

# APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

Company GINGERICH INC Address RR 2 BOX 74 LOVINGTON IL 61057  
Street City State Zip

Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ How Long \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address for Past Three Years \_\_\_\_\_ How Long \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_ How Long \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_ How Long \_\_\_\_\_  
Street City State Zip

(Attach separate sheet if more space is needed)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROXIMATE # OF MILES (TOTAL)
		To	From	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

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

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc.)	FATALITIES	INJURIES

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

(Attach separate sheet if more space is needed)

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

**IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING THE DETAILS**

The above information is excerpted from the U.S. Department of Transportation, Federal Motor Carrier Safety Administration, Office of Motor Carrier's Publication, "A Motor Carrier's Guide to Improving Highway Safety".

# EMPLOYMENT RECORD

Note: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown.

## CURRENT/LAST EMPLOYER

Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Dates of employment \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_

1. Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?  Yes  No
2. Was this position designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?  Yes  No

## PREVIOUS EMPLOYER

Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Dates of employment \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_

1. Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?  Yes  No
2. Was this position designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?  Yes  No

## PREVIOUS EMPLOYER

Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Dates of employment \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_

1. Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?  Yes  No
2. Was this position designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?  Yes  No

## PREVIOUS EMPLOYER

Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Dates of employment \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_

1. Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?  Yes  No
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## PREVIOUS EMPLOYER

Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Dates of employment \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_

1. Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?  Yes  No
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(Attach separate sheet if more space is needed)

## TO BE READ AND SIGNED BY APPLICANT

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. I understand that the information in this application will be used and that prior employers will be contacted for the purpose of investigating my safety performance history information as required by 391.23 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

The above information is excerpted from the U.S. Department of Transportation, Federal Motor Carrier Safety Administration, Office of Motor Carrier's Publication, "A Motor Carrier's Guide to Improving Highway Safety".

## DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. 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.
3. 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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

*I acknowledge that I have read and understand the contents of this document*

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver Name (Printed): \_\_\_\_\_

Company Name Gingerich, Inc

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions 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 \_\_\_\_\_

Print name \_\_\_\_\_

Social Security number \_\_\_\_\_



Mid-West Truckers Association  
2727 N. Dirksen Parkway  
Springfield, IL 62702  
(217) 525-0310 phone  
(217) 525-0342 fax

GINGERICH INC

10447

Company Name

R.R. 2 Box 74

Street Address

LOVINGTON

IL

61937

City

State

Zip

I, \_\_\_\_\_  
hereby authorize Mid-West Truckers Association to pick up Driving  
Record Abstracts on my behalf.

Driver's Full Name

Driver's Date of Birth

Driver's License Number

Driver's Social Security Number

Applicant's Signature

Date

OCT 19 2004 10:04AM