

Have you ever been convicted of a Felony, DUI or DWI? Yes No

If yes, please explain _____

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

If yes, please explain _____

Have you ever tested positive for drugs and/or alcohol? Yes No

If yes, please explain _____

Past Employment Record

(List ALL past employment for the last three years and ALL DOT regulated past employers for the past 10 years)

Last Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____

Was this employer regulated by U.S. DOT? Yes _____ No _____

Second Last Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____

Was this employer regulated by U.S. DOT? Yes _____ No _____

Third Last Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____

Was this employer regulated by U.S. DOT? Yes _____ No _____

Fourth Last Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____

Was this employer regulated by U.S. DOT? Yes _____ No _____

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application and any additional past employer records have been 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

Printed Name

PAST EMPLOYMENT SAFETY HISTORY REQUEST

FROM: Gelly Excavating and Construction Inc. 13297 Plocher Way Highland, IL 62249
 PHONE: 618-654-3917, Please return by e-mailing to paul@gellyexcavating.com

The person named herein has applied to Gelly Excavating and Construction Inc. for employment in a safety-sensitive position.

I, the listed applicant below, hereby authorize the following company(s) to release all records of employment, including assessments of my job performance, ability, fitness and drug testing results to Gelly Excavating and Construction Inc. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the above-mentioned company. The applicant's signature on this form releases all liability of you and your company. Information is being requested in accordance with 49 CFR Parts 40, 382 and 391.

Applicant's Signature

Date

Name of Applicant: _____ Social Security Number: _____

Dates of employment: From ___/___/___ To ___/___/___ Full Time: ___ Part-Time: ___

Position(s) Held: _____ Local: _____ Regional: _____ Over-the-Road: _____

Did this driver operate commercial motor vehicles greater than 26,000 lbs GVWR? ___yes ___no

Type of equipment operated: ___Dry Van ___Flatbed ___Reefer ___Other (please list): _____

Reason for leaving: ___Voluntary ___Lay-Off ___Terminated ___Retired

If terminated, why? _____

Eligible for rehire? ___Yes ___No ___Upon Review ___No, Company Policy: _____

Motor Vehicle Accident/Equipment Damage/Incident Inquiry, if no accidents please check box none

Accident Date	City, State	Did the Accident Involve?	Brief Description
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____

Alcohol & Controlled Substance Testing Inquiry

Has this driver ever had a breath alcohol test within the past 3 years a result of 0.04 or higher alcohol concentration? ___yes ___no

Has this driver ever had a positive drug test in the past 3 years? _____ ___yes ___no

Has this driver refused a controlled substance test and/or alcohol test within the past 3 years? _____ ___yes ___no

Has this driver violated any other DOT drug/alcohol regulation? _____ ___yes ___no

To your knowledge has this driver violated any DOT drug and alcohol regulations at a previous employer? _____ ___yes ___no

**If the answer to any of the above questions is "Yes", please provide details below:

Reason for test(s): _____ Result of test(s): _____ Date of test(s): _____

If the applicant tested positive, to your knowledge, have they satisfactorily completed all return to duty and follow-up testing requirements in accordance 49 CFR 382.503? _____ ___yes ___no

Any other remarks: _____

Verification Completed By: _____ Title: _____

Phone Number: _____ Verification Date: _____

First Request Date: ___/___/___
 Fax ___ Mail ___ Phone ___
 Initials _____

Second Request Date: ___/___/___
 Fax ___ Mail ___ Phone ___
 Initials _____

Third Request Date: ___/___/___
 Fax ___ Mail ___ Phone ___
 Initials _____

Gelly Excavating & Construction Inc.
13279 Plocher Way
Highland, IL 62249

**MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS
AND ANNUAL REVIEW OF DRIVING RECORD**
(Completed in accordance with 49 CFR 391.25 and 391.27)

Driver's Name: _____

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date of Certification

Driver's Signature

I have reviewed the driving record and safety history of the above named driver in accordance with 49 CFR Part 391 and determined that the driver:

- Meets minimum safe driving requirements

- Is disqualified to drive a commercial motor vehicle pursuant to 49 CFR 391.15 or does not meet our safety fitness standards

Date of Review

Reviewer's Signature and Title



Mid-West Truckers Association
2727 N. Dirksen Parkway
Springfield, IL 62702
Phone: (217) 525-0310
Fax: (217) 525-0342

MOTOR VEHICLE RECORD REQUEST

(MVR's are required annually)

Company Name

Street Address

City State Zip

I, _____, hereby
authorize Mid-West Truckers Association to pick up
Driving Record Abstracts on my behalf.

Driver's Full Name

Driver's Date of Birth

Driver's License Number

Driver's Social Security Number

Applicant Signature

Date