

# Donley TRUCKING



POST OFFICE BOX 13 • WILLIAMSVILLE, ILLINOIS 62693  
PHONE: 217/566-3561

## APPLICATION FOR EMPLOYMENT

Last Name	First	Middle	Social Security No.	Date Today
Address (Street)		City	State	Zip Code
Phone No. (Home) ( )	Phone No. (Emergency) ( )		How long at above address?	

Donley Trucking, Inc., does not  
Discriminate because of race, creed, color,  
sex, age, religion or national origin.

This application will be kept active for a 90-day period.  
After that time the applicant must reapply if still interested.

Please fill out this application by hand and use ink.  
For this application to be considered, all blanks must be filled in.

If on any question more space is needed,  
an extra sheet of paper may be added.

### ADDRESSES FOR PAST THREE YEARS

Street	City	State	Zip Code	How Long
Street	City	State	Zip Code	How Long
Street	City	State	Zip Code	How Long

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

Driver License No.	State	Date Expires	Type
Date of Birth	Citizen of USA (Yes or No)		List any previously held licenses

If related to anyone in our employ, state name and department of relation

IN CASE OF EMERGENCY NOTIFY:

Name	Address	City	State
Phone No.	Relationship		

Have you ever been convicted of a felony? (If yes, explain)

Where?	When?
What charge?	Penalty?

### EMPLOYMENT INFORMATION

Please indicate all positions for which you qualify and for which you are interested in applying.

Over Road Driver		Local Driver		Office/Clerical	
Mechanic		Other -- Please state			
What type of employment do you seek?		Full Time		Casual	

Date you can start

Have you worked for Donley Trucking, Inc. before? If so, where and when?

Who referred you?

Salary desired

### MILITARY STATUS

Have you ever served in the U.S. Armed Forces?  Yes  No

Branch served in \_\_\_\_\_ From \_\_\_\_\_ Date to \_\_\_\_\_ Date of Discharge \_\_\_\_\_

### EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4

Last school attended

City

State

**PHYSICAL HISTORY**

DO YOU HAVE A CURRENT VALID DOT PHYSICAL?     YES     NO

ARE YOU PHYSICALLY CAPABLE OF HEAVY MANUAL WORK?     YES     NO

HOW MUCH TIME HAVE YOU LOST IN THE PREVIOUS 5 YEARS DUE TO ILLNESS OR INJURY? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL RESTRICTION THAT MAY REQUIRE A SPECIAL WORK ASSIGNMENT IF YOU ARE HIRED?     YES     NO

IF YES, PLEASE LIST: \_\_\_\_\_

ARE YOU WILLING TO TAKE A PRE-EMPLOYMENT PHYSICAL AND SUBMIT TO A DRUG SCREEN?     YES     NO

**EMPLOYMENT HISTORY    LIST ALL EMPLOYERS FOR LAST TEN YEARS**

Name of present or last employer		Date employed Month/Year		to	Month/Year
Supervisor's Name	Your Job		Pay		
Company address/city/state/zip code		Phone No. (    )	Reason for leaving		
Second to last employer		Date employed Month/Year		to	Month/Year
Supervisor's Name	Your Job		Pay		
Company address/city/state/zip code		Phone No. (    )	Reason for leaving		
Third to last employer		Date employed Month/Year		to	Month/Year
Supervisor's Name	Your Job		Pay		
Company address/city/state/zip code		Phone No. (    )	Reason for leaving		
Fourth to last employer		Date employed Month/Year		to	Month/Year
Supervisor's Name	Your Job		Pay		
Company address/city/state/zip code		Phone No. (    )	Reason for leaving		
Fifth to last employer		Date employed Month/Year		to	Month/Year
Supervisor's Name	Your Job		Pay		
Company address/city/state/zip code		Phone No. (    )	Reason for leaving		
Sixth to last employer		Date employed Month/Year		to	Month/Year
Supervisor's Name	Your Job		Pay		
Company address/city/state/zip code		Phone No. (    )	Reason for leaving		

**EXPERIENCE AND QUALIFICATIONS**

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

Type of equipment operated (van, tank, flat, etc.)

Number of years' driving experience for:      Tractor and Semi Trailer      Other

**ACCIDENT REVIEW FOR LAST THREE YEARS**

DATE	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	COMPANY VEHICLE	PERSONAL VEHICLE	FATALITIES	INJURIES
		prev. non-prev.			
		prev. non-prev.			
		prev. non-prev.			

**MOVING VIOLATIONS FOR LAST THREE YEARS**

DATE	LOCATION	COMPANY VEHICLE	PERSONAL VEHICLE	CHARGE

Has any license, permit or privilege to operate a motor vehicle ever been suspended or revoked?       YES       No      (If yes, explain fully)

States operated in

**READ AND SIGN BEFORE SUBMITTING THIS APPLICATION**

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulations.

It is agreed and understood that any misrepresentation of information given above shall be considered an act of dishonesty and grounds for discharge without any recourse by me.

It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my record, whether same is of record or not, and I release the employer, its agents, and all individuals and corporations from which this information is obtained from all liability for any damage on account of the furnishing of such information. In addition, I specifically authorize my employer, its agents and all individuals and corporations in possession of information and records pertaining to my employment history, driving record, insurance and bonding records, and all public records of any nature whatsoever, to seek or to release such information, at any time in the future during the course of my employment, at the request of my employer or its agents, and I release all such individuals and corporations from any and all liability for any damages on account of the furnishing of such information.

I agree to furnish such additional information and complete such examination as may be required to complete my employment file.

It is agreed and understood that the application for employment in no way obligates the employer to employ me.

It is agreed and understood that if hired, I will be on a probationary period for 30 days during which time I may be discharged without recourse.

It is agreed and understood that if hired I will familiarize myself with and adhere to all company policies and procedures.

It is agreed that if hired I will follow all safety rules set by the company and/or the government.

This certifies 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; that I have read and understood the above statements.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

I \_\_\_\_\_ hereby authorize any hospital, doctor or other medical facility which may have provided services to me; and any industrial commission or other state agency which supervises a state's workers' compensation claims; to release any and all information concerning me, to Donley Trucking, Inc., or their agent, upon presentation of this executed authorization or photocopy hereof.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_