



Please return completed application to Human Resources via one of the following methods –

- 1) Via fax to: #(574) 264-4448
- 2) Via email to: jclark@dayscorp.com
- 3) Via postal service to: 55169 CR 3 North
Elkhart, IN 46514
- 4) Hand deliver to Human Resources at CR 3 North

Please direct all questions to Human Resources at (574) 264-4121, Extension 330

55169 CR 3 North ♦ Elkhart, IN 46514

Phone: (574) 264-4121 ♦ Fax: (574) 262-3972 ♦ dayscorp.com

Days Corporation

55169 CR 3 North
Elkhart, IN 46514

Driver's Application for Employment *(please print)*

Applicant Name _____ Date _____
Last First Middle

Social Security Number ____ / ____ / ____ Date of Birth ____ / ____ / ____

Current Address _____ City _____

State _____ Zip Code _____ How Long? _____ Phone _____

List Addresses for previous 3 years. Use additional sheet if necessary.

_____ How long? _____
Street City State & Zip

_____ How long? _____
Street City State & Zip

_____ How long? _____
Street City State & Zip

_____ How long? _____
Street City State & Zip

Do you have the legal right to work in the United States? _____

Have you worked for this Company before? _____ When? From _____ To _____

Position Held _____ Reason for leaving _____

Have you ever been convicted of a felony? _____ If yes, please explain in detail on a separate sheet of paper. Conviction of a felony is not an automatic denial of employment. All circumstances will be reviewed and considered.

Education

Last grade completed _____ College _____ Additional Training _____

Last school attended _____ City _____ State _____

Previous Employment History

All driver applicants who operate in interstate commerce must provide the following information on all current and previous employers for the previous 3 years. You must also provide previous employer information for an additional 7 years where you drove a commercial motor vehicle.

(Please begin with the most recent employer)

EMPLOYER			Date: (Include month & year)	
Name:			From:	To:
Address:			Position:	
City:	State:	Zip Code:	Reason for leaving:	
Contact:	Phone:			
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			Wage:	
EMPLOYER			Date: (Include month & year)	
Name:			From:	To:
Address:			Position:	
City:	State:	Zip Code:	Reason for leaving:	
Contact:	Phone:			
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			Wage:	
EMPLOYER			Date: (Include month & year)	
Name:			From:	To:
Address:			Position:	
City:	State:	Zip Code:	Reason for leaving:	
Contact:	Phone:			
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			Wage:	
EMPLOYER			Date: (Include month & year)	
Name:			From:	To:
Address:			Position:	
City:	State:	Zip Code:	Reason for leaving:	
Contact:	Phone:			
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			Wage:	

(Please use additional sheet if necessary)

Accident Record:

Please list all accidents regardless of fault for the previous 3 years.
Write NONE if non-applicable.

Date of Accident	Type of Accident	Fatalities	Injuries	Haz-mat Spill
1.				
2.				
3.				

**All traffic convictions and forfeitures
for the previous 3 years. (other than parking)**
Write NONE if non-applicable.

Date	Charge	Location	Penalty
1.			
2.			
3.			
4.			

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
B. Has any license, permit, or privilege ever been suspended or revoked?

Yes _____ No _____
Yes _____ No _____

If yes to A or B please provide specific details:

License Information:

License Class	License State	License Number	License Expiration

Driving Experience:

Equipment	Dates From / To	Approximate Miles
Straight Truck		
Tractor-Trailer		
Tractor-Double Trailers		
Tractor-Triple Trailers		
Tractor-Flatbed Trailer		
Tractor-Tank Trailer		
Tractor-Dump Trailer		
Other		

List states operated in: _____

List safe driving awards: _____

List any special training: _____

APPLICANT READ COMPLETELY AND SIGN

In connection with my application for employment (including contract for services) with **Days Corporation**,

I understand that consumer reports which may contain public record information may be requested from **Days Corporation**. These reports may include the following types of information: Names and dates of previous employers, reason for termination of employment, work experience, accidents, safety performance, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation history, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies which maintain such records. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY **Days Corporation** TO FURNISH THE ABOVE MENTIONED INFORMATION TO THE EXTENT AUTHORIZED BY STATE AND FEDERAL LAW.

I have the right to make request to **Days Corporation**, upon proper identification, to request the nature and substance of all information in the files on me at the time of my request, to have incorrect information corrected and to have a rebuttal statement included if necessary. In conformity with 49 C.F.R. Part 40, I hereby authorize motor carriers (company/school) listed on my application to furnish to **Days Corporation**, the following information concerning drug and alcohol tests, DOT drug and alcohol testing violations including pre-employment tests during the past three years (I) the dates on which I tested positive for drugs and the drugs involved; (II) the dates on which I tested .04 or greater for alcohol and the test result levels; (III) the dates on which I refused to be tested for drugs and/or alcohol; (IV) any failure to undertake or complete a rehabilitation program prescribed by a Substance Abuse Professional; (V) other violations of DOT drug and alcohol testing regulations; and (VI) any information the carriers have received regarding violations of drug/alcohol testing regulations from my previous employers observed by DOT.

