

**CAPITAL TRANSPORTATION INC.
919 HUNTINGTON DR
ELK GROVE VILLAGE , IL 60007**

APPLICATION FOR HIRE / LEASE

NAME _____
(First) (Middle) (Last)

ADDRESS _____
(Street) (City) (State) (Zip)

DATE OF BIRTH _____ **SSN #** _____

TELEPHONE # _____ **CELL PHONE #** _____

PREVIOUS ADDRESSES FOR PAST _____
(Street) (City) (State) (Zip)

3 YEARS _____
(Street) (City) (State) (Zip)

DRIVER LICENSE S	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATE(s) FROM	DATE(s) TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

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 – ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

Have you ever been convicted of a Felony, DUI or DWI? Yes No
If yes, please explain _____

Has any license, permit or privilege ever been suspended or revoked? Yes No
If yes, please explain _____

Have you ever tested positive for drugs and/or alcohol? Yes No
If yes, please explain _____

Past Employment Record

(List ALL past employment for the last three years and ALL DOT regulated past employers for the past 10 years)

Last Employer Name _____
Address _____ City _____ State ____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Second Last Employer Name _____
Address _____ City _____ State ____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Third Last Employer Name _____
Address _____ City _____ State ____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Fourth Last Employer Name _____
Address _____ City _____ State ____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application and any additional past employer records have been completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature

Date

Printed Name

Past Employment Record (Attachment Sheet for Additional Employers)

Fifth Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Sixth Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Eighth Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Ninth Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Tenth Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Eleventh Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Twelfth Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

PAST EMPLOYMENT SAFETY HISTORY REQUEST

CAPITAL TRANSPORTATION INC.
919 HUNTINGTON DR , ELK GROVE VILLAGE , IL 60007
Please return by faxing to: 224-231-0100

The person named herein has applied to Capital Transportation Inc. for employment in a safety-sensitive position.

I, the listed applicant below, hereby authorize the following company(s) to release all records of employment, including assessments of my job performance, ability, fitness and drug testing results to CAPITAL TRANSPORTATION INC. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the above-mentioned company. The applicant's signature on this form releases all liability of you and your company. Information is being requested in accordance with 49 CFR Parts 40, 382 and 391.

 Applicant's Signature Date

Previous Company: _____ Address: _____

Tel: _____ Fax: _____

Name of Applicant: _____ Social Security Number: _____

Dates of employment: From ___/___/___ To ___/___/___ Full Time: ___ Part-Time: ___
 Position(s) Held: _____ Local: ___ Regional: ___ Over-the-Road: ___
 Did this driver operate commercial motor vehicles greater than 26,000 lbs GVWR? ___yes ___no
 Type of equipment operated: ___Dry Van ___Flatbed ___Reefer ___Other (please list): _____
 Reason for leaving: ___Voluntary ___Lay-Off ___Terminated ___Retired
 If terminated, why? _____
 Eligible for rehire? ___Yes ___No ___Upon Review ___No, Company Policy: _____

Motor Vehicle Accident/Equipment Damage/Incident Inquiry, If no accidents please check box none

Accident Date	City, State	Did the Accident Involve?	Brief Description
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____

Alcohol & Controlled Substance Testing Inquiry

Has this driver ever had a breath alcohol test within the past 3 years a result of 0.04 or higher alcohol concentration? ___yes ___no
 Has this driver ever had a positive drug test in the past 3 years? ___yes ___no
 Has this driver refused a controlled substance test and/or alcohol test within the past 3 years? ___yes ___no
 Has this driver violated any other DOT drug/alcohol regulation? ___yes ___no
 To your knowledge has this driver violated any DOT drug and alcohol regulations at a previous employer? ___yes ___no

**If the answer to any of the above questions is "Yes", please provide details below:
 Reason for test(s): _____ Result of test(s): _____ Date of test(s): _____

If the applicant tested positive, to your knowledge, have they satisfactorily completed all return to duty and follow-up testing requirements in accordance 49 CFR 382.503?
 ___yes ___no

