

River Trails Transit Lines, Inc

4349 Industrial Park Dr Galena, IL 61036

Application For Employment							
Job Applied For *		First Name *	Middle	Last Na	me *	Social Security No. *	
Job Applied For		THIS CHARGE	Middle			Social Security No.	
Present Address	City	State	ZIP	County	,	Years At This Address	
Email Address *			Date of Birt	h *			
Phone No. *			Other Phon	e No.			
Applying for: (Click for Chec	ck Mark)						
Have you ever worked for	River Trails Transit I	Lines, INC, (Tri-State Trave	el) and when?				
How did you hear about R	iver Trails Transit Li	nes, INC (Tri-State Travel),	or who referred you	ı?)	
Do you have the legal ri	ight to work in the	Linited States 2	/ES □ NO				
- Do you have the legal h		- Onited States:					
		C	i-l D.:l-1:				
		Comme	ercial Driver's Licer	ise			
Name - Exactly as it appears of	on your driver's licens	e *	Maiden or o	other name used			
· · (Ol: 1 f Ol 1	36.13						
CDL Type * (Click for Check		CDL Expiration Dat	te *		Air Brake Rest		
OA OB OC ON	one				OYes OI (Click for Che		
Endorsements (check all that	t apply) *	Years of Experience	e for CDL Classification	Currently Held *	(33333333	,	
□H □T □N □X	□Р						
Current Driver's License Num	nber * Issuin	g State *	Current DO	T Medical Card *	DOT Medical	Card Expiration Date	
		-	OYes	○No			
			(Click for Cl	heck Mark)			
	Driving/Hauling Experience						
Equipment	Yrs Exp	Equipment	Yrs Exp	Equipment		Yrs Exp	
Do you have a TWIC Card?:							
○ Yes ○ No							

