

**H&H Transit, Inc.**  
**21149 Route 4**  
**Carlinville, IL 62626**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ EMERGENCY PHONE (\_\_\_\_) \_\_\_\_\_ AGE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

(The Age Discrimination of Employment Act of 1967 prohibits discrimination based on age with respect to individuals who are at least 40 but less than 70 years of age.)

PHYSICAL EXAM EXPIRATION DATE \_\_\_\_\_

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

EDUCATION HISTORY: Circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Post Graduate: 1 2 3 4 (circle one)

EMPLOYMENT HISTORY: Give a COMPLETE RECORD of all employment for the **past three (3) years**, including any unemployment or self-employment periods, and **all commercial driving experience for the past ten (10) years**.

Mo/Yr Mo/Yr Present or Last Employer

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Company phone ( ) \_\_\_\_\_ Were you subject to the FMCSRs while employed here? \_\_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

Mo/Yr Mo/Yr Present or Last Employer

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Company phone ( ) \_\_\_\_\_ Were you subject to the FMCSRs while employed here? \_\_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

Mo/Yr Mo/Yr Present or Last Employer

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Company phone ( ) \_\_\_\_\_ Were you subject to the FMCSRs while employed here? \_\_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

Mo/Yr Mo/Yr Present or Last Employer

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Company phone ( ) \_\_\_\_\_ Were you subject to the FMCSRs while employed here? \_\_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

(Attach additional sheets for 10-year history, if needed.)

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DRIVING EXPERIENCE: Approximate Number of Miles for Tractor & Semitrailer: \_\_\_\_\_ miles

List states operated in, for the last five (5) years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, HAZMAT, ETC) \_\_\_\_\_

Record for past three (3) years: (attach sheet if more space is needed):

Date of Accident: \_\_\_\_\_ Nature of Accident: \_\_\_\_\_ Location of Accident: \_\_\_\_\_ # of  
Fatalities \_\_\_ # of People Injured \_\_\_ (Head on, rear end, etc.)

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations): Date \_\_\_\_\_  
Location \_\_\_\_\_ Charge \_\_\_\_\_ Penalty \_\_\_\_\_

Driver's License (list each driver's license held in the past three (3) years:

State \_\_\_\_\_ License \_\_\_\_\_ Type \_\_\_\_\_ Endorsements \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ License \_\_\_\_\_ Type \_\_\_\_\_ Endorsements \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ License \_\_\_\_\_ Type \_\_\_\_\_ Endorsements \_\_\_\_\_ 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

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No If the answers to any questions listed above are "yes", give details \_\_\_\_\_

Job References List (3) persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

To Be Read and Signed by Applicant: It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty. It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my application file. It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant. It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. Applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/2018