



4950 W. 39th St.
Cicero, IL 60804
800-323-6524

Application Package

Phone: 708-780-6133 Fax: 708-780-7144

Print your name: _____ Date: ____ / ____ / ____

Current Address: _____

Phone : _____ Email: _____

Fill out the application completely. We can not process until this is done.

Attach copies of the following:

- CDL (Chauffeurs's License)
- Physical Long Form
- M.V.R.(driving record)

Tractor Information:

Year/Make _____

Who owns the tractor? _____

Who is the tractor registered to? _____

Do you have...

Intermodal experience? Yes No

How many years? _____

Cell phone? Yes No Smart phone?: Yes No

What is the number? (____) _____ - _____

Are you interested in...

Midwest Regional Work

Local Illinois Work

Qualification Standards

- ✓ Must be at least 23 years old.
- ✓ Must have a minimum of 2 years verifiable intermodal experience.
- ✓ Must have had no significant property damage or injuries in the last year.
- ✓ Must have had no chargeable accidents involving major property damage or serious injury to others in the last 5 years.
- ✓ Must have no more than 2 minor moving violations in the last year.
- ✓ Must have a valid Class A CDL issued in the state of current residence.
- ✓ Must have no convictions for operating any motor vehicle under the influence of alcohol, drugs, or any other controlled substance in the last 4 years.
- ✓ Must have Cellular phone where you can be reached while on duty or off.
- ✓ Must be able to meet all qualifications of Part 391 of the Federal Motor Carrier Safety Regulations.
- ✓ Must have a stable work history.

The purpose of this application is to determine whether or not the applicant is qualified according to the requirements of the **FMCSR** and **Galaxy Transport Inc.** Applicants are considered without regard to race, color, creed, age, sex, religion, or national origin.

Instructions: Please answer all questions: *Do not leave any item blank, but write "No" or "None". This is Important!*

Name: _____ Phone: (____) _____ - _____ Date of birth: ____ / ____ / ____

Place of Birth: _____ Citizenship: _____ Height _____ Wt. _____

Social Security # _____ - _____ - _____ Alternate Phone: (____) _____ - _____

List addresses for the past 3 years starting with your current address:

Street _____ City _____ State _____ Zip _____ How long? _____

Street _____ City _____ State _____ Zip _____ How long? _____

Street _____ City _____ State _____ Zip _____ How long? _____

List all truck driving jobs for the past three years. Employment record for the past 10 years. List most recent position FIRST. Attach additional sheets if necessary.

1. Company: _____ from: ____ / ____ to: ____ / ____ Phone (____) _____ - _____

Street: _____ City: _____ State: _____ Zip: _____

Job title: _____ Reason for leaving: _____ Resigned Terminated

Was this job: covered under FMCSA? Yes: No: Subject to drug testing? Yes: No:

2. Company: _____ from: ____ / ____ to: ____ / ____ Phone (____) _____ - _____

Street: _____ City: _____ State: _____ Zip: _____

Job title: _____ Reason for leaving: _____ Resigned Terminated

Was this job: covered under FMCSA? Yes: No: Subject to drug testing? Yes: No:

3. Company: _____ from: ____ / ____ to: ____ / ____ Phone (____) _____ - _____

Street: _____ City: _____ State: _____ Zip: _____

Job title: _____ Reason for leaving: _____ Resigned Terminated

Was this job: covered under FMCSA? Yes: No: Subject to drug testing? Yes: No:

4. Company: _____ from: ____ / ____ to: ____ / ____ Phone (____) _____ - _____

Street: _____ City: _____ State: _____ Zip: _____

Job title: _____ Reason for leaving: _____ Resigned Terminated

Was this job: covered under FMCSA? Yes: No: Subject to drug testing? Yes: No:

5. Company: _____ from: ____ / ____ to: ____ / ____ Phone (____) ____ - _____
Street: _____ City: _____ State: _____ Zip: _____
Job title: _____ Reason for leaving: _____ Resigned Terminated
Was this job: covered under FMCSA? Yes: No: Subject to drug testing? Yes: No:

6. Company: _____ from: ____ / ____ to: ____ / ____ Phone (____) ____ - _____
Street: _____ City: _____ State: _____ Zip: _____
Job title: _____ Reason for leaving: _____ Resigned Terminated
Was this job: covered under FMCSA? Yes: No: Subject to drug testing? Yes: No:

7. Company: _____ from: ____ / ____ to: ____ / ____ Phone (____) ____ - _____
Street: _____ City: _____ State: _____ Zip: _____
Job title: _____ Reason for leaving: _____ Resigned Terminated
Was this job: covered under FMCSA? Yes: No: Subject to drug testing? Yes: No:

8. Company: _____ from: ____ / ____ to: ____ / ____ Phone (____) ____ - _____
Street: _____ City: _____ State: _____ Zip: _____
Job title: _____ Reason for leaving: _____ Resigned Terminated
Was this job: covered under FMCSA? Yes: No: Subject to drug testing? Yes: No:

9. Company: _____ from: ____ / ____ to: ____ / ____ Phone (____) ____ - _____
Street: _____ City: _____ State: _____ Zip: _____
Job title: _____ Reason for leaving: _____ Resigned Terminated
Was this job: covered under FMCSA? Yes: No: Subject to drug testing? Yes: No:

