

DRIVER PRE-EMPLOYMENT QUESTIONNAIRE INSTRUCTIONS

YOU WILL BE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION / DOCUMENTATION BEFORE BEING CONSIDERED FOR EMPLOYMENT:

DOCUMENTATION:

- A copy of your CDL-A.
- A copy of your social security card.
- A copy of your current DOT physical (if you have one).
- If not a U.S. citizen, a copy of your alien card or permanent resident card.

EMPLOYMENT HISTORY:

- Name and complete address of all employers for the last 10 years. (Any type of employment both inside and outside the USA.)
- Date of hire and termination (month and year).
- Reason for resignation or termination.
- The type of work done.
- Name and phone number of your supervisor.

PLEASE NOTE: In order to be considered as a driver for a specific type of equipment (i.e., semi-dump driver), you must have a minimum of 2-3 years experience with that type of equipment. This is an insurance requirement.

Please do not complete an application if you have had your CDL for less than two (2) years or have less than two (2) years experience driving commercial motor vehicles!

- Read the entire application when you are done and make certain you answered all of the questions then sign and date.
- Use the back of the application or extra pages if you need additional space.
- Applications are kept on file for approximately six (6) months and are reviewed on an as needed basis. You may fill out a new application after six (6) months if you wish to maintain one on file for future vacancies.

Lastly, if you have the necessary qualifications and an acceptable MVR, we will contact you if we are interested in proceeding. PLEASE do not contact us.

Applications can be faxed to: (773) 847-4032 or mailed to:

4450 South Morgan Street,
P.O. Box 09051
Chicago, IL 60609
ATTN: Safety Department

Thank you!

DRIVER PRE-EMPLOYMENT QUESTIONNAIRE
(An equal opportunity employer)

PERSONAL INFORMATION:

DATE: _____ Referred by: _____
Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ City / State: _____ Zip: _____
Telephone: _____ Pager: _____ Cell: _____
Social Security Number: _____ Birth Date: _____

LICENSE INFORMATION:

Driver's License Number: _____ State: _____ CDL Class: _____
License Expires: _____ Last Moving Violation: _____
May we obtain an MVR on your license? YES NO

EDUCATION:

Last School Attended: _____ Course(s): _____ Graduated? YES NO

EQUIPMENT EXPERIENCE:

Do you have experience picking up containers or chassis in rail yards? YES NO # YEARS: _____
Do you have semi-dump experience? YES NO # YEARS: _____
Do you have regular dump experience? YES NO # YEARS: _____
Do you have 6-wheeler or 10-wheeler experience? YES NO # YEARS: _____
Do you have garbage experience? YES NO # YEARS: _____

EMPLOYMENT EXPERIENCE:

Name: _____ Address: _____
City / State: _____ Zip: _____ Phone Number: _____
Contact Person: _____ May we contact? YES NO
Dates of employment: FROM _____ TO _____ Duties: _____
Starting Salary: _____ Ending Salary: _____ Reason for leaving: _____

Name: _____ Address: _____
City / State: _____ Zip: _____ Phone Number: _____
Contact Person: _____ May we contact? YES NO
Dates of employment: FROM _____ TO _____ Duties: _____
Starting Salary: _____ Ending Salary: _____ Reason for leaving: _____

Name: _____ Address: _____
City / State: _____ Zip: _____ Phone Number: _____
Contact Person: _____ May we contact? YES NO
Dates of employment: FROM _____ TO _____ Duties: _____
Starting Salary: _____ Ending Salary: _____ Reason for leaving: _____

*Have you ever been convicted of a felony? YES NO

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYMENT

I hereby authorize you to release the following information to MARINA CARTAGE/ MARINA XPRESS/ MAT LEASING / M.T. TRANSIT for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released fully from any and all liabilities which may result from furnishing such information.

_____ Date

_____ Applicant's Signature

EMPLOYMENT EXPERIENCE
(Continued)

Name: _____ Address: _____
City / State: _____ Zip: _____ Phone Number: _____
Contact Person: _____ May we contact? YES NO
Dates of employment: FROM _____ TO _____ Duties: _____
Starting Salary: _____ Ending Salary: _____ Reason for leaving: _____

Name: _____ Address: _____
City / State: _____ Zip: _____ Phone Number: _____
Contact Person: _____ May we contact? YES NO
Dates of employment: FROM _____ TO _____ Duties: _____
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