



DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
 (print)

Company: Aries Charter Transportation, Inc.
 Address: 931 West 75th Street, Suite 137-#258
 City: Naperville State: Illinois Zip: 60565

In compliance with Federal and State equal employment 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 related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize Aries Charter Transportation Inc. to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (General inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Aries Charter Transportation Inc.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to Aries Charter Transportation Inc.; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____

Date _____

FOR COMPANY USE ONLY

PROCESS RECORD

APPLICANT HIRED _____

REJECTED _____

DATE EMPLOYED _____

POINT EMPLOYED _____

DEPARTMENT _____

CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARY QUIT _____ OTHER _____

TERMINATION REPORT PLACE IN FILE _____ SUPERVISOR _____

APPLICATION TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security # _____
 Last First Middle

List your addresses of residency for the past 3 years

Current Address _____
 Street City

Phone # _____ How Long? _____
 State Zip Code yr. / mo.

Previous Addresses _____ How Long? _____
 Street City State & Zip Code yr. / mo.

_____ How Long? _____
 Street City State & Zip Code yr. / mo.

_____ How Long? _____
 Street City State & Zip Code yr. / mo.

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

Date of Birth ____ / ____ / ____ Can you provide proof of age? _____
 (Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____

Position Held _____

Reason for leaving _____

Are you now employed _____ If not, how long since leaving last employment _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
 (Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

List complete mailing address, street number, city, state, and zip code. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such a vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding. † The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYER			DATE	
NAME	FROM: YR.	MO.	TO: YR.	MO.
ADDRESS	POSITION HELD			
CITY STATE ZIP	SALARY/WAGE			
CONTACT PERSON PHONE #	REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED?			YES	NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
NAME		FROM: MO. YR.	TO: MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE #	
WERE YOU SUBJECT TO THE FMCSRs t WHILE EMPLOYED? YES NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PARK 40? YES NO			

EMPLOYER		DATE	
NAME		FROM: MO. YR.	TO: MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE #	
WERE YOU SUBJECT TO THE FMCSRs t WHILE EMPLOYED? YES NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PARK 40? YES NO			

EMPLOYER		DATE	
NAME		FROM: MO. YR.	TO: MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE #	
WERE YOU SUBJECT TO THE FMCSRs t WHILE EMPLOYED? YES NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PARK 40? YES NO			

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CONTACT PERSON		PHONE #	
WERE YOU SUBJECT TO THE FMCSRs t WHILE EMPLOYED? YES NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PARK 40? YES NO			

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NAME		FROM: MO. YR.	TO: MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE #	
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ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE **NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATION) IF NONE, WRITE **NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES NO
- B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CIRCLE YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT		DATES FROM (M/Y) TO (M/Y)		APPROX. NO. OF MILES (TOTAL)
	YES	NO			
STRAIGHT TRUCK					
TRACTOR & SEMI-TRAILER					
TRACTOR - TWO TRAILERS					
TRACTOR - THREE TRAILER					
MOTORCOACH - SCHOOL BUS MORE THAN 8 PASSENGERS					
MOTORCOACH - SCHOOL BUS MORE THAN 15 PASSENGERS					
OTHER					

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE & QUALIFICATION - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____

(NAME)

(CITY, STATE)

TO BE READ AND SIGNED BY APPLICANT

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BET OF MY KNOWLEDGE.

Upon hire of new applicant, he or she will be required to pay any fees for DOT preplacement examination/drug screening as well as all fees for background verification.

SIGNATURE: _____

DATE: _____