



Position Applied For:
Mechanic / Shop Helper
Dispatcher / Administrative

Terminal Applied At:

Cook County Terminal - 2139 N. Mannheim Rd. - Northlake, IL 60164
 DuPage County Terminal - 2424 Wisconsin St. - Downers Grove, IL 60515
 Grundy County Terminal - 424 Main St. - Gardner, IL 60424
 Will County Terminal - 3535 S. State St. - Lockport, IL 60441

O'Hare Towing is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act 1964 which prohibits discrimination in employment on the basis of race, sex, religion, or national origin and Public Law 90-202 which prohibits discrimination based on age.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Any offer of employment with this company is contingent on the applicant successfully taking and passing a medical examination and NIDA-5 employment drug test. Each question on this application will be answered completely, accurately and legibly. No action will be taken until all questions are answered.

PERSONAL INFORMATION:

Name: _____ Home telephone: _____
 LAST FIRST MIDDLE

Address: _____ Cell number: _____
 STREET UNIT #

City: _____ State: _____ Zip: _____ Do you have the legal right to work in the US? _____

Addresses for the past 3 years:

DATES	STREET ADDRESS	UNIT	CITY	STATE	ZIP

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ Expiration Date: _____

Issuing State: _____ Endorsements: _____ Class: _____

Have you ever been convicted of a crime other than moving violations, including DUI? Yes___ No___

If you have been convicted, please state the offense, location, date and final disposition:

What is your expected hourly rate of compensation? _____

Have you ever applied to this company before? Yes___ No___ If yes, when and which terminal? _____

Have you ever worked for this company before? Yes___ No___ If yes, when and which terminal? _____

How did you hear about this position and/or company? _____

Are you presently employed? Yes___ No___

Have you ever been denied a Driver's License, Permit or the privilege to drive? Yes___ No___

Has your License, Permit or privilege you possessed ever been suspended or revoked? Yes___ No___

If the answer to either of the last two questions was "yes", please write the details on the back of this sheet.

	DATES	TYPE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS (OTHER THAN PARKING VIOLATIONS):

DATE	LOCATION	CHARGE	PENALTY

LIST ANY SPECIAL EQUIPMENT OR TECHNICAL MATERIALS THAT YOU WORK WITH:

LIST ANY AWARDS YOU POSSESS:

LIST ANY CERTIFICATIONS THAT YOU POSSESS:

LIST MAJOR PROJECTS WORKED ON FOR THE PAST SIX MONTHS:

LIST ANY EXPERIENCE YOU POSSESS THAT WILL HELP YOUR WORK WITH THIS COMPANY:

EXPLAIN BRIEFLY, PLEASE, WHY YOU THINK YOU WOULD BE AN ASSET TO THIS COMPANY:

WILL YOU ABIDE BY ALL SAFETY RULES OF THIS COMPANY? YES ___ NO ___

ARE YOU WILLING TO TAKE A PHYSICAL EXAM AND NIDA-5 DRUG SCREEN AT THE COMPANY EXPENSE? YES ___ NO ___

DO YOU TAKE ANY ILLEGAL OR NON-PRESCRIBED DRUGS? YES ___ NO ___

ARE YOU ABLE TO STAND AND WALK FOR LONG PERIODS OF TIME? YES ___ NO ___

ARE YOU ABLE TO PERFORM THIS TASK WITH OR WITHOUT AN ACCOMMODATION? WITH ___ WITHOUT ___

IF YOU ANSWERED "WITH" TO THE ABOVE QUESTION, HOW WOULD YOU PERFORM THE TASKS AND WITH WHAT TYPE OF ACCOMMODATIONS? _____

ARE YOU ABLE TO WORK FOR UP TO TEN CONSECUTIVE HOURS? YES _____ NO _____

ARE YOU ABLE TO BE BONDED? YES _____ NO _____

CAN YOU PASS A CRIMINAL BACKGROUND CHECK FOR THE COUNTY AND STATE? YES _____ NO _____

CAN WE CONTACT ALL YOUR PREVIOUS EMPLOYERS AT THIS TIME? YES _____ NO _____

IF YOU ANSWERED "NO" TO THE ABOVE QUESTION, WHICH EMPLOYERS CAN'T BE CONTACTED AND WHY? _____

AFFIDAVIT:

I certify that this application was completed by me and that answers given by me to the foregoing questions and statements are true and correct without any consequential omissions of any kind. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that the company shall not be liable, in any respect, if my employment is terminated because of false statements, answers or omissions made by me in this application. I also authorize the companies, schools or persons named in this application for employment to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing information. I certify that all statements and answers to questions about my health are true and were made without reservations. I agree to expressly waive all provisions of law prohibiting any physician, person, hospital or institution from disclosing to the company any information regarding treatment rendered now and in the future. I further understand that taking a drug test is a condition of employment and refusal to take such tests when asked will subject me to termination. I also understand that no person is authorized to enter into any written or verbal contracts on behalf of the company without the express written consent of the president, vice president, or general counsel of the company. I authorize the company to make such investigations and inquiries about my personal, employment, criminal or medical history or other related matters as may be necessary in arriving at an employment decision. I hereby release employees, schools or persons from all liability in responding to inquires in connection with my application. I understand and agree that if I am offered employment; my employment is for no definite period of time and may be terminated without prior notice by the company.

APPLICANT'S SIGNATURE

DATE

PLEASE HAVE YOUR DRIVERS LICENSE AND SOCIAL SECURITY CARD READY. COPIES WILL BE MADE TO COMPLETE THE BACKGROUND CHECKS.

EMPLOYMENT HISTORY

All applicants must list **10 years of previous employment** with no gaps in dates of employment. If you were unemployed show the dates of unemployment. Please list all employers in reverse order starting with the most recent.

EMPLOYER:	EMPLOYMENT DATES:
ADDRESS:	TO STARTING SALARY \$
CITY:	FROM ENDING SALARY \$
STATE / ZIP:	POSITION HELD:
PHONE NBR:	REASON FOR LEAVING:
SUPERVISOR'S NAME:	

EMPLOYER:	EMPLOYMENT DATES:
ADDRESS:	TO STARTING SALARY \$
CITY:	FROM ENDING SALARY \$
STATE / ZIP:	POSITION HELD:
PHONE NBR:	REASON FOR LEAVING:
SUPERVISOR'S NAME:	

EMPLOYER:	EMPLOYMENT DATES:
ADDRESS:	TO STARTING SALARY \$
CITY:	FROM ENDING SALARY \$
STATE / ZIP:	POSITION HELD:
PHONE NBR:	REASON FOR LEAVING:
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EMPLOYER:	EMPLOYMENT DATES:
ADDRESS:	TO STARTING SALARY \$
CITY:	FROM ENDING SALARY \$
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CITY:	FROM ENDING SALARY \$
STATE / ZIP:	POSITION HELD:
PHONE NBR:	REASON FOR LEAVING:
SUPERVISOR'S NAME:	

I hereby state that:

- A. I am an employee or prospective employee of the company designated below I authorize the Company, and Kapnick Insurance Agency, Inc., to obtain my Motor Vehicle Report ("MVR"), to be used for the following purposes:
 - 1. By said company to verify information relating to my license and qualifications to determine whether I should be employed to operate a commercial vehicle upon the public highways of the State of Illinois and/or any other state; and/or
 - 2. By the Company's insurance carrier for the underwriting purposes.
- B. I understand the "Commercial Vehicle" means any vehicle for which the principal use is the transportation of commodities, merchandise, produce, freight, animals, or passengers for hire.
- C. I hereby certify that the Company has made all disclosures to me as required under Section 606 of the federal Fair Credit Reporting Act, 15 USC 161d.
- D. I have been advised, and hereby acknowledge and agree, that the MVR may be sent between the parties via facsimile or email, both of which are non-secure modes of transmission.
- E. I further understand that no information contained in the MVR shall be divulged, sold, assigned or otherwise transferred to any third party or person.

O'HARE TRUCK SERVICE 2139 N. MANNHEIM RD NORTHLAKE, IL 60164

Prospective Employee: _____

Print Name

Social Security Number

Date of Birth

Drivers License Number

Expiration Date

Signature: _____

By: O'Hare Truck Service, Inc. on _____

Date

Company Authorized Representative: _____