

GLOBAL CFS INC (Carrier)

**860 FOSTER AVENUE
BENSENVILLE, IL 6016**

Date of Application _____ 860 Foster Avenue Bensenville IL 60106 - PH #630-238-1164

Fax #630-238-1720

COMMERCIAL MOTOR VEHICLE OPERATOR - APPLICATION

Note: Please read and complete all portions of this application in your own writing, (legibly) in ink, (please print). Applications that are incomplete or filled out in pencil may be rejected.

PERSONAL INFORMATION: Applicant's Name: _____
(Print Name)

Date of Birth: _____ Social Security Number: _____

Home Phone # _____ Cell Phone # _____

Current Address: _____
(Street/ Address) (City) (State) (Zip code) (Term of Residence)

(If time at residence above is less than 3 years, complete residence information for three years below):

Current Address: _____
(Street/ Address) (City) (State) (Zip code) (Term of Residence)

Current Address: _____
(Street/ Address) (City) (State) (Zip code) (Term of Residence)

Legal Work Status: Citizen: _____ Permanent Resident _____ US Work Authorization _____

Armed Forces service in the United States or other country: Where _____ Branch _____

List highest degree of Education _____ Last school attended _____
(Grade-Level) (School Name) (State) (Country)

How did you hear about GLOBAL CFS INC?

Sign on GLOBAL CFS vehicle _____ Sign in front of building _____ MEDIA OUTLET:

Monster _____ Craig's list _____ Indeed _____

Jobs.com _____ Career Builder _____ Jobs2Careers _____

Government Agency _____ LinkUp _____ ZipRecruiter _____ Other _____

List any training or special study you are currently attending or have completed:

*Check here if no previous or recent training _____

_____ From _____ To _____
 (Institution/Driving Course) (Certification)

_____ From _____ To _____
 (HAZMAT TRAINING) (Certification)

_____ From _____ To _____
 (HOURS OF SERVICE TRAINING) (Certification)

MOTOR VEHICLE LICENSES

Please list all State issued drivers licenses maintained during the las 10 years:

(State of License)	(CDL Number)	(CDL Class)	(Expiration Date)	(Endorsements)

ACCIDENT RECORD

(Date of Accident)	(Type of Accident - i.e., rear-end, turning, side-hit)	(City of Occurrence)	(Did accident result in a - Fatallity, injuries or tow?)	(List Citations Issued)

TRAFFIC CONVICTIONS

Please list accidents involved in during the 5 years:

(Date of Conviction)	(Type of Citation i.e. speed)	(City or town of Citation)	(State of issued Citation)	(Penalty or Fine)

Has any license, or operating permit ever been suspended or revoked? Yes _____ No _____

Have you ever been denied any driving or permitting privileges? Yes _____ No _____

Have you ever been denied any type of insurance or bonding? Yes _____ No _____

APPLICANT EMPLOYMENT HISTORY

Please indicate all occupational employment/contract starting with the most current job, for the past three years. If employed/contracted specifically as a commercial motor vehicle operator beyond the previous three years, up to a 10-year period, include those Companies in which you provided your driving services. Please provide information on any time-separation of jobs such as: if you were unemployed/not working, self-employed, military or missionary service, physically incapacitated or attending college.

Please indicate if the previous Employer or Motor Carrier was subject to Federal Safety regulations and/or if you were performing a "safety-sensitive function", under federal Drug and Alcohol regulations as defined in 49 CFR part 40, make an entry in the space provided below. If you are currently working for one of the companies you have listed, please enter "current" in the "end date" space provided.

Co. Name:	PHONE NUMBER:
START DATE: END DATE:	Supervisor:
ADDRESS:	Equipment:
CITY: STATE: ZIP CODE:	States Driven:
POSITION HELD:	Accidents - yes _____ no _____
SAFETY SENSITIVE FUNCTION _____ FEDERALLY REGULATED _____	Violations: - yes _____ no _____
REASON FOR LEAVING:	Injury accidents - yes ___ no ___

Co. Name:	PHONE NUMBER:
START DATE: END DATE:	Supervisor:
ADDRESS:	Equipment:
CITY: STATE: ZIP CODE:	States Driven:
POSITION HELD:	Accidents - yes _____ no _____
SAFETY SENSITIVE FUNCTION _____ FEDERALLY REGULATED _____	Violations: - yes _____ no _____
REASON FOR LEAVING:	Injury accidents - yes ___ no ___

Co. Name:	PHONE NUMBER:
START DATE: END DATE:	Supervisor:
ADDRESS:	Equipment:
CITY: STATE: ZIP CODE:	States Driven:
POSITION HELD:	Accidents - yes _____ no _____
SAFETY SENSITIVE FUNCTION _____ FEDERALLY REGULATED _____	Violations: - yes _____ no _____

REASON FOR LEAVING:	Injury accidents - yes___ no___
Co. Name:	PHONE NUMBER:
START DATE: END DATE:	Supervisor:
ADDRESS:	Equipment:
CITY: STATE: ZIP CODE:	States Driven:
POSITION HELD:	Accidents - yes_____ no _____
SAFETY SENSITIVE FUNCTION _____ FEDERALLY REGULATED _____	Violations: - yes _____ no _____
REASON FOR LEAVING:	Injury accidents - yes___ no___