o you have a passp	ort?: (Click for Check M	ſark)							
Yes O No									
assport Number?:									
ssport Expiration c	date?:								
				Educ	cation				
		Name and	d Location of Scho	ool		Years Attended	[Diploma/Certifi	cation
High school									
College									
Trade or Business	School								
t special courses o	or training that will help y	you as a driver:							
t driving awards h	eld and who presented t	them:							
			Ad	lditiona	l Licenses				
		List A	Ad			st 5 years.			
State	License no.	List A		icenses		st 5 years.	Expir	ration date	
		List A	ALL additional li	icenses	held in the par	st 5 years.	Expir	ration date	
lick for Check Mar	k)		ALL additional li Class	Enc	held in the pa		Expir	ration date	
lick for Check Mar	k) - Has any license, peri		ALL additional li Class	Enc	held in the pardorsement(s)		Expir	ration date	
lick for Check Mar	k) - Has any license, peri		ALL additional li Class	Enc	held in the pa		Expir	ration date	
ick for Check Mar Yes ONo) Date suspended	k) - Has any license, perr or revoked:		ALL additional li Class	Enc	held in the particular dorsement(s) evoked, or denice (1) Details		Expir	ration date	
lick for Check Mar Yes ONo) Date suspended	k) - Has any license, perr or revoked:		ALL additional li Class	Enc	held in the pardorsement(s)		Expir	ration date	
lick for Check Mar Yes ONo) Date suspended 2) Date suspended	k) - Has any license, perr or revoked: or revoked:		ALL additional li Class	Enc	held in the pardorsement(s) evoked, or denie (1) Details (2) Details		Expir	ration date	
lick for Check Mar Yes ONo) Date suspended 2) Date suspended	k) - Has any license, perr or revoked: or revoked:		ALL additional li Class	Enc	held in the particular dorsement(s) evoked, or denice (1) Details		Expir	ration date	
Yes ONo) Date suspended 2) Date suspended 3) Date suspended	k) - Has any license, perror revoked: or revoked: or revoked:		ALL additional li Class	Enc	held in the pardorsement(s) evoked, or denie (1) Details (2) Details		Expir	ration date	
lick for Check Mar Yes ONo) Date suspended 2) Date suspended 3) Date suspended lick for Check Mar	k) - Has any license, perror revoked: or revoked: or revoked:	mit, or privilege	Class e ever been suspe	Enc	held in the particular dorsement(s) evoked, or denies (1) Details (2) Details (3) Details	ed? *	Expir	ration date	
lick for Check Mar Yes ONo I) Date suspended 2) Date suspended 3) Date suspended lick for Check Mar Yes ONo	k) - Has any license, perror revoked: or revoked: or revoked: k) - Have you ever been - Have you ever tested to which you applied	mit, or privilege convicted for c	Class e ever been suspe	Enco	held in the particular dorsement(s) evoked, or denies (1) Details (2) Details (3) Details ce of drugs or al	ed? * cohol? *	t adminis	tered by an em	
lick for Check Mar Yes ONo 1) Date suspended 2) Date suspended 3) Date suspended lick for Check Mar Yes ONo	k) - Has any license, perror revoked: or revoked: or revoked: k) - Have you ever been - Have you ever tested	mit, or privilege convicted for c	Class e ever been suspe	Enco	held in the particular dorsement(s) evoked, or denies (1) Details (2) Details (3) Details ce of drugs or al	ed? * cohol? *	t adminis	tered by an em	
lick for Check Mar Yes ONo 1) Date suspended 2) Date suspended 3) Date suspended lick for Check Mar Yes ONo	k) - Has any license, perror revoked: or revoked: or revoked: k) - Have you ever been - Have you ever tested to which you applied	mit, or privilege convicted for c	Class e ever been suspendiriving under the fused to test on a obtain safety ser	Encorporation En	held in the particular dorsement(s) evoked, or denies (1) Details (2) Details (3) Details ce of drugs or all employment drugs an apportation work of the particular drugs or all employment drugs or	cohol? * Ig and / or alcohol tesork covered by DOT as	t adminis	tered by an em	
lick for Check Mar. Yes ONo 1) Date suspended 2) Date suspended 3) Date suspended lick for Check Mar. Yes ONo Yes ONo	k) - Has any license, perror revoked: or revoked: or revoked: k) - Have you ever been - Have you ever tested to which you applied rules during the past	mit, or privilege convicted for c	Class e ever been suspendiriving under the fused to test on a obtain safety ser	Encorporation En	held in the particular dorsement(s) evoked, or denies (1) Details (2) Details (3) Details ce of drugs or al	cohol? * Ig and / or alcohol tesork covered by DOT as	t adminis	tered by an em	
1) Date suspended 2) Date suspended 3) Date suspended click for Check Mar	k) - Has any license, perror revoked: or revoked: or revoked: k) - Have you ever been - Have you ever tested to which you applied rules during the past	mit, or privilege convicted for c	Class e ever been suspendiriving under the fused to test on a obtain safety ser	Encorporation En	held in the particle dorsement(s) evoked, or denies (1) Details (2) Details (3) Details ce of drugs or all employment drugs an apportation work of the particle does not be appropriately an apportation work of the particle denies	cohol? * Ig and / or alcohol tesork covered by DOT as	t adminis	itered by an em	

OPersonal
OCommercial

Last Accident

=	Traffic	Convictions & Forfeitures for Past 5 Years	=
(Click for Check Mark)		V	
☐ No Traffic Convictions or Fo	rfeitures to report.		
Location	Date	Charge(other Than Parking Violations) See Below	Penalty
Charge:			
=		Employment History	

	Em	nployment History	
	f employment and phone numbers coverin		. We cannot hire you without verifying
loyment. If you need to list add	ditional employers, click "Add Another Emp	loyer below.	
EMPLOYER #1			
ompany *	Supervisor's Name	Supervisor Phone	Salary
treet Address	City	State	Zip Code
osition Held *		From Date (mm/yy) *	To Date (mm/yy) *
eason For Leaving *			
	Driving/Hauling I	Experience With This Employer	
auling What?	Number of Month	ns: E	quipment
9 CFR part 40? * OYes ONo	afety sensitive function in any DOT regulate	·	. ,
EMPLOYER #2			
ompany *	Supervisor's Name	Supervisor Phone	Salary
treet Address	City	State	Zip Code
osition Held *		From Date (mm/yy) *	To Date (mm/yy) *
eason For Leaving *			
leason For Leaving *	Driving/Hauling B	Experience With This Employer	
	Driving/Hauling E Number of Month		equipment
Reason For Leaving * Hauling What?			

