



Bork Transport of Illinois. 7735 West 59th Street – PO Box 500. Summit. IL. 60501. (708) 594-5551

BORK TRANSPORT OF ILLINOIS INDEPENDENT CONTRACTOR LEASE APPLICATION

I (the Operator) understand that the information provided on this application will be used and that prior employers or carrier lessees will be contacted for purposes of investigation as required by 49 C.F.R. § 391.23.

(Please Answer All Questions)

(Please Print All Information)

Application Date: _____ Date of Birth: _____

Name: _____ SSN: __ (____ -- ____ -- ____)
(First) (Middle) (Last)

Have you ever been known by any other name? If so, what name and when: _____

Address: _____ Phone: _____
(Number) (Street) (Area code/number)

(City) (State) (Zip code) Cell: _____
(Area code/number)

List previous addresses for past 3 years (attach additional sheet if necessary):

(1) _____ Length: _____
(Number/street) (City) (State) (Zip code)

(2) _____ Length: _____
(Number/street) (City) (State) (Zip code)

Are you authorized to work full-time in the United States? Yes No

Can you read English? Yes No Speak English? Yes No Write English? Yes No

In case of emergency notify: _____
(Name) (Address) (Phone)

Have you ever worked for Bork Transport before? Yes No If yes, when?

Reason for leaving: _____

Do you know anyone at Bork Transport? _____ Who? _____ Relationship: _____

Are you working now? Yes No If not, how long? _____ If yes, for who and where? _____

EMPLOYER	Were you employed in a safety sensitive function subject to DOT drug and alcohol testing? (Circle One) YES NO
NAME	From MO. YR. To MO. YR.
ADDRESS	Position held
CITY STATE	Subject to FMCSR? (Circle One) YES NO
PHONE & CONTACT	Reasons for leaving

EMPLOYER	Were you employed in a safety sensitive function subject to DOT drug and alcohol testing? (Circle One) YES NO
NAME	From MO. YR. To MO. YR.
ADDRESS	Position Held
CITY STATE	Subject to FMCSRS? (Circle One) YES NO
PHONE & CONTACT	Reason for leaving?

EMPLOYEE	Were you employed in a safety sensitive function subject to DOT drug and alcohol testing (Circle One) YES NO
NAME	From MO. YR. To MO. YR.
ADDRESS	Position Held
CITY STATE	Subject to FMCSRS? (Circle One) YES NO
PHONE & CONTACT	Reason for leaving?

EMPLOYEE	Were you employed in a safety sensitive function subject to DOT drug and alcohol testing? (Circle One) YES NO
NAME	From MO. YR. To MO. YR.
ADDRESS	Position Held
CITY STATE	Subject to FMCSRS (Circle One) YES NO
PHONE & CONTACT	Reason for Leaving?

Driver Qualification

Do you presently hold a valid C.D.L. from your state of residency? Yes No

List driver licenses held in past three (3) years:

State: _____ License No: _____ Type: _____ Exp. Date: _____ Endorsements: _____

State: _____ License No: _____ Type: _____ Exp. Date: _____ Endorsements: _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

If yes, explain why and when: _____

Has your license ever been suspended or revoked? Yes No

If yes, explain why and when: _____

Traffic Convictions in Past Three Years

Name of Court	Location	Date	Charge	Penalty

Have you ever been convicted of reckless driving, unsafe driving or DWI? Yes No Explain: _____

Have you ever been convicted of any drug related offenses? Yes No Explain: _____

Have you ever been convicted of a felony? Yes No Explain: _____

Safety Awards

Indicate below any awards you have received for safe driving, and from whom: _____

Over the Road Driving Experience

Type of Equipment	Number of Years Experience	Number of Miles
Tank Truck		
Other:		
Other:		
Other:		

Accidents in Past Three Years

	Date	Description	Damage	Injury/Death
Most recent				
Next previous				
Next previous				

Number of accidents in past year: _____ 2 years: _____ 3 years: _____ 4 years: _____

APPLICANT: PLEASE READ AND SIGN BELOW

It is agreed and understood that Bork Transport of Illinois or its agents may investigate Operator's background to ascertain any and all information of concern to Operator's record and Operator releases employers, carrier lessees, and persons named herein from all liability for any damages on account of furnishing such information.

Upon receipt of an offer of a lease opportunity, Operator agrees to furnish additional information that may be required by federal, state, or local law upon the company's request and to complete examinations such as a physical and/or blood and/or urine tests to determine the presence of controlled substances, or to determine compliance with all applicable requirements under Department of Transportation Rules found at 49 C.F.R. § 391.41-49. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Driver understands that nothing contained in this application or in the granting of an interview is intended to create an employment relationship between Bork Transport of Illinois and the Operator.

My signature below certifies that I completed this application, and that all entries on it and information in it are true and complete. It is agreed and understood that any misrepresentations of any information, and/or any false statements herein submitted shall constitute an act of dishonesty which shall constitute sufficient grounds for rejection or termination of the lease, without regard to time lapsed before discovery of such act of dishonesty.

Signature of Driver: _____ Date: _____

Date of Hire _____