

**DRIVER'S
APPLICATION FOR EMPLOYMENT**

**Cabrera Logistics
2050 Hawthorne Ave
Melrose Park, IL. 60160
Ph. 708-343-4715
Fax: 630-352-0906
US DOT #1639926**

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

Date of application _____

Position(s) applied for _____

Name _____ Social Security No. _____
Last First Middle

List your address's of residency for the past 3 years.

Current
Address _____
Street City
State Zip Phone _____ How Long? _____

Previous
Address _____ How Long? _____
Street City State and Zip
_____ How Long? _____
Street City State and Zip
_____ How Long? _____
Street City State and Zip

Do you have the legal right to work in the United States? _____ Date of Birth _____/_____/_____
(Required for Commercial Drivers)

Can you provide proof of age? _____ Have you worked for this Company before? _____

Where? _____ Dates: From _____ To _____ Rate of Pay _____

Position _____ Reason for Leaving _____

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

Who referred you? _____ Rate Expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, please explain

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the **preceding 3 years**. Please list complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in interstate or 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 if necessary.*

PRINT ALL INFORMATION

EMPLOYER NAME: _____ **FROM:** ___/___/___/ **TO** ___/___/___/

ADDRESS: _____ **POSITION HELD:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **SALARY/WAGE:** _____

CONTACT PERSON: _____ **PHONE:** _____ **REASON FOR LEAVING:** _____

Was this position subject to the Federal Motor Carrier Safety Regulations? _____

Was this position designated a Safety-Sensitive Function in any DOT mode subject to drug/alcohol testing requirements as required by 49 CFR Part 40? _____

EMPLOYER NAME: _____ **FROM:** ___/___/___/ **TO** ___/___/___/

ADDRESS: _____ **POSITION HELD:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **SALARY/WAGE:** _____

CONTACT PERSON: _____ **PHONE:** _____ **REASON FOR LEAVING:** _____

Was this position subject to the Federal Motor Carrier Safety Regulations? _____

Was this position designated a Safety-Sensitive Function in any DOT mode subject to drug/alcohol testing requirements as required by 49 CFR Part 40? _____

EMPLOYER NAME: _____ **FROM:** ___/___/___/ **TO** ___/___/___/

ADDRESS: _____ **POSITION HELD:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **SALARY/WAGE:** _____

CONTACT PERSON: _____ **PHONE:** _____ **REASON FOR LEAVING:** _____

Was this position subject to the Federal Motor Carrier Safety Regulations? _____

Was this position designated a Safety-Sensitive Function in any DOT mode subject to drug/alcohol testing requirements as required by 49 CFR Part 40? _____

EMPLOYER NAME: _____ FROM: ___/___/___/ TO: ___/___/___/

ADDRESS: _____ POSITION HELD: _____

CITY: _____ STATE: _____ ZIP: _____ SALARY/WAGE: _____

CONTACT PERSON: _____ PHONE: _____ REASON FOR LEAVING: _____

Was this position subject to the Federal Motor Carrier Safety Regulations? _____

Was this position designated a Safety-Sensitive Function in any DOT mode subject to drug/alcohol testing requirements as required by 49 CFR Part 40? _____

EMPLOYER NAME: _____ FROM: ___/___/___/ TO: ___/___/___/

ADDRESS: _____ POSITION HELD: _____

CITY: _____ STATE: _____ ZIP: _____ SALARY/WAGE: _____

CONTACT PERSON: _____ PHONE: _____ REASON FOR LEAVING: _____

Was this position subject to the Federal Motor Carrier Safety Regulations? _____

Was this position designated a Safety-Sensitive Function in any DOT mode subject to drug/alcohol testing requirements as required by 49 CFR Part 40? _____

EMPLOYER NAME: _____ FROM: ___/___/___/ TO: ___/___/___/

ADDRESS: _____ POSITION HELD: _____

CITY: _____ STATE: _____ ZIP: _____ SALARY/WAGE: _____

CONTACT PERSON: _____ PHONE: _____ REASON FOR LEAVING: _____

Was this position subject to the Federal Motor Carrier Safety Regulations? _____

Was this position designated a Safety-Sensitive Function in any DOT mode subject to drug/alcohol testing requirements as required by 49 CFR Part 40? _____

EMPLOYER NAME: _____ FROM: ___/___/___/ TO: ___/___/___/

ADDRESS: _____ POSITION HELD: _____

CITY: _____ STATE: _____ ZIP: _____ SALARY/WAGE: _____

CONTACT PERSON: _____ PHONE: _____ REASON FOR LEAVING: _____

Was this position subject to the Federal Motor Carrier Safety Regulations? _____

Was this position designated a Safety-Sensitive Function in any DOT mode subject to drug/alcohol testing requirements as required by 49 CFR Part 40? _____

*** Includes vehicles having a GVWR of 10,001 lbs. or more, vehicles designed to transport 9 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP YOU IN YOUR WORK FOR THIS COMPANY. _____

LIST ANY COURSE OR TRAINING OTHER THAN ELSEWHERE IN THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH _____

TO BE 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.

I authorize you to make such investigations and inquire of my personal, employment, financial, criminal or medical history and other related matters as may be necessary at arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employer's schools, health care providers and other personal from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.

_____ Date

_____ Applicants Signature

PROCESS RECORD

APPLICANT HIRED _____

REJECTED _____

DATE EMPLOYED _____

POINT EMPLOYED _____

DEPARTMENT _____

CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION	[]	[]	[]	[]	[]	[]
2. INTERVIEW	[]	[]	[]	[]	[]	[]
3. PAST EMPLOYMENT	[]	[]	[]	[]	[]	[]
4. WRITTEN EXAM	[]	[]	[]	[]	[]	[]
5. ROAD TEST	[]	[]	[]	[]	[]	[]
6. CRIMINAL CONVICTIONS	[]	[]	[]	[]	[]	[]
7. TRAFFIC CONVICTIONS	[]	[]	[]	[]	[]	[]

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM _____ TO: _____

FROM: _____ TO: _____

DATE: _____

DATE: _____

REASON FOR TRANSFER _____

REASON FOR TRANSFER _____

FROM _____ TO: _____

FROM: _____ TO: _____

DATE: _____

DATE: _____

REASON FOR TRANSFER _____

REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPT. RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT: PLACED IN FILE _____ SUPERVISOR _____

DATES

**NATURE OF ACCIDENT
(HEAD-ON, REAR-END, UPSET, ECT)**

FATALITIES

INJURIES

LAST ACCIDENT _____
 NEXT PREVIOUS _____
 NEXT PREVIOUS _____

TRAFFIC CONVICTIONS AND FOREITURES FOR THE PAST 3 YEARS (OTHER THAT PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY
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(attach sheet if more space is needed)

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 _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS-DRIVER

STATE	LICENSE NO.	TYPE	EXPIRATION DATE
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DRIVER's

LICENSES

- 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 IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ECT)	DATE		APPOX. NO. OF MILES (TOTAL)
		FROM	TO	

STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
MOTORCOACH-SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN THE LAST 5 YEARS: _____

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

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?