Employer #3			
ompany *	Supervisor's Name	Supervisor Phone	Salary
reet Address	City	State	Zip Code
osition Held *		From Date (mm/yy) *	To Date (mm/yy) *
eason For Leaving *			
	5 ""		
	Driving/Hauling	Experience With This Employer	
auling What?	Number of Month	hs:	Equipment
lick for Check Mark)			
/ere you subject to the FMCSRs while e	employed by this employer? *	ŧ	
OYes ONo			
Employer #4			
Company *	Supervisor's Name	Supervisor Phone	Salary
treet Address	City	State	Zip Code
treet Address	City	State	Zip Code
	City	State From Date (mm/yy) *	Zip Code To Date (mm/yy) *
	City		
osition Held *	City		
osition Held *	City		
osition Held *		From Date (mm/yy) *	To Date (mm/yy) *
osition Held * leason For Leaving *	Driving/Hauling	From Date (mm/yy) * Experience With This Employer	To Date (mm/yy) *
osition Held * eason For Leaving *		From Date (mm/yy) * Experience With This Employer	To Date (mm/yy) *
osition Held * leason For Leaving *	Driving/Hauling	From Date (mm/yy) * Experience With This Employer	To Date (mm/yy) *
osition Held * eason For Leaving *	Driving/Hauling	From Date (mm/yy) * Experience With This Employer	To Date (mm/yy) * Equipment
eason For Leaving * lauling What?	Driving/Hauling	From Date (mm/yy) * Experience With This Employer hs: Experience With This Employer	To Date (mm/yy) * Equipment
leason For Leaving * lealing What?	Driving/Hauling	From Date (mm/yy) * Experience With This Employer hs: Experience With This Employer	To Date (mm/yy) * Equipment
eason For Leaving * lauling What? Click for Check Mark)	Driving/Hauling Number of Month Driving/Hauling Number of Month	From Date (mm/yy) * Experience With This Employer hs: Experience With This Employer	To Date (mm/yy) * Equipment
eason For Leaving * lauling What? lauling What? Click for Check Mark) Vere you subject to the FMCSRs while e	Driving/Hauling Number of Month Driving/Hauling Number of Month	From Date (mm/yy) * Experience With This Employer hs: Experience With This Employer	To Date (mm/yy) * Equipment
	Driving/Hauling Number of Month Driving/Hauling Number of Month	Experience With This Employer hs: Experience With This Employer hs:	To Date (mm/yy) * Equipment

Company *	Supervisor's Name	Supervisor Phone	Salary
'August Andreas	City	Chaha	7in Codo
itreet Address	City	State	Zip Code
Position Held *		From Date (mm/yy) *	To Date (mm/yy) *
leason For Leaving *			
	Driving/Hauling	Experience With This Employer	
Hauling What?	Number of Mon	ths: Equi	pment
Click for Check Mark) /as your job designated as a sa 9 CFR part 40? *	nfety sensitive function in any DOT regulat	ed mode subject to alcohol and controlled su	bstances testing requirements as by
Click for Check Mark) Vas your job designated as a sa 9 CFR part 40? * OYes ONo	Ifety sensitive function in any DOT regulat		obstances testing requirements as by
Click for Check Mark) Vas your job designated as a sa 9 CFR part 40? We Contact current emp Vere you subject to the FMCSR DYes ONo Click for Check Mark) Vas your job designated as a sa 9 CFR part 40?	loyer? OYes ONo (Click f		
Click for Check Mark) Vas your job designated as a sa 9 CFR part 40? Were you subject to the FMCSR OYes ONo Click for Check Mark) Vas your job designated as a sa 9 CFR part 40? OYES ONO	loyer? OYes ONo (Click f	For Check Mark)	
Click for Check Mark) Was your job designated as a sa 19 CFR part 40? We Contact current emp Were you subject to the FMCSR Yes ONo Click for Check Mark) Was your job designated as a sa 19 CFR part 40? *	loyer? OYes ONo (Click f	For Check Mark)	
Click for Check Mark) Vas your job designated as a sa sa sa sa your job designated as a sa sa sa your job designated as a sa sa your job designated as a sa sa your job designated as a your job designated as a your job designated as a your job designated as your job design	loyer? • Yes • No (Click for some state of the semployer) of the semployer of the semployer?	or Check Mark) * ed mode subject to alcohol and controlled su	obstances testing requirements as by
Click for Check Mark) Vas your job designated as a sa 9 CFR part 40? We contact current emp Vere you subject to the FMCSR OYes ONo Click for Check Mark) Vas your job designated as a sa 9 CFR part 40? 9 CFR part 40? Employer #6	loyer? • Yes • No (Click for some state of the semployer) of the semployer of the semployer?	or Check Mark) * ed mode subject to alcohol and controlled su	obstances testing requirements as by

