you provide proof of age? _____

Required for Truck Drivers

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

Who referred you? _____

Physical History

List any handicap that prevents you from doing certain kinds of work _____

Are you physically capable of heavy manual work? _____

Ever injured on the job? _____ Give nature and degree of such injuries _____

How much time lost from work in past three years for illness? _____

Are you willing to take a physical examination? _____

EMPLOYMENT FOR THE PAST 10 YEARS

ATTACH ADDITIONAL SHEETS AS NECESSARY Employer Name			
Address	City, State Zip Code		Telephone
Position Held	From	To	Salary
Reason for leaving	Supervisors' Name		

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Position Held	From	To	Salary
Reason for leaving	Supervisors' Name		

MILITARY STATUS

Have you served in the U.S. Armed Forces? _____ Branch _____ From _____ To _____

Date of discharge _____ DD 214 Available _____

EDUCATION

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 Degree _____

DRIVER QUALIFICATIONS

	STATE	LICENSE NO.	LICENSE TYPE	EXPIRATION DATE
LIST ALL				
DRIVERS LICENSES				
HELD DURING				
PREVIOUS 10 YEARS				

CURRENT
LICENSE ENDORSEMENTS _____

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 has ever been suspended or revoked? YES NO

If the answer to either A or B is yes, attach statement giving details

DRIVING EXPERIENCE

CLASS	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/TRAILER				
DOUBLES, TRIPLES				
OTHER				

LIST STATES OPERATED IN DURING LAST 7 YEARS

DO YOU HOLD ANY SAFE DRIVING AWARDS? _____ FROM WHOM _____

ACCIDENT RECORD FOR PAST 7 YEARS. (ATTACH ADDITIONAL SHEET IF NECESSARY)

ACCIDENT DATE	TYPE OF ACCIDENT (HEAD - ON, REAR - END, ROLLOVER, ETC)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS LAST 7 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	OFFENSE	PENALTY

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE INVOLVING ALCOHOL OR DRUGS WHILE OPERATING A MOTOR VEHICLE? YES NO

IF THE ANSWER IS YES, ATTACH SEPARATE SHEET PROVIDING DETAILS.

HAVE YOU EVER BEEN DISCHARGED FOR VIOLATION OF FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO

IF THE ANSWER IS YES, ATTACH SEPARATE SHEET PROVIDING DETAILS.

MAINTENANCE QUALIFICATIONS

EQUIPMENT YOU CAN

OPERATE / REPAIR	CHECK	YEARS OF EXPERIENCE	OPERATE / REPAIR	CHECK	YEARS OF EXPERIENCE
FORK LIFT			ELECTRICAL		
AIR BRAKES			SYSTEMS		
REBUILD/SERVICE			TRANSMISSION		
SHEET METAL			REBUILD		
EQUIPMENT			AIR CONDITIONING		
MIG / TIG			SERVICE/REPAIR		
WELDING			CLUTCH		

ENGINE HOIST			REBUILD/SERVICE		
WHEEL & TIRE			ALIGNMENT		
SERVICE			SERVICE		
TRANSMISSION			SUSPENSION		
HOIST / JACK			REBUILD/SERVICE		
TANK TRAILER			GRINDER/CUTTER		
SERVICE/INSPECT			ENGINE		
DIFFERENTIAL			REBUILD/SERVICE		
REBUILD			OTHER (SPECIFY)		

DO YOU HAVE YOUR OWN TOOLS? YES NO LIST PROFESSIONAL CERTIFICATIONS HELD _____

CLERICAL QUALIFICATIONS

INDICATE TRAINING AND EXPERIENCE IN THE FOLLOWING

EXPERIENCE	TRAINING (CHECK)	YEARS OF EXPERIENCE	EXPERIENCE	TRAINING (CHECK)	YEARS OF EXPERIENCE
TYPING			PHONES		
DISPATCHING			RECEPTION		
BILLING			CLAIMS		
OS & D			CALCULATOR		
WINDOWS PC			ACCOUNTING A/R A/P		
CASHIER			PAYROLL		
MICROSOFT OFFICE					

LIST PROFESSIONAL CERTIFICATIONS HELD _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that I prepared this application and that all information is true and complete. I authorize you to make investigations as to my employment, medical, financial, and other related matters necessary to make an employment decision. I hereby release anyone responding to these investigations of all liability related to the release of such information. I understand that false and misleading information in this application and interview(s) is cause for dismissal. If hired, I agree to abide by all lawful rules and regulations of the company.

