



**LINK SPECIALIZED, INC.**

718 Industrial Drive  
Sparta, IL 62286  
Phone: (618) 443-4848  
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**APPLICATION FOR EMPLOYMENT**  
ATTN: STEVE JACKSON

Name: \_\_\_\_\_  
  First  Middle  Last

Address: \_\_\_\_\_  
  Street  City  State  Zip Code

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Previous Addresses (Past 3 Years)**

Address: _____ Street  City  State  Zip Code
Address: _____ Street  City  State  Zip Code
Address: _____ Street  City  State  Zip Code

Drivers License: \_\_\_\_\_  
  State  License Number  Type  Expiration Date

Driving Experience:  Straight Truck  Tractor & Trailer  Heavy Haul  Other: \_\_\_\_\_

Equipment Used:  Flatbed  Lowboy  Van  Other: \_\_\_\_\_

**Accident Record (Past 3 Years)**

Date: _____ <input type="checkbox"/> Head-On <input type="checkbox"/> Rear-End <input type="checkbox"/> Rollover <input type="checkbox"/> Other: _____
Fatalities: _____ Injuries: _____
Date: _____ <input type="checkbox"/> Head-On <input type="checkbox"/> Rear-End <input type="checkbox"/> Rollover <input type="checkbox"/> Other: _____
Fatalities: _____ Injuries: _____
Date: _____ <input type="checkbox"/> Head-On <input type="checkbox"/> Rear-End <input type="checkbox"/> Rollover <input type="checkbox"/> Other: _____
Fatalities: _____ Injuries: _____

**Traffic Convictions & Forfeitures (Past 3 Years)**

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

Have you ever been convicted of a Felony, DUI, or DWI?  Yes  No

If Yes, Please Explain: \_\_\_\_\_

Have you had any license, permit, or privilege revoked?  Yes  No

If Yes, Please Explain: \_\_\_\_\_

Have you ever tested positive for drugs and/or alcohol?  Yes  No

If Yes, Please Explain: \_\_\_\_\_

**Previous Employment (Past 10 Years)**

**Employer Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to U.S. DOT drug & alcohol testing?  Yes  No

Was this employer regulated by the U.S. DOT?  Yes  No

**Employer Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to U.S. DOT drug & alcohol testing?  Yes  No

Was this employer regulated by the U.S. DOT?  Yes  No

**Employer Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to U.S. DOT drug & alcohol testing?  Yes  No

Was this employer regulated by the U.S. DOT?  Yes  No

**Employer Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to U.S. DOT drug & alcohol testing?  Yes  No

Was this employer regulated by the U.S. DOT?  Yes  No

**Employer Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to U.S. DOT drug & alcohol testing?  Yes  No

Was this employer regulated by the U.S. DOT?  Yes  No

**I CERTIFY THAT THIS APPLICATION AND ANY SUPPORTING DOCUMENTS INCLUDING PAST EMPLOYER RECORDS HAVE BEEN COMPLETED BY ME AND THAT ALL INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**



Printed Name of Applicant

Applicant's Signature

Date

**CONFIDENTIAL PAST EMPLOYER HISTORY REQUEST**

To (Past Employer): \_\_\_\_\_ Date: \_\_\_\_\_

Attn: \_\_\_\_\_ Fax: \_\_\_\_\_

The applicant named below has applied to LINK SPECIALIZED, INC. for qualification as an over-the-road truck driver. The applicant listed your firm as a past employer. The applicant's signature on this form releases all liability of your firm to provide the requested information to the best of your knowledge. Information is requested in accordance with 49CFR Parts 40, 382, and 391.

I, the listed applicant below, hereby authorize the above listed to release all records of employment, including assessments of my job performance, ability, fitness, and alcohol/drug testing results to LINK SPECIALIZED, INC. I hereby release the above listed company, the company's employees, officers, directors, and agents from any and

**X**

Applicant Signature \_\_\_\_\_ Applicant Printed Name \_\_\_\_\_ Social Sec. No. \_\_\_\_\_ Date \_\_\_\_\_

Time of Employment: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are the dates of employment correct?  Yes  No

Driving Experience:  Straight Truck  Tractor & Trailer  Heavy Haul  Other: \_\_\_\_\_

Is his/her driving experience correct?  Yes  No

Equipment Used:  Flatbed  Lowboy  Van  Other: \_\_\_\_\_

Did he/she use the above equipment?  Yes  No

How many accidents did the applicant have while employed by your firm? \_\_\_\_\_

Reason why the applicant left your firm? \_\_\_\_\_

Would you consider the applicant for future employment? \_\_\_\_\_

Comments: \_\_\_\_\_

**ALCOHOL & DRUG TESTING INQUIRY**

Has the applicant ever had a breath alcohol test within the past three years with a 0.04 result or higher?

Yes  No

Has the applicant ever had a positive drug test within the past three years?

Yes  No

Has the applicant refused an alcohol or drug test within the past three years?

Yes  No

Has the applicant violated any DOT drug and/or alcohol regulation?

Yes  No

To the best of your knowledge, has the applicant violated any DOT drug and/or alcohol regulation at a previous employer?

Yes  No

Please comment on the circumstances of the "Yes" answers:

\_\_\_\_\_  
\_\_\_\_\_

Signature of the person providing the above information: \_\_\_\_\_

Title: \_\_\_\_\_