



# Employment Application

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, 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  
State Zip Phone

List all addresses for past 7 years

Street City State & Zip Code How Long? \_\_\_\_\_

Street City State & Zip Code How Long? \_\_\_\_\_

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	

Employer Name			
Address	City, State Zip Code		Telephone
Position Held	From	To	Salary
Reason for leaving		Supervisors' Name	

Employer Name			
Address	City, State Zip Code		Telephone
Position Held	From	To	Salary
Reason for leaving		Supervisors' Name	

Employer Name			
Address	City, State Zip Code		Telephone
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 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	EQUIPMENT YOU CAN OPERATE / REPAIR	CHECK	YEARS OF EXPERIENCE
FORK LIFT			AIR BRAKES REBUILD/SERVICE		
SHEET METAL EQUIPMENT			MIG / TIG WELDING		
ENGINE HOIST			WHEEL & TIRE SERVICE		
TRANSMISSION HOIST / JACK			TANK TRAILER SERVICE/INSPECT		
DIFFERENTIAL REBUILD			ELECTRICAL SYSTEMS		
TRANSMISSION REBUILD			AIR CONDITIONING SERVICE/REPAIR		
CLUTCH REBUILD/SERVICE			ALIGNMENT SERVICE		
SUSPENSION REBUILD/SERVICE			GRINDER/CUTTER		
ENGINE REBUILD/SERVICE			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			DISPATCHING		
BILLING			OS&D		
WINDOWS PC			CASHIER		
MICROSOFT OFFICE			CLAIMS		
CALCULATOR			ACCOUNTING A/R A/P		
PHONES RECEPTION			PAYROLL		

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

HIRED  REJECTED

DATE \_\_\_/\_\_\_/\_\_\_ CLASSIFICATION \_\_\_\_\_

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

TERMINATION DATE \_\_\_/\_\_\_/\_\_\_



(1) PERSONNEL SCREENING QUESTIONNAIRE

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

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 (**Driver IQ**) 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, court, 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 (**Driver IQ**) 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, 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 any 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 I have the right to make a written request within a reasonable period of time to **Driver IQ** for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I further understand that the reporting of information by **Driver IQ** 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: \_\_\_\_\_

**Important Disclosure**  
**Regarding Background Reports from the *PSP Online Service***

In connection with your application for the 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 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. You may 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 such 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 you PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes 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 the Federal Motor Carrier Safety Regulations (FMCSR) violation 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 in 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 inspection, 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 (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 that definition of "employee" contained in 49 C.F.R 383.5.

*Last Updated 12/22/2015*

## 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.**  
**1646 SUMMER ST**  
**HAMMOND, IN 46320**  
**ATTN: DAN DZIUBCZYNSKI, SAFETY DIRECTOR**  
**PHONE: 219-228-5002**  
**FAX: 219-852-6026**