



CDL DRIVER, CLASS A OR B APPLICATION FOR EMPLOYMENT

A Division of the Archdiocese of Chicago
5150 N. Northwest highway
Chicago, IL 60630-4696
773.385.5100 (phone)
773.385.5052 (fax)

PLEASE PRINT IN INK

Last Name		First Name		Middle Initial
Home Phone	Work Phone	Cell Phone		Social Security No
Address for last 3 years		City	State	Zip Code

GENERAL INFORMATION		
Are you over 18 years of age?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you legally eligible for employment in the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are able to drive a manual transmission vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, describe circumstances in detail: _____		

Are there any hours, shifts or days you cannot or will not work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, explain: _____		
Are you applying for Full Time <input type="checkbox"/> or Part Time <input type="checkbox"/> employment?		
Are you willing to work overtime as required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What position(s) are you applying for? 1) _____ 2) _____		
When can you start? _____		
What is your salary expectation? _____ Per _____		
Have you ever worked for FSP or Ceres Food Group, Inc. in the past?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, provide dates of employment and position held: _____		
Have you ever worked for or volunteered at any Archdiocese of Chicago facility in the past (other than FSP/Ceres)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, provide dates of employment and position held: _____		
Are you currently employed by or volunteer at any Archdiocese of Chicago facility?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide location, position and dates of employment: _____		
Have you or will you attend a truck driving school? Yes <input type="checkbox"/> No <input type="checkbox"/> Name of School: _____		
Are you presently unemployed? Yes <input type="checkbox"/> No <input type="checkbox"/> Month & Year unemployment began: _____		

MILITARY SERVICE RECORD
Have you served in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what branch? _____
Dates of Service: _____ Description of Duties: _____
Did you receive an honorable discharge? Yes <input type="checkbox"/> No <input type="checkbox"/> Please Explain: _____

EMPLOYMENT HISTORY – Start with most recent employer or volunteer activities. If there were times you were not employed or volunteering, include those dates and describe your principal activities. Drivers must list personal history for Past 3 Years (10 Years for Experienced Drivers). Attach separate sheet if more space is necessary.

Employer Name		Telephone Number	
Address		City	State
Last Position Held	Description of Duties		
Ending Salary	Supervisor's Name	Was Your Employment Terminated	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of Equipment Operated	Type of Trailer	Number of Accidents	
Dates of Employment	Reason for Leaving	May we contact this employer?	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were you subject to Federal Motor Carrier Safety Regulations while employed by this employer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you subject to alcohol and controlled substance testing requirements under DOT 49CFR part 40?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Period of Unemployment (if any): From (Mo/Yr) _____ To: (Mo/Yr) _____

Employer Name		Telephone Number	
Address		City	State
Last Position Held	Description of Duties		
Ending Salary	Supervisor's Name	Was Your Employment Terminated	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of Equipment Operated	Type of Trailer	Number of Accidents	
Dates of Employment	Reason for Leaving	May we contact this employer?	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were you subject to Federal Motor Carrier Safety Regulations while employed by this employer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you subject to alcohol and controlled substance testing requirements under DOT 49CFR part 40?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Period of Unemployment (if any): From (Mo/Yr) _____ To: (Mo/Yr) _____

Employer Name		Telephone Number	
Address		City	State
Last Position Held	Description of Duties		
Ending Salary	Supervisor's Name	Was Your Employment Terminated	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of Equipment Operated	Type of Trailer	Number of Accidents	
Dates of Employment	Reason for Leaving	May we contact this employer?	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were you subject to Federal Motor Carrier Safety Regulations while employed by this employer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you subject to alcohol and controlled substance testing requirements under DOT 49CFR part 40?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Period of Unemployment (if any): From (Mo/Yr) _____ To: (Mo/Yr) _____

EDUCATIONAL HISTORY			
School Name	Address of School	Major	Diploma/Degree
High School			
College/University			
Graduate Studies			
Other Training/Education			

PROFESSIONAL DRIVERS' LICENSES, REGISTRATIONS AND/OR CERTIFICATIONS			
Type	State/City Issued	Expiration Date	Number
Have you ever been denied a Drivers' License, permit or privilege to operate a motor vehicle? If so, state when and explain details:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your Drivers' License, permit or privilege to operate a motor vehicle ever been suspended? If so, state when and explain details:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your Drivers' License, permit or privilege to operate a motor vehicle ever been revoked? If so, state when and explain details:		Yes <input type="checkbox"/>	No <input type="checkbox"/>

MOTOR VEHICLE ACCIDENTS IN THE PAST 3 YEARS			
Date of Accident	Details of Accident	# of Injuries	# of Fatalities

VIOLATIONS OF MOTOR VEHICLES IN THE PAST 3 YEARS (other than only parking violations)	
Date of Violation	Details of Violation

PHYSICAL REQUIREMENTS FOR POSITION
All applicants must meet the DOT and FSP physical qualification requirements and be able to perform essential job functions.

