



LAKES
DISPOSAL SERVICES

Driver Application For Employment

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Please Submit Applications to:
Lakes Disposal Services, Inc.
P.O. Box 296, Fox Lake, IL 60020
customerservice@lakesdisposal.com
Ph: (815) 675-0400 or (847) 366-8582
Fax: (815) 675-9524

APPLICANT INFORMATION:

Applicant Name:

Date of Application:

Last

First

M.I.

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 currently employed? YES NO If not, how long since leaving last employment? _____

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

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven 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.)

PREVIOUS EMPLOYER

Company Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Contact Person: _____ Phone: _____ Dates (From and To): _____

Job Title: _____ Salary/Wage: _____ Reason for leaving: _____

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? YES NO

PREVIOUS EMPLOYER

Company Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Contact Person: _____ Phone: _____ Dates (From and To): _____

Job Title: _____ Salary/Wage: _____ Reason for leaving: _____

Were you subject to the FMCSRs **while employed? YES NO

PREVIOUS EMPLOYER

Company Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Contact Person: _____ Phone: _____ Dates (From and To): _____

Job Title: _____ Salary/Wage: _____ Reason for leaving: _____

Were you subject to the FMCSRs **while employed? YES NO

PREVIOUS EMPLOYER

Company Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Contact Person: _____ Phone: _____ Dates (From and To): _____

Job Title: _____ Salary/Wage: _____ Reason for leaving: _____

Were you subject to the FMCSRs **while employed? YES NO

PREVIOUS EMPLOYER

Company Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Contact Person: _____ Phone: _____ Dates (From and To): _____

Job Title: _____ Salary/Wage: _____ Reason for leaving: _____

Were you subject to the FMCSRs **while employed? YES NO

**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 year or more (add lines if needed) Check here if none.

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 (add lines if needed) Check here if none.
(Other than parking violations)

Location	Dates	Charge	Penalty

EXPERIENCE AND QUALIFICATIONS

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

State	License No.	Type	Expiration Date

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

	YES <input type="checkbox"/> NO <input type="checkbox"/>		Check Type of Equipment					Dates	Approx No.
			VAN <input type="checkbox"/>	TANK <input type="checkbox"/>	FLAT <input type="checkbox"/>	DUMP <input type="checkbox"/>	REFER <input type="checkbox"/>	From/To	of Miles
Straight Truck	YES <input type="checkbox"/>	NO <input type="checkbox"/>	VAN <input type="checkbox"/>	TANK <input type="checkbox"/>	FLAT <input type="checkbox"/>	DUMP <input type="checkbox"/>	REFER <input type="checkbox"/>	_____	_____
Tractor and Semi-trailer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	VAN <input type="checkbox"/>	TANK <input type="checkbox"/>	FLAT <input type="checkbox"/>	DUMP <input type="checkbox"/>	REFER <input type="checkbox"/>	_____	_____
Tractor and Two-trailers	YES <input type="checkbox"/>	NO <input type="checkbox"/>	VAN <input type="checkbox"/>	TANK <input type="checkbox"/>	FLAT <input type="checkbox"/>	DUMP <input type="checkbox"/>	REFER <input type="checkbox"/>	_____	_____
Tractor and Three-trailers	YES <input type="checkbox"/>	NO <input type="checkbox"/>	VAN <input type="checkbox"/>	TANK <input type="checkbox"/>	FLAT <input type="checkbox"/>	DUMP <input type="checkbox"/>	REFER <input type="checkbox"/>	_____	_____
Motorcoach – School bus	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____					_____	_____
Motorcoach – School bus	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____					_____	_____
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, background, 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: _____