

Date _____

APPLICATION FOR EMPLOYMENT
 RELIABLE SANITATION SERVICE INC.
 601 SOUTH MARKET, P. O. Box 210
 WATERLOO, IL 62298

Applicant Name _____ Telephone _____

Address _____ How long? _____
 Street City State & Zip Code

Date of Birth _____ Social Security # _____

Address } _____ How long? _____
 Street City State & Zip Code

For Past Three Years } _____ How long? _____
 Street City State & Zip Code
 (Attach sheet if more space is needed)

EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver Licenses	State	License No.	Type	Expiration Date

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. No of Miles (Total)	
		From	To		
Straight Truck _____					
Tractor & Semi Trailer _____					
Tractor -Two Trailers _____					
Other _____					

Accident Record for past 3 years or more (Attach sheet if more spce is needed)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES
Last Accident _____			
Next Previous _____			
Next Previous _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed)

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, attach statement giving details.

EMPLOYMENT RECORD (Attach sheet if more space is needed)

Note: DOT Requires that Employment for at least 3 years and/or Commercial Driving Experience for the Past 10 years be shown.

Last Employer:

Name _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Second Last Employer:

Name _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Third Last Employer:

Name _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information is it are true and completed to the best of my knowledge

_____ Date

_____ Applicant's Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.