Any other remarks: _____

Verification Completed By: _____ Title: _____

Phone Number: _____ Verification Date: _____

First Request Date: __/__/__
__/__/__

Second Request Date: __/__/__

Third Request Date:

Fax ___ Mail ___ Phone ___
Initials _____

Fax ___ Mail ___ Phone ___
Initials _____

Fax ___ Mail ___ Phone ___
Initials _____

**CAPITAL TRANSPORTATION INC.
919 HUNTINGTON DR
ELK GROVE VILLAGE , IL 60007**

**Motor Vehicle Driver's Certification of Violations
and Annual Review of Driving Record**

(Completed in accordance with 49 CFR 391.25 and 391.27)

Driver's Name: _____

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date of Certification

Driver's Signature

I have reviewed the driving record and safety history of the above named driver in accordance with 49 CFR Part 391 and determined that the driver:

- Meets minimum safe driving requirements

- Is disqualified to drive a commercial motor vehicle pursuant to 49 CFR 391.15 or does not meet our safety fitness standards

Date of Review

Reviewer's Signature

**CAPITAL TRANSPORTATION INC.
919 HUNTINGTON DR
ELK GROVE VILLAGE , IL 60007**

New Hire or Intermittent Hours of Service Sheet
Total Time On-Duty for Preceding 7 Days

Required by Part 395.8(j)(2)

Driver Name (Print): _____

Previous Days	7	6	5	4	3	2	1	
Date								
Hours Worked								Total Hours

Driver's Signature

Date

**CAPITAL TRANSPORTATION INC.
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Off-Duty Time- drivers may record all time not defined as on-duty time, defined below, as off-duty time. **On duty time** means all time from the time a driver begins to work or is required to be in readiness to work until the time the driver is relieved from work and all responsibility for performing work. On duty time shall include:

- a. All time at a plant, terminal, facility, or other property of a motor carrier or shipper, or on any public property, waiting to be dispatched, **unless the driver has been relieved from duty by the motor carrier;**
- b. All time inspecting, servicing, or conditioning any commercial motor vehicle at any time;
- c. All driving time as defined in the term driving time;
- d. All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth;
- e. All time loading or unloading a commercial motor vehicle, supervising, or assisting in the loading or unloading, attending a commercial motor vehicle being loaded or unloaded, remaining in readiness to operate the commercial motor vehicle, or in giving or receiving receipts for shipments loaded or unloaded;
- f. All time repairing, obtaining assistance, or remaining in attendance upon a disabled commercial motor vehicle;
- g. All time spent providing a breath sample or urine specimen, including travel time to and from the collection site, in order to comply with the random, reasonable suspicion, post-accident, or follow-up testing required by part 382 of this subchapter when directed by a motor carrier.
- h. Performing any other work in the capacity, employ, or service of a motor carrier; and
- i. Performing any compensated work for a person who is not a motor carrier.

The company permits its drivers to log off-duty or sleeper berth whenever the driver is relieved from work and all responsibility for performing work. The company allows drivers to record meals as off duty. It is the responsibility of the driver to properly secure all equipment and cargo before going off duty.

I have read and understand the above requirements to log time as off-duty.

Driver's Signature

Date

**CAPITAL TRANSPORTATION INC.
919 HUNTINGTON DR
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Pre-Lease Owner Operator Agreements and Requirements

Applicant's/Driver's Name: _____
(Please Print)

Please read the following two (2) pages carefully and sign and date each section. If you have any questions please ask. This is not a contract of employment.

Fair Credit Reporting Act Disclosure Statement

In accordance with the provision of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Driver Notification

This notice serves to fulfill the requirements of 49 CFR Part 391.23(i). Each motor carrier must notify each driver, who is regulated by the Department of Transportation, of their rights regarding investigative information that will be provided to a prospective employer.

Drivers have:

- The right to review information provided by previous employers;
- 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;
- 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.

Applicant's Signature

Date