DATE ___/___/___ APPLICANT'S SIGNATURE _____

LEASED REJECTED DATE ___/___/___ CLASSIFICATION _____

SIGNATURE OF INTERVIEWING OFFICER _____

TERIMINATION DATE ___/___/___

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION TO ALTOM TRANSPORT, INC. FOR THE PURPOSE OF INVESTIGATION AS REQUIRED BY SECTION 391.23 AND SECTION 383.35 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS. YOU ARE RELEASED FROM ANY AND ALL LIABILITY THAT MAY RESULT FROM FURNISHING SUCH INFORMATION.

DATE _____ APPLICANT'S SIGNATURE _____

PREVIOUS EMPLOYER: _____

PHONE _____ FAX _____

ATTN _____

THE BELOW NAMED PERSON HAS MADE APPLICATION TO THIS COMPANY FOR A POSITION AS A _____ AND STATES THAT HE/SHE WAS EMPLOYED BY YOU AS A _____ FROM _____ TO _____. PLEASE COMPLETE THE INFORMATION REQUESTED BELOW AT YOUR EARLIEST CONVENIENCE. THANK YOU FOR YOUR TIME AND COURTESY.

NAME OF APPLICANT _____ S.S.# _____

1. ARE DATES OF EMPLOYMENT CORRECT? YES NO IF NO IS CHECKED, PLEASE PROVIDE CORRECT DATES _____ TO _____.

2. TYPE OF VEHICLE OPERATED; TRACTOR-SEMITRAILER STRAIGHT TRUCK BUS
OTHER PLEASE SPECIFY _____

3. PLEASE SUPPLY LIST OF ACCIDENTS DURING LAST 3 YEARS

- _____ DOT REPORTABLE YES NO: PREVENTABLE YES NO
- _____ DOT REPORTABLE YES NO: PREVENTABLE YES NO
- _____ DOT REPORTABLE YES NO: PREVENTABLE YES NO

4. REASON FOR LEAVING: DISCHARGED RESIGNED LAYOFF OTHER _____

REQUEST FOR INFORMATION CONCERNING ALCOHOL AND CONTROLLED SUBSTANCE TESTING IN COMPLIANCE WITH SECTION 382.405 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

1. WAS THIS PERSON SUBJECT TO SECTION 382 TESTING REQUIREMENTS? YES NO

2. HAS THIS PERSON TESTED POSITIVE FOR CONTROLLED SUBSTANCES IN THE LAST 3 YEARS?

YES NO

3. HAS THIS PERSON EVER HAD AN ALCOHOL TEST READING OF 0.04 OR GREATER DURING THE LAST

3 YEARS? YES NO

4. HAS THIS PERSON EVER REFUSED A REQUIRED TEST DURING LAST 3 YEARS? YES NO

COMPLETED BY _____ TITLE _____ DATE _____

PLEASE MAIL OR FAX TO: ALTOM TRANSPORT, INC.
7439 W. Archer Ave.
CHICAGO, ILLINOIS 60501

ATTN: Armando Ortiz
PHONE: (773) 789-6284
FAX: (708) 496-4662

(1) PERSONNEL SCREENING QUESTIONNAIRE

Name: _____

(Last) (First) (Middle)

Address: _____

(Street) (City) (State) (ZipCode)

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State: _____ Maiden: _____

PREVIOUS RESIDENCES (PREVIOUS 7 YRS.): DATES:

Security: Have you ever been convicted of an offense against the law (other than a minor traffic violation), or are you now under charges for any offense against the law? Yes ___ No ___

Listed Criminal Offenses will not necessarily bar you from employment with Altom Transport, Inc. If yes, please explain.

(2) AUTHORIZATION & GENERAL RELEASE:

I hereby authorize Altom Transport, Inc. and all of their agents (LEXISNEXIS) to request and receive any information and records concerning me, including but not limited to consumer credit, criminal record history, worker's comp., driving, employment, military, civil and educational data and reports, from any individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and departments, courts, law enforcement and licensing agencies, consumer reporting agencies and other entities, including my present and previous employers.

I further release and discharge Altom Transport, Inc., all of their agents (LEXISNEXIS) and all of its subsidiaries and affiliates, and every employee or agent of any of them, and all individuals and personal, business, private or public entities of any kind, from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance, or attempted compliance, with such request(s). I also authorize the procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable. I understand that I have the right to make a written request within a reasonable period of time to LexisNexis, for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I further understand that LexisNexis's reporting of information pursuant to the Fair Credit Reporting Act is not intended to authorize or condone a prospective employer's request for and reliance upon information for purposes which are not legitimate under the Fair Credit Reporting Act or any federal or state employment laws. I acknowledge that I have voluntarily provided the above information for employment purposes, and I have carefully read and I understand this authorization.

SIGNED: _____ 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 Altom Transport, 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 Altom Transport, 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