

T.H. Ryan Cartage Company / L&D Driver Services Inc.

111 S. 7Ave. Maywood IL60153

DRIVERS APPLICATION FOR EMPLOYMENT

Our Company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status of any disability as provided in the Americans With Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

I. GENERAL

Please print clearly and complete all blanks.

Name _____ Phone _____
(First) (Middle) (Last)

Address _____ How Long? _____
(Street) (City) (State & Zip Code)

ADDRESSES FOR PAST THREE YEARS

Address _____ How Long? _____
(Street) (City) (State & Zip Code)

Address _____ How Long? _____
(Street) (City) (State & Zip Code)

Date of Birth (Drivers Only) _____ Social Security Number: _____ - _____

In Case of Emergency, Notify: _____
(Name) (Address)

Relationship:
(Optional) _____
(phone)

Do you have the legal right to work in the United State? (Y – N) _____

Position applied for _____ Temporary or Full Time _____

Have you worked for T.H. Ryan Cartage Company before? _____

Dates: From _____ To _____ Position _____ Supervisor _____

Names of relatives in our employ _____

Are you employed now? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected at this job. _____

II. EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your present or most recent job and work backward in order, listing your employers for at least the **past 10 years** including all full-time and part-time employment. **All time must be accounted for including military service, self-employment and periods of unemployment and Schooling.** Use supplementary sheet if necessary. **We must have telephone numbers. Including all periods of unemployment.**

Current or Most Recent Employer:

Name _____ Supervisor _____

Are you presently employed? Yes _____ No _____ May we call your current employer? Yes _____ No _____

Address _____ City _____ State _____ Telephone (____) _____

Position Held _____ From _____ To _____ Rate of Pay _____

Why do you want to change employers? _____

Second Most Recent Employer:

Name _____ Supervisor _____

Address _____ City _____ State _____ Telephone (____) _____

Position Held _____ From _____ To _____ Rate of Pay _____

Reason for leaving? _____

Third Most Recent Employer:

Name _____ Supervisor _____

Address _____ City _____ State _____ Telephone (____) _____

Position Held _____ From _____ To _____ Rate of Pay _____

Reason for leaving? _____

Fourth Recent Employer:

Name _____ Supervisor _____

Address _____ City _____ State _____ Telephone (____) _____

Position Held _____ From _____ To _____ Rate of Pay _____

Reason for leaving? _____

Fifth Recent Employer:

Name _____ Supervisor _____

Address _____ City _____ State _____ Telephone (____) _____

Position Held _____ From _____ To _____ Rate of Pay _____

Reason for leaving? _____

Sixth Recent Employer:

Name _____ Supervisor _____

Address _____ City _____ State _____ Telephone (____) _____

Position Held _____ From _____ To _____ Rate of Pay _____

Reason for leaving? _____

III. ACCIDENT RECORD FOR THE PAST 5 YEARS (Any and all Preventable or Non-Preventable Accidents)			
DATES	Nature of Accident (Head-On, Rear-End, Upset, ETC.)	FATALITIES	INJURIES
Last Account	_____	_____	_____
Next Previous	_____	_____	_____
Next Previous	_____	_____	_____

IV. TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (Other than parking tickets)			
LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

V. EXPERIENCE AND QUALIFICATIONS - DRIVER				
DRIVERS LICENSES	STATE	LICENSE NO.	TYPE OR CLASS	EXPIRATION DATE
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

- 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 ___
- C. Will you be willing to abide by the safety rules of this company? YES ___ NO ___
- If the answer to either A or B is YES, attach statement giving details**

VI. EXPERIENCE (If None, Write None)				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK	_____	_____	_____	_____
TRACTOR & SEMI- TRAILER	_____	_____	_____	_____
Tractor & two Trailers	_____	_____	_____	_____
Motor Coach/School Bus	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

VII. EXPERIENCE AND QUALIFICATIONS - OTHER
 LIST STATES OPERATED IN FOR THE PAST FIVE YEARS:

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS HAVE YOU EARNED AND FROM WHOM?

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

Circle Answer

- A. Do you have any restrictions from working in the United States? Yes or No
- B. Would you be willing and able to perform all of the tasks required by the job you are applying for? Yes or No
- C. Have you **ever** been convicted for driving while under the influence alcohol or drugs? Yes or No
- D. Have you **ever** been convicted for possession, sale, or use of a narcotic drug, amphetamine or derivative thereof? Yes or No
- E. Have you **ever** been convicted of a Felony? Yes or No
- F. Have you **ever** been convicted of a Misdemeanor? Yes or No
- G. Have you **ever** been refused a security bond? Yes or No
- H. Do you have any criminal and/or civil complaints pending? Yes or No
- I. If answer to any questions is yes, state details, circumstances, and date, use extra sheet of paper if necessary.

VIII. AGREEMENT

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 authorize T.H. Ryan Cartage Co. to make such investigations and inquiries of me personal, employment, financial 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 all past employers, schools, health care providers and other persons from 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 further understand that I am required to abide by all rules, regulations and company policies. I also understand that I will be on probation for a period of 60 days if excepted for employment.

Date

Applicants Signature

INTERVIEWED BY: _____

INTERVIEW DATE: _____

DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

As a part of our hiring background check and investigation, we may ask Robert Arden & Associates, a consumer reporting agency, to prepare a consumer investigative report prior to your being hired or during the course of your employment if hired. The consumer investigative report may consist of contacting all listed prior employers to verify your employment history and job performance. It may also include credit information, a check of applicable criminal police or court records. Some of this information will be obtained by interviewing former employers. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such a report from Robert Arden & Associates we must have your written permission for Arden to obtain the information and to provide it to us as part of our analysis of your application for employment with T.H. Ryan Cartage Company.

Below you will find an authorization and release for Arden to prepare and for T.H. Ryan Cartage Company to receive a copy of that report. If you do not wish to execute this release, please return all of the application materials to the person from whom you obtained them.

AUTHORIZATION AND RELEASE TO OBTAIN EMPLOYMENT INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et. Seq., the Americans With Disability Act and all applicable federal, state, and local laws, I hereby authorize and permit T.H. Ryan Cartage Company to obtain from Robert Arden & Associates an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil records, workers' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that the above items, which constitute an "investigative consumer report", may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of the authorization has the same effect as an original.

I hereby release and hold harmless any person, firm or entity that discloses matters in accordance with this authorization, as well as T.H. Ryan Cartage Company and Robert Arden & Associates from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provisions of the Fair Credit Reporting Act I may request a copy of the consumer investigative report from Robert Arden & Associates, Inc., the consumer reporting agency that compiled the report, after I have provided Robert Arden & Associates with proper identification.

I hereby authorize Robert Arden & Associates to obtain and prepare an investigative consumer report as set forth above and to provide that report to T.H. Ryan Cartage Company as part of its investigation of my employment application.

Full Name _____ (please print clearly) _____ Signature _____ Date _____

Witness Date

Date of Birth Social Security Number

Drivers License Number State _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free credit report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Appendix A to Part 601 – Prescribed Summary of Consumer Rights

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- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective

employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provide of CRA data, violates the FCRA, you may sue them in state or federal court.

The FRCA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies for foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in Institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051