Co. Name:	PHONE NUMBER:
START DATE: END DATE:	Supervisor:
ADDRESS:	Equipment:
CITY: STATE: ZIP CODE:	States Driven:
POSITION HELD:	Accidents - yes_____ no _____
SAFETY SENSITIVE FUNCTION _____ FEDERALLY REGULATED _____	Violations: - yes _____ no _____
REASON FOR LEAVING:	Injury accidents - yes___ no___

Co. Name:	PHONE NUMBER:
START DATE: END DATE:	Supervisor:
ADDRESS:	Equipment:
CITY: STATE: ZIP CODE:	States Driven:
POSITION HELD:	Accidents - yes_____ no _____
SAFETY SENSITIVE FUNCTION _____ FEDERALLY REGULATED _____	Violations: - yes _____ no _____
REASON FOR LEAVING:	Injury accidents - yes___ no___

Co. Name:	PHONE NUMBER:
START DATE: END DATE:	Supervisor:
ADDRESS:	Equipment:
CITY: STATE: ZIP CODE:	States Driven:
POSITION HELD:	Accidents - yes_____ no _____
SAFETY SENSITIVE FUNCTION _____ FEDERALLY REGULATED _____	Violations: - yes _____ no _____
REASON FOR LEAVING:	Injury accidents - yes___ no___

Do you give consent to GLOBAL CFS INC to perform a background investigation into your work history, motor vehicle record, work performance as a commercial motor vehicle operator, and a search of any past activity involving a State or Federal regulation or law?

YES _____ NO _____ Applicant's Signature _____

AS REQUIRED BY TITLE 49 PART 40.25(i), PLEASE ANSWER THE FOLLOWING:

During the past three years, have you tested positive on any pre-employment drug and alcohol test administered by an employer or contractor, or refused to submit to an employer or contractor attempting to administer a pre-employment drug or alcohol test to which you applied for, but did not obtain the position; defined by the Federal government as a safety-sensitive function, and which is subject to Federal Drug and Alcohol testing regulations?

YES _____ NO _____ Applicant's Signature _____

If you answered **NO** to the previous question, **DO NOT** answer this question. If you answered - YES to the previous question, then you can provide proof that you have successfully completed the Federal requirements for the return-to-duty process required by the Federal government, but it is not a guarantee of employment, or contract work.

GLOBAL CFS INC will not accept applicants with medical issues, that have not complied with the Federal guidelines and rules for requiring authorized Medical Waivers, as it relates to the condition; as well as medical conditions that cannot be medically waived under Federal guidelines and rules, that have been determined by the Federal government, to be unsafe for the operator themselves as well as for the motoring public, and therefore prohibiting that person from obtaining a CDL.

In addition, any applicant that **fails to disclose** to GLOBAL CFS INC any medical condition requiring a Federally issued medical waiver, or medical condition that prohibits an applicant from obtaining a medical waiver, and consequently from obtaining a CDL under Federal regulations, will not be considered for employment or contract, or terminated/dismissed if discovered post hire/contract.

As a commercial motor vehicle operator, you are required to perform repetitive movement such as: bending, stooping, pulling, squatting, lifting, and cranking motions, as well as, endure extended periods of sitting. Do you have the physical capacity to perform these functions?

YES _____ NO _____

Do you agree to comply with the medical certification requirements for commercial motor vehicle operators, as stated in the Federal Motor Carrier Safety regulations?

YES _____ NO _____

TO BE READ, SIGNED AND INITIALED BY THE APPLICANT:

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

By submitting this application, I _____
(Please Print Name)

- Authorize GLOBAL CFS INC (Carrier) or it's agent to investigate my character, general reputation and prior employment by contacting my past employers, references or any other individuals the Carrier considers necessary.
- Authorize Carrier, my prior employers, references and any other individuals contacted by Carrier to release any and all information they may have regarding me and absolve those parties who provide information requested from any and all liability related to their doing so;
- Acknowledge that any employment/contract offered to me is at the will of Carrier and may be terminated by Carrier at any time, with or without cause.
- Acknowledge that I will be required and agree to submit to a physical examination and testing for drug use as part of Carrier's evaluation procedures and authorize release of my results to Carrier and Carrier's use of those results in deciding whether I should be offered employment or contract;
- Acknowledge and agree that evidence of prohibited drug use during my employment or contract will be grounds for immediate termination of employment or contract without recourse.

• I _____ Certify by my signature
(Please Print Name)

That all entries on this application and all information in it are true and complete, and if any information in this application changes, I will immediately provide Carrier with new and updated information.

This application remains current for 60 days. For any reason the process exists beyond 60days, a new application will be required.

While being considered for employment or contract for this company, all information requested in this application must be completed in its entirety, and entries provided must be accurate to the best of your knowledge. If upon considering this application, a discrepancy is discovered, or the veracity of the information provided is in question during the hiring or contracting process, this company reserves the right of discretion in all considerations and decisions to hire or enter contract with the applicant.

_____ I understand and agree to the conditions of this application.
(Please Initial)

Applicant's Name _____ Email _____
(Please Print Name)

Applicant's Signature _____ Date _____