

NATIONAL EXPRESS TRANSPORT, INC.

935 N. HARVARD AVE
VILLA PARK, IL 60181

PHONE: 630.785.2500 FAX: 630.689.2574

☐ COMPANY DRIVER APPLICATION

☐ INDEPENDENT CONTRACTOR APPLICATION

Applications are considered for positions without regard to race, color, creed, age, sex, disability, or natural origin.

I. GENERAL

Please print plainly and complete all blanks.

Date: 10.9.15

Name: Pat Gregor Gascon Home phone: (713) 816 2016
First Middle Last Area

Current Address: NSAPPHIRE DRIVE HOFMANESTATE IL 60192
Number Street City State Zip

E-mail Address: _____ Cell Phone: (713) 816 2016
Area

Other Addresses: 30656 N EASTWOOD NORRIDGE IL 60106 8 yrs
(Past 3 years) Number Street City State Zip How Long

Number Street City State Zip How Long

List all other names you have used: _____

Date of Birth: 7 / 15 / 77 Social Security No. _____

Height: 6' 1" Weight: 245 Lbs. Marital Status: Single ___ Married ☒ Divorced ___
Separated ___ Remarried ___ Number of Dependents ___

Name of Father _____ Address (Number, Street, City, State, Zip) _____ Phone # _____ Occupation _____ Company-Employed _____

Name of Mother Address (Number, Street, City, State, Zip) Phone # Occupation Company-Employed

Teves Live in Poland _____ _____ _____
Name of Spouse Address (Number, Street, City, State, Zip) Phone # Occupation Company-Employed

IN CASE OF EMERGENCY NOTIFY: Parole 173-326-5005 Hofman Estates IL 60192
Name Number Street City/State/Zip Phone

Relationship: _____

Do you have any friends or other relatives employed by this company? Yes: _____ No: _____ (Check one)

Name: _____ Relationship: _____

Three personal references, other than relative:

Name: _____ Telephone # _____

Name: _____ Telephone # _____

Name: _____ Telephone # _____

LICENSE

List **ALL** driver's licenses/permits held in past.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
<u>IL</u>	<u>G25016777201</u>	<u>A</u>	<u>07-15-18</u>

Is your current license a CDL? Endorsements: 1) Combination vehicles over 26,001 lbs. Yes ☒ No _____
Yes ☒ No _____ 2) Hazardous material Yes _____ No ☒
State: IL 3) Air brakes Yes ☒ No L

II. EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your present or most recent job and work backward in order, listing your employers for at least the past 10 years including all full-time and part-time employment. All time must be accounted for including military service, self-employment and periods of unemployment. Use supplementary sheet if necessary.

We must have telephone numbers. Include periods of unemployment.

Current or Most Recent Employer: Name Rennie Supervisor _____

Are you presently employed? Yes ☒ No _____ May we call your current employer? Yes ☒ No _____

Telephone (708) 598-6061 Address 76th BRIDGEVIEW IL
Number Street City/State/Zip

Position Held Driver From 4 2006 To 2015 Rate of Pay _____
Month/Year Month/Year

Why do you want to change employers? Weekend Work Number of states driven in 15

No. of Accidents NO Please explain _____

Second Last Employer: Name _____ Supervisor _____

Telephone (____) _____ Address _____
Number Street City/State/Zip

Position Held _____ From _____ To _____ Rate of Pay _____
Month/Year Month/Year

Reason for leaving? _____ Number of states driven in _____

No. of Accidents _____ Please explain _____

Third Last Employer: Name _____ Supervisor _____

Telephone (____) _____ Address _____
Number Street City/State/Zip

Position Held _____ From _____ To _____ Rate of Pay _____
Month/Year Month/Year

Reason for leaving? _____ Number of states driven in _____

No. of Accidents _____ Please explain _____

Fourth Last Employer: Name _____ Supervisor _____

Telephone (____) _____ Address _____
Number Street City/State/Zip

Position Held _____ From _____ To _____ Rate of Pay _____
Month/Year Month/Year

Reason for leaving? _____ Number of states
driven in _____

No. of Accidents _____ Please explain _____

Fifth Last Employer: Name _____ Supervisor _____

Telephone (____) _____ Address _____
Number Street City/State/Zip

Position Held _____ From _____ To _____ Rate of Pay _____
Month/Year Month/Year

Reason for leaving? _____ Number of states
driven in _____

No. of Accidents _____ Please explain _____

Sixth Last Employer: Name _____ Supervisor _____

Telephone (____) _____ Address _____
Number Street City/State/Zip

Position Held _____ From _____ To _____ Rate of Pay _____
Month/Year Month/Year

Reasons for leaving? _____ Number of states
driven in _____

No. of Accidents _____ Please explain _____

III. DRIVING RECORD

TRAFFIC CONVICTIONS/FORFEITURES

List **ALL** vehicle moving traffic convictions and forfeitures for the past three years (IF NONE, WRITE NONE)

DATE	LOCATION (STATE)	CHARGE	PENALTY
2	Georgia IN	Seat Belt	Ticket

ACCIDENT RECORD

List **ALL** accidents/incidents with vehicles for past three years, include preventable and non-preventable, **WHETHER OR NOT ON MVR.**
(IF NONE, WRITE NONE)

Date	Type of Vehicle	Nature of Accident (Head-on, rear-end, upset, etc.)	Indicate Preventable or Non-Preventable	Fatalities	Injuries	Any Vehicle Towed

- A. Do you have any restrictions from working in the United States? Yes ___ No ☒
- B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ☒
- C. Have you ever had a license, permit or privilege suspended or revoked? Yes ___ No ☒
- D. Have you ever been convicted for driving while under the influence of alcohol or drugs? Yes ___ No ☒
- E. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or derivative thereof? Yes ___ No ☒
- F. Have you ever been refused liability insurance? Yes ___ No ☒
- G. Have you ever been convicted of a felony? Yes ___ No ☒
- H. Do you have any felonies pending? Yes ___ No ☒
- I. Have you ever been convicted of a misdemeanor? Yes ___ No ☒
- J. Have you ever been disqualified to drive by Federal Regulations? Yes ___ No ☒
- K. Have you ever been refused a security bond? Yes ___ No ☒
- L. Have you ever filed a Controlled substance Test, including pre-employment test? Yes ___ No ☒
- M. Have you ever tested 0.02 or greater on an Alcohol Test, including pre-employment test? Yes ___ No ☒
- N. Have you ever refused a Controlled Substance or alcohol Test, including pre-employment test? Yes ___ No ☒
- If answered yes in any of the questions above, please state details, circumstances and dates