I fully understand that the information I authorize **Days Corporation** to receive involves tests which were required by the Department of Transportation (DOT). If any carrier (company/school) listed on my application furnishes **Days Corporation** with information concerning items (I) through (V) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the names and phone numbers of any substance abuse professional who evaluated me during the past three years.

Driver Signature: _____ Date: _____

APPLICANT READ COMPLETELY AND SIGN

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

I certify that the information presented on 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.

Signature: _____ Date: _____

DECLARATION OF EMPLOYMENT STATUS

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

From: _____ to _____
Date Date

During this time, I was engaged in the following activity:

In addition:

_____ I was not employed by any company or individual

_____ I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle

Signature: _____ Date: _____

*****Please complete a separate form for each employment gap*****

REQUEST FOR DRUG/ALCOHOL RESULTS

Applicant: _____

Social Security Number: _____

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| Has this driver had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has this driver had a controlled substance test with a positive result in the past three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has this driver refused (includes verified adulterate or substituted results) a controlled substance test and/or alcohol test within the past three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has this driver violated other DOT drug/alcohol regulations in the past three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has this driver failed to undertake or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you received information from a previous employer that the individual violated DOT drug and alcohol regulations in the past three years? | <input type="checkbox"/> | <input type="checkbox"/> |

Any additional comments: _____

Print name of authorized signer: _____

Date: _____

Authorized Signature: _____

Title: _____

Company: _____

Phone: _____

CONSUMER REPORT DISCLOSURE AND DRUG RELEASE

In connection with my application for employment (including contract for services) with **Days Corporation**.

I understand that consumer reports which may contain public record information may be requested from Compliance Advantage, LLC. These reports may include the following types of information: Names and dates of previous employers, reason for termination of employment, work experience, accidents, safety performance, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation history, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies which maintain such records. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY COMPLIANCE ADVANTAGE TO FURNISH THE ABOVE MENTIONED INFORMATION TO THE EXTENT AUTHORIZED BY STATE AND FEDERAL LAW.

I have the right to make request to Compliance Advantage LLC, upon proper identification, to request the nature and substance of all information in the files on me at the time of my request, to have incorrect information corrected and to have a rebuttal statement included if necessary. I also understand that Compliance Advantage LLC forwards all information obtained on me to the carrier listed below and does not retain information in their files for future reference. I hereby consent to your obtaining the above information from Compliance Advantage LLC.

In conformity with 49 C.F.R. Part 40, I hereby authorize the carriers (company/school) listed on my application to furnish to Compliance Advantage LLC on behalf of the Company listed below the following information concerning drug and alcohol tests, DOT drug and alcohol testing violations including pre-employment tests during the past three years (I) the dates on which I tested positive for drugs and the drugs involved; (II) the dates on which I tested .04 or greater for alcohol and the test result levels; (III) the dates on which I refused to be tested for drugs and/or alcohol; (IV) any failure to undertake or complete a rehabilitation program prescribed by a Substance Abuse Professional; (V) other violations of DOT drug and alcohol testing regulations; and (VI) any information the carriers have received regarding violations of drug/alcohol testing regulations from my previous employers observed by DOT.

I fully understand that the information I authorize Compliance Advantage LLC to receive involves tests which were required by the Department of Transportation (DOT). If any carrier (company/school) listed on my application furnishes Compliance Advantage LLC with information concerning items (I) through (V) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the names and phone numbers of any substance abuse professional who evaluated me during the past three years.

Company	City	State	Phone Number
Days Corporation	Elkhart	IN	574-264-4121

By signing below, I certify that I have read and fully understand the release.

Print name: _____

Signed: _____
(Applicant signature required)

Social Security No: _____

Date: _____

Request From Previous Employer

Applicant's name: _____

Social Security No.: _____

I authorize the release of the following information to
Compliance Advantage, LLC for pre-employment inquiries
by *Days Corporation*.

_____ (Date) _____ (Applicant's Signature)

Company: _____

Phone Number: _____

1. Employment Dates: _____ from _____ to _____

2. Type of Equipment Used: _____

3. Was the applicant subject to the FMCSR while employed? Yes No

4. Was the applicant's job designated as a safety sensitive
function in any DOT regulated mode? Yes No

	Good	Fair	Poor
5. Equipment Care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Safe driving habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7. Driver reliability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8. Driver/Dispatcher relations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9. Customer relations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10. Timeliness of loads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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11. Is this driver eligible for rehire? Yes No Upon Review

12. Preventable accidents in the past three years? No Yes (please explain below)

Date	City/Town	#Injuries	#Fatalities	Hazmat Released

Contact: _____

Signature: _____

Title: _____

Date: _____

**Days Corporation
55169 CR 3 North
Elkhart, IN 46514**

CDL Driver Applicants for Hire:

§40.25 (j) of the Federal Motor Carrier Safety Regulations requires a motor carrier to ask if you have 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, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes: _____ No: _____

Signature: _____ Date: _____