

E & J Enterprise Group Inc  
TDR Transport  
24311 W. Riverside Unit #4  
Channahon IL 60410

**CERTIFICATION of COMPLIANCE  
W / DRIVER LICENSE REQUIREMENTS**

Date: \_\_\_\_\_

*An Equal Opportunity and EEO/Affirmative Action Employer committed to excellence through diversity.*

**Motor Carrier Instructions:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**Driver Requirements:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicles operator's license.
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license. The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**DRIVER CERTIFICATION & AUTHORIZATION TO REQUEST DRIVING RECORD:** I certify that I have read and understood the above requirements. I further authorize TDR TRANSPORT to check my driving record for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations and I release the company from any and all liability which may result from furnishing such information.

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

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

Driver's Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Former Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Notes: \_\_\_\_\_

**FAIR CREDIT REPORTING ACT:** In accordance with the provisions of Sections 604 and 607 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 1, of Public Law 104-208), the company certifies the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal and state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

The company also certifies that this report request and the above applicant's release notice meet the definition of "permissible" uses of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300003 (a)).

**REQUEST FOR RECORDS:** The applicant listed on this form has applied with our company; therefore, please furnish the applicants driving record for the past 3 years.

**TO:**  
EPIC ONE INSURANCE GROUP  
PO BOX 5263  
ELGIN IL 60121

Company HR & Safety Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TDR Transport  
24311 W. Riverside Drive  
Channahon, IL 60560  
(815) 255-2654

### COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED--PRINT OR TYPE

Date: \_\_\_\_\_

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Home telephone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cellular telephone: \_\_\_\_\_

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

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

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

2 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

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

3 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

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

Use backside of sheet for additional addresses

Driver's License Information: all licenses held, last 3 years:

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Experience:

\_\_\_\_\_ to \_\_\_\_\_ Approximate mileage driven \_\_\_\_\_  
Type of vehicle driven Dates

\_\_\_\_\_ to \_\_\_\_\_ Approximate mileage driven \_\_\_\_\_  
Type of vehicle driven Dates

\_\_\_\_\_ to \_\_\_\_\_ Approximate mileage driven \_\_\_\_\_  
Type of vehicle driven Dates

All Accidents, last 3 years: (If none, write NONE)

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

**List all Traffic Violations Convictions, last 3 years: (If none, write NONE)**

Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>

**Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?**

☐ Yes    ☐ No    If yes; state of issuance; explanation: \_\_\_\_\_

**Employment History, last 10 years (383.35)—account for gaps between employers: (If owner/operator, list carriers leased to)**

1) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes    ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes    ☐ No

Reason for Leaving: \_\_\_\_\_

2) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes    ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes    ☐ No

Reason for Leaving: \_\_\_\_\_

3) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: \_\_\_\_\_

4) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: \_\_\_\_\_

5) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Reason for Leaving: \_\_\_\_\_

6) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were

ce and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: \_\_\_\_\_

7. Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: \_\_\_\_\_

Use backside of sheet for additional employers

**For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).**

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) 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.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

### Certification

**"I certify 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's Signature

Date Signed

### TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

Name

Name

Title

Date

Title

Date

### SIGNIFICANT DATES:

Date of Hire:

Time & Date of Pre-Employment CST:

Time & Date of Pre-Employment CST Results Received:

Date First Used in Safety Sensitive Position:

Date of Termination:

TDR Transport  
24311 W. Riverside Drive  
Channahom, IL 60410  
(815) 255-2654

**COMMERCIAL VEHICLE DRIVER APPLICANT**  
**Controlled Substance and Alcohol Questionnaire**  
**Pursuant to 49 CFR part 40.25(j)**

Application Date \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Telephone \_\_\_\_\_

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

**49 CFR 40.25(j)**

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?		YES	NO
If YES —	Have you successfully completed the return-to-duty process?	YES	NO
If YES —	Documentation <b><u>MUST BE PROVIDED</u></b> before any safety-sensitive transportation function is performed.		

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

\_\_\_\_\_  
Date Signed

**TO BE COMPLETED BY EMPLOYER:**

Received by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

Driver's Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Former Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

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**REQUEST FOR RECORDS:** The applicant listed on this form has applied with our company, therefore, please furnish the applicants driving record for the past 3 years.

TO:

EPIC ONE INSURANCE GROUP  
PO BOX 5263  
ELGIN IL 60121

Company HR & Safety Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: TDR TRANSPORT

To: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_ has made application to this company for a position as DRIVER

and states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. Will you please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed a stamped self-addressed envelope.

Very truly yours,

Safety Department

1. Is the employment record with your company correct as stated above? \_\_\_\_\_

2. What kind(s) of work did the applicant do? \_\_\_\_\_

3. Did the applicant drive motor vehicles for you? Passenger car \_\_\_\_\_ Straight truck \_\_\_\_\_ Bus \_\_\_\_\_

Tractor-Semitrailer \_\_\_\_\_ Other (specify) \_\_\_\_\_

4. Was the applicant a safe and efficient driver? \_\_\_\_\_

5. Give the dates of vehicle accidents in which he/she was involved. \_\_\_\_\_

6. Reason for leaving your employ: Discharged \_\_\_\_\_ Laid off \_\_\_\_\_ Resigned \_\_\_\_\_

Remarks: \_\_\_\_\_

7. Was the applicant's general conduct satisfactory? \_\_\_\_\_

8. Is the applicant competent for the position sought? \_\_\_\_\_

9. Did the applicant drink any alcoholic beverages while on duty? \_\_\_\_\_

	Excellent	Good	Fair	Poor	Very Poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving skill	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Company: \_\_\_\_\_

(Detach here for your records)

\_\_\_\_\_  
(Name of Former Employer)

Date: \_\_\_\_\_

You are hereby authorized to give to TDR TRANSPORT  
(Name of Prospective Employer)

all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.