Hauling What?	Number of Months:		Equipment
Were you subject to the FMCSRs w OYes ONo (Click for Check Mark) Was your job designated as a safety 49 CFR part 40? * OYes ONo	hile employed by this employer? * y sensitive function in any DOT regulated mode subject to	alcohol and contro	lled substances testing requirements as by
May we contact current employ			
gency contact phone number?:			
, , , , , , , , , , , , , , , , , , ,			
relationship is this emergency conta	ict to you?:		
relationship is this emergency conta e provide the name of a second emer	rgency contact?:		
relationship is this emergency conta	rgency contact?:		
relationship is this emergency conta e provide the name of a second emer	rgency contact?: er?:		
relationship is this emergency conta e provide the name of a second emer and emergency contact phone number	rgency contact?: er?:		
relationship is this emergency conta e provide the name of a second emer and emergency contact phone number relationship is the second emergenc	rgency contact?: er?: cy contact to you?:		
relationship is this emergency conta e provide the name of a second emer and emergency contact phone number relationship is the second emergence	rgency contact?: er?: ey contact to you?: esidency:		
relationship is this emergency conta e provide the name of a second emer and emergency contact phone number relationship is the second emergenc	rgency contact?: er?: cy contact to you?:	State	Zip Code
relationship is this emergency conta e provide the name of a second emer and emergency contact phone number relationship is the second emergence	rgency contact?: er?: ey contact to you?: esidency:	State State	Zip Code Zip Code
relationship is this emergency conta e provide the name of a second emer and emergency contact phone number relationship is the second emergence see list your last 3 years of re	rgency contact?: er?: cy contact to you?: esidency: City		

Authorization

Non CDL By clicking "Send" below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any falsified statements on this application shall be grounds for dismissal. Under the provisions of the Fair Credit Reporting Act, the Americans With Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws I authorize investigation of all statements contained herein as well as authorize the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise.

I hereby release and hold harmless any person, firm, or entity that discloses information in accordance with this authorization, as well as my prospective employer, and its agents, from any liability that may otherwise result from the request for, use of, or disclosure of, any or all of the foregoing information. The above-mentioned investigations may include, but are not limited to, information as to my character, general reputation, work history, or lifestyle, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history records; or any other public record.

I understand that consumer reports which may contain public record information may be requested, at the discretion of my prospective employer, which may include names, dates of employment, reason for termination, work experience, traffic records, workers compensation claims, etc. I have the right, under the provisions of the Fair Credit Reporting Act and the Drivers Privacy Protection Act to request all such information from the reporting agency, upon proper identification, and to request the nature and substance of all information; and the receipt of any reports on me, which the reporting agency has, or will, furnish for the two preceding years. I am also entitled to a copy of my consumer rights under the Fair Credit Reporting Act. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

(Click for Check Mark)

□*I hereby agree and consent to completing this application and background investigation process electronically. I understand that I will be signing this application and all forms related to this application electronically and that the electronic signatures appearing on these documents are the same as my handwritten signature for the purposes of validity, enforceability and admissibility.

You have the right to withdraw your consent to sign electronically at any time by calling the number listed at the top of this page. You can print and retain a copy of any electronically signed documents by clicking on the PDF symbol in the top right corner of that document.

As part of the application process we require that the following standard consent forms be completed. You do not have to fill these forms out. They will be automatically completed using the information you provided above. Please review each form in its entirety. After reading each form check the box next to it indicating your intention to sign and submit it along with your application.

(Click for Check Mark)

* Consent for Release of Info Form

* Disclosure and Authorization Form

This certifies that this application was completed by me and that all entries and the information herein are true and complete to the best of my knowledge.

Print Name *	Signature (Click Check Box and type name under signature)	Date

*For the Employer Purposes Only

1st Interview Date:	2nd Interview Date:	Approved Decline	Rejection Date:	
		-		
		Date Approved	by Insurance:	