AUTHORIZATION TO OBTAIN PAST DRUG AND ALCOHOL TEST RESULTS

I, _____ understand that as part of the Department of Transportation Driver Qualification process (DOT 49CFR Parts382 Controlled Substances and Alcohol Use and Testing) FSP is required to obtain the results of all DOT required drug and/or alcohol tests (including refusals to be tested). I understand that I must give FSP written authorization to obtain the above mentioned information from all the companies for which I performed a safety sensitive function or for which I took a pre-employment drug and/or alcohol test during the past two years. I also understand that my signing of the authorization does not guarantee me a job with FSP.

Below, I have listed all of the companies for which I performed a safety sensitive function, or for which I took drug and/or alcohol test during the past two years. I hereby authorize the companies to furnish FSP the following concerning my drug/alcohol tests:

1. All positive drug test results during the past two years.
2. All alcohol test results of 0.04 or greater during the past two years.
3. All alcohol test results of 0.02 or greater but not less than 0.04 during the past two years.
4. All instances in which I refused to submit to a required drug and/or alcohol test during the past two years.
5. Other violations of DOT agency drug and alcohol testing regulations (to include verified altered or substituted drug test result).
6. Documentation of successful completion of DOT return to duty requirements, to include SAP information and follow-up tests.

Company Name	Dates Worked	Company Name	Dates Worked

APPLIANT'S CERTIFICATION, AUTHORIZATION AND AGREEMENT

By completing and submitting this application, I _____

- authorize FSP to use my Social Security number to investigate my background character, general reputation, record of convictions, deferred prosecutions, and charges pending, and prior employment by contacting my prior employers/lessors, references or any other individuals or agencies FSP considers necessary;
- carefully read and fully understand the authorization to release my past drug and/or alcohol test results; I have identified all of the companies for which I have performed a safety sensitive function, or took a pre-employment drug and/or alcohol test during the past two years.
- authorize FSP, my prior employers/lessors, educational institutions, references, and any other individuals or agencies contacted by FSP 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 doing so;
- acknowledge that any employment offered to me is at the will of FSP and may be terminated by either I or FSP at any time, with or without prior notice, and for any reason not prohibited by statute without recourse;
- acknowledge that I will be required and agree to submit to a physical examination, TB screening and controlled substance and alcohol use testing as part of FSP's evaluation procedures and authorize release of my results to FSP and FSP's use of those results in deciding whether I should be offered employment;
- acknowledge that illegal alcohol or drug uses during my employment will be grounds for immediate termination without notice and without recourse;
- certify by my signature that all entries and information on and in this application and all supplemental documents are true and complete to the best of my knowledge;
- agree that, if any of the information provided in this application and/or supplemental documents changes, whether before or after employment, I will immediately provide FSP with new and updated information;
- agree that not updating, or providing false, misleading or incomplete statements or data in this application and/or supplemental documents of, in connection with FSP's evaluation of me as a candidate for employment, is grounds for immediate termination of my employment, regardless of when such information is discovered.
- understand that any offer of employment is contingent upon the results of a criminal background check and reference checks (some positions may also require a medical examination and/or drug screen). FSP is hereby authorized to investigate any of the facts set forth in the application.
- understand that I may exercise my due process rights to review the information received, request a previous employer to correct or include a rebuttal to information received within a reasonable period of time.
- understand that no supervisor, manager, or executive of FSP, other than the President, has any authority to alter the foregoing.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____

Date: _____

EQUAL OPPORTUNITY EMPLOYER STATEMENT

We thank you for completing this Application for Employment.

FSP, an agency of the Archdiocese of Chicago, complies with all laws concerning nondiscrimination in employment. FSP considers each applicant for employment on the basis of merit, qualifications, experience, and other work-related criteria without regard for race, religion, color, creed, gender, age, national origin, ancestry, disability, political affiliation, citizenship status, sexual orientation, marital status, veteran status, unfavorable discharge from military service, arrest record or mental or physical disabilities not affecting one's ability to perform the essential functions of one's job. It is our policy to offer reasonable accommodations for the special needs of otherwise qualified disabled individuals.

Please note that acceptance of this form does not constitute a contract of employment nor is it a commitment to the applicant.