

DRIVER'S APPLICATION FOR EMPLOYMENT

ALTL INC.

P.O. Box 100
Hudsonville, MI 49426

(answer all questions - please print)

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, veteran status, non-job related disability, or any other protected group status.

Date of application _____

Position(s) Applied for _____

Name _____
Last First Middle Social Security No _____

List your addresses of residency for the past 3 years:

Current Address _____
Street City

State Zip Code Phone How Long? _____

Previous Addresses _____
Street City State & Zip Code How Long? _____

Street City State & Zip Code How Long? _____

Street City State & Zip Code How Long? _____

Street City State & Zip Code How Long? _____

Do you have the legal right to work in the United States? Yes No

Date of Birth _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Date of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a paid placement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment and circumstances will be considered.

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. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate 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 as necessary.)

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this position designated as a "safety sensitive function" in any DOT regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this position designated as a "safety sensitive function" in any DOT regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this position designated as a "safety sensitive function" in any DOT regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this position designated as a "safety sensitive function" in any DOT regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this position designated as a "safety sensitive function" in any DOT regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

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CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
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Was this position designated as a "safety sensitive function" in any DOT regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

As an applicant under Section 391.23(i):

You have the right to review information provided by previous employers;

You have 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; and

You have 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.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____ (NAME) _____ (CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR - TWO TRAILERS _____				
MOTORCOACH - SCHOOL BUS _____				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

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

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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 inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in 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 employers, schools, health care providers and other persons 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 understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant's Signature

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 _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

ALTL, Inc an Equal Opportunity Employer

Equal Employment Opportunity Voluntary Self-Identification Applicant Survey

ALTL, Inc is an equal opportunity employer and does not discriminate in firing or employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination.

ALTL, Inc is required by federal regulation to report information as requested below. Your contribution of this information is completely voluntary. The information you provide is strictly confidential and will be maintained separate from your personnel file. You may inform us of your desire to benefit under the program at this time and/or any time in the future.

PLEASE CHECK ONE:

- Female
- Male

- Vietnam Era Veteran: A veteran who:(1) served on active duty for more than 180 days any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.
- Other Protected Veteran: Veteran's who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

INDICATE THE APPROPRIATE RACE/ETHNIC GROUP:

- White, Not Hispanic
- Black or African – American, Not Hispanic
- Hispanic or Latino
- Asian or Pacific Islander
- American Indian or Alaskan Native