

Driver Application

Land of Lincoln Goodwill Industries, Inc.
 1220 Outer Park Drive
 Springfield, Illinois 62704
 217/789-0400
 217/391-7619 fax



Date _____

Pre-Employment Questionnaire An
 Equal Opportunity Employer

Personal Information		
Name		Social Security No.
Present Address	City	State & Zip
Home Phone	Are you 19 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone	Date of Birth	
Previous Residence (3 years required)		
Address	City	State & Zip
Address	City	State & Zip
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Desired Employment		
Position	Date you can start	Salary desired
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		When?
Ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		When?
Reason for leaving		
Name of last supervisor at this company		
Who referred you to this company? <input type="checkbox"/> GW Employee <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Website		

Education				
School Level	Name & Location of School	# of years attended	Did you graduate?	Subjects Studied
Elementary School				
High School				
College				
Trade, Business or Correspondence School				

General
Subjects of special study or research work
Special Training
Special Skills

Former Employers**3 Years Previous Employment History Required for NON CDL Licensed Applicants**
10 Years Previous Employment History Required for CDL Licensed Applicants

Name of present or last employer		
Address		City, State & Zip
Starting date	Leaving date	Job title
Weekly starting salary		Weekly final salary
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of supervisor		Title Phone
Description of work		
Reason for leaving		

Were you subject to the FMCSR's while employed by previous employer? Yes No
If yes, was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing requirements are required by 49 CFR part 40? Yes No

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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	Hazardous Material Spill
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)

Experience & Qualifications

List all driver license or permits held in the past 3 years

Drivers Licenses	State	License #	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes NoB. Has any license, permit or privilege ever been suspended or revoked? Yes No

If yes to A or B, give details

Driving Experience

Class of Equipment	Circle Type of Equipment	Dates		Approximate # of Miles
		From (M/Y)	To (M/Y)	
Straight Truck	(Van, Tank, Flat, Dump, Refer)			
Tractor & Semi Trailer	(Van, Tank, Flat, Dump, Refer)			
Tractor - Two Trailers	(Van, Tank, Flat, Dump, Refer)			
Tractor - Three Trailers	(Van, Tank, Flat, Dump, Refer)			
Motorcoach - School Bus (8+ pass)	-			
Motorcoach - School Bus (15+ pass)	-			
Other				

List States Operated in for 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? _____

References

Below, give the names of 3 persons you are not related to, whom you have known at least one year

Name	Phone Number	Business/Affiliation	Years Acquainted

Service Record

Branch of Service

Have you been convicted of a felony within the last 5 years? Yes No

If yes, explain, (will not necessarily exclude you from consideration)

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damages that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Date _____

Signature _____

Please Provide

MVR Report for the Last 3 Years

Copy of CDL for CDL Licensed Applicants