

CMV Operator Application

Emergency Contact _____

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.

Pacella Trucking Express, Inc. 2558 South Damen Avenue Chicago, IL. 60608

Position applying for _____ Date of Application _____

Last Name _____ First Name _____ Middle _____

Drivers License # _____ State _____ Type _____ Expiration _____

Endorsements _____ Social Security # _____ Date of Birth _____

United States work authority status: _____ Permanent Resident _____ Authorization to work _____ Citizen

Residency for the last 3 years: _____ **Cell Phone Number:** _____

Current Address _____
Street City State Zip code Phone# How long?

Previous _____
Street City State Zip code Phone# How long?

Previous _____
Street City State Zip code Phone# How long?

Education:

Highest Grade completed _____ Name of School _____ City _____

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

Driving Performance History:

Experience-Class of Equipment	Type of Equipment	From	To	Approximate Miles

Accidents and Violations (Previous 3 years)	Description	Month	Year	Ticket(s) issued

Have you ever been denied a license, permit or privilege to operate any type of motor vehicle? Yes _____ No _____

Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

Do you allow consent to this company to perform a background investigation of your work history, motor vehicle record, work performance as a commercial motor vehicle operator, and any past violation of a State or Federal regulation or law?

Yes

No

Applicant's Signature _____

As required by Title 49 part 40.25(j), please answer the following:

Have you tested positive on any pre-employment drug or alcohol test administered by an employer, or refused to submit to an employer attempting to administer a pre-employment drug or alcohol test to which you applied for, but did not obtain, safety sensitive work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes

No

Applicant's Signature _____

If you answered **No** to the question above, **Do not** answer this question. If you answered **Yes**, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

Yes

No

Applicant's Signature _____

Have you been trained in the proper marking and transportation of Hazardous Materials? _____ Yes _____ No

Have you been trained on the Hours of Service regulations? _____ Yes _____ No

As a commercial motor vehicle operator, you are required to perform repetitive bending, stooping, pulling, squatting, lifting, and cranking motions as well as, endure long periods of sitting. Do you have the capacity to perform these functions as well as, comply with the requirements of commercial motor vehicle operators, as stated in the Federal Motor Carrier Safety regulations?

Yes

No

Applicant's Signature _____

To be read and signed by applicant:

Before being considered for employment or contracted with this company, all information requested in this application must be completed, and accurately entered to the best of your knowledge. The hiring of this applicant will be considered based on the qualifications of the individual, and job availability. If upon considering this applicant, a discrepancy is discovered upon investigation between the application and this applicant's background, the review process can be terminated. This company is not required to give any reason for deciding not to hire an applicant.

_____ I understand and agree with the conditions of this application.

Applicant's Signature _____ Date of application _____

Employment History

Please indicate all employment for the **last three consecutive years**. If employed by a Motor Carrier hauling interstate/intrastate commerce, please include the dates of all employment as a commercial motor vehicle operator within the last 10 consecutive years. Provide information on all gaps in employment i.e., unemployed or out of country.

Past Employer's Name and phone number	Employer's Address Street City State Zip	Date Employed From	Date Employed To	Position(s) Held	Reason for leaving
PH # _____	Federally Regulated/Safety Sensitive Function Yes ___/___ No ___/___				
PH # _____	Federally Regulated/Safety Sensitive Function Yes ___/___ No ___/___				
PH # _____	Federally Regulated/Safety Sensitive Function Yes ___/___ No ___/___				
PH # _____	Federally Regulated/Safety Sensitive Function Yes ___/___ No ___/___				
PH # _____	Federally Regulated/Safety Sensitive Function Yes ___/___ No ___/___				
PH # _____	Federally Regulated/Safety Sensitive Function Yes ___/___ No ___/___				

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