



LAKES
DISPOSAL SERVICES

DRIVER'S APPLICATION FOR EMPLOYMENT

Please Submit Completed Applications To:

Lakes Disposal Services, Inc.
P.O. Box 296
Fox Lake, IL 60020
Fax: 815-675-9524

Date of Application:

Applicant Name

Last First Middle

Current Address

Street How Long? yr/mo

City State ZIP Code Phone

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

Date of Birth What proof of age can you provide?
(Required for Commercial Drivers)

Have you worked for this company before? Yes No Where?

Dates: from: to: Rate of pay: Position:

Reason for leaving:

Are you now employed? Yes No

Who referred you? Rate of pay expected:

Have you ever been bonded? Yes No Name of Bonding Company:

(answer only if a job requirement)

Have you been convicted of a felony? Yes No

If yes, please explain. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes No

Select 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:

City, State

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 employer sections as necessary.)

EMPLOYER

FROM **DATE** TO
MO YR YR MO

Name:

Position held

Address:

Salary/Wage

City:

State: ZIP:

Reason for leaving

Contact Person:

Phone :

Were you subject to the FMCSRs **while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR PART 40? No Yes

EMPLOYER

FROM **DATE** TO
MO YR YR MO

Name:

Position held

Address:

Salary/Wage

City:

State: ZIP:

Reason for leaving

Contact Person:

Phone :

Were you subject to the FMCSRs **while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR PART 40? No Yes

EMPLOYER

FROM **DATE** TO
MO YR YR MO

Name:

Position held

Address:

Salary/Wage

City:

State: ZIP:

Reason for leaving

Contact Person:

Phone :

Were you subject to the FMCSRs **while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR PART 40? No Yes

EMPLOYER

FROM **DATE** TO
MO YR YR MO

Name:

Position held

Address:

Salary/Wage

City:

State: ZIP:

Reason for leaving

Contact Person:

Phone :

Were you subject to the FMCSRs **while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR PART 40? No Yes

EMPLOYER

FROM **DATE** TO
MO YR YR MO

Name:

Position held

Address:

Salary/Wage

City:

State: ZIP:

Reason for leaving

Contact Person:

Phone :

Were you subject to the FMCSRs **while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR PART 40? No Yes

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designated to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle": (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD for past 3 years or more (add lines if needed)

Dates	Nature of Accident	(head-on, rear-en, upset, etc)	Fatalities	Injuries	Hazardous Material	Spill
Last Accident						

Next Previous

Next Previous

TRAFFIC CONVICTIONS and forfeitures for the past 3 years

(other than parking violations)

EXPERIENCE & QUALIFICATIONS

Driver Licenses: List all driver licenses or permits held in the past 3 years

State	License No.	Type	Expiration Date
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Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

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

If the answer to either question is yes, give details.

Driving Experience check yes or no

		Check	Type of Equipment	Dates		Approx. No. of Miles (total)
				From MO/YR	To MO/YR	
Straight Truck	Yes No		Van Tank Flat Dump Refer			
Tractor and Semi-trailer	Yes No		Van Tank Flat Dump Refer			
Tractor and two-trailers	Yes No		Van Tank Flat Dump Refer			
Tractor and three-trailers	Yes No		Van Tank Flat Dump Refer			
Motorcoach - school bus	Yes No		more than 8 passengers			
Motorcoach - school bus	Yes No		more than 15 passengers			

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?

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

TO BE READ AND SIGNED BY APPLICANT

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 that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: _____

Date: _____

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