10. Company: _____ from: ____ / ____ to: ____ / ____ Phone (____) ____ - _____
Street: _____ City: _____ State: _____ Zip: _____
Job title: _____ Reason for leaving: _____ Resigned Terminated
Was this job: covered under FMCSA? Yes: No: Subject to drug testing? Yes: No:

11. Company: _____ from: ____ / ____ to: ____ / ____ Phone (____) ____ - _____
Street: _____ City: _____ State: _____ Zip: _____
Job title: _____ Reason for leaving: _____ Resigned Terminated
Was this job: covered under FMCSA? Yes: No: Subject to drug testing? Yes: No:

12. Company: _____ from: ____ / ____ to: ____ / ____ Phone (____) ____ - _____
Street: _____ City: _____ State: _____ Zip: _____
Job title: _____ Reason for leaving: _____ Resigned Terminated
Was this job: covered under FMCSA? Yes: No: Subject to drug testing? Yes: No:

May we contact your current employer? Yes: No:

A. Have you ever been discharged from any job? _____ If yes, please explain:

B. Have you ever been convicted for driving under the influence of alcohol or drugs?
Yes: No:

C. Have you ever been convicted for possession, sale, or use of a narcotic drug.
Yes: No:

D. Have you ever been convicted of a felony? Yes: No:

E. Misdemeanor? Yes: No:

F. Have you ever been disqualified to drive by Federal Regulations? Yes : No:

If answer to any B thru F question is yes, state details, circumstances, and date: _____

Driver's License:

Section 383.21 FMCSR states, "No person who operates a commercial vehicle shall at any time have more than one driver license." I certify that I do not have more than one motor vehicle license, which is listed below:

State	Number	Class	Expiration Date	Endorsements
_____	_____	_____	____/____/____	_____

Signature: _____

Date: _____/____/____

In what states have you held a license previously?: _____

Has any license, permit, or privilege to drive been denied, suspended, or revoked?:

Yes: No:

If yes, in what state?: _____ If yes, why?: _____

Please list traffic convictions, forfeited bond or collateral for the past three years (other than parking):

Date	Violation	State
____/____/____	_____	_____
____/____/____	_____	_____

Accident Record for the three years prior to this application:

Date	Type of Accident	Fatalities	Injuries
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

Section 40.25 FMCSR

Have you ever tested positive, or refused to test, on any pre-employment or other required drug or alcohol test administered by an employer? Yes: No: If yes , please explain:

Driving Experience:

Type of equipment operated: Straight Truck: Tractor/Trailer: Other:

Actual total time driving a tractor-trailer: Years: _____ Months: _____

Trailer lengths: 53' 48' 45' 40' 20' Other: _____

Trailer types: Dry van: Container Chassis

States Operated: ALL: _____

Have you ever worked with Intermodal before? Yes: No:

Section 391.41 FMCSR A person shall not drive a commercial motor vehicle unless he/she is physically qualified to do so. Part of your duties as a driver/contractor could involve hooking and unhooking trailers (which includes cranking the landing gear), pulling the pin on your fifth wheel, climbing in and out of cab, hooking up air lines, climbing up into the back of the trailer, and assisting with loading and unloading freight in some instances.

Question: The job you are applying for is a DOT regulated safety sensitive position. Do you have any physical limitations under these guidelines that would keep you from performing the duties described above? Yes: No:

I authorize Galaxy Transport Inc., and or its agent to do a complete background investigation in accordance with federal and state laws, including DOT Section 391.21. I authorize release of any information, including all information related to my alcohol, controlled substance testing, and training records, by any former employers holding harmless of any liability from release of information. I also understand that as a condition of our driver/contractor agreement, I must have a working phone number or cell phone number to be reached at, and lack of such number shall render me unqualified.

I further understand that a positive test result from either alcohol or controlled substance testing, under company guidelines for such testing, and in accordance with DOT regulations 49CFR part 40, and 49CFR, Subpart H, will render me unqualified to drive a motor vehicle, until such time that I have re-qualified according to regulations.

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

Signature of Applicant

_____/_____/_____
Date of Application

URINALYSIS CONSENT AGREEMENT

The Federal Motor Carrier Safety Regulations Title 49 United States Code of Federal Regulations, Section 391.103 Pre-Driver testing requirement apply to driver-applicants of this company.

391.103 Pre-driver testing requirements.

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- B. A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- C. Prior to collection of a urine sample under 391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As of condition of the Driver's/Contractor's Application, I consent to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Driver Urinalysis Consent Agreement.

Applicant's Name (print)

Applicant's Signature

_____/_____/_____
Month Day Year

Company representative's signature

_____/_____/_____
Month Day Year

DRIVER'S RELEASE

In connection with my application for employment (including contract for services) with you, I understand that an investigative consumer report is being requested from DAC Services, USIS Services, or other comparable service company, that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information concerning my driving record and/or information from various federal, state and other agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC, USIS, or other similar service concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records; (3) claims involving me in the files of insurance companies.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY Galaxy Transport, Inc. OR OTHER COMPANY ACTING ON THEIR BEHALF, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC, USIS, or other similar service, and agree that such information which any or all of these companies has or obtains, and my employment history with you if I am hired, will be supplied by DAC, USIS, or other similar services, to other companies which subscribe to those services.

_____	_____-_____-_____
Print Name	Social Security Number
_____	_____/_____/_____
Applicant's Signature	Date

POLICY ON DRUG AND ALCOHOL ABUSE

1. **PURPOSE:** It is the policy of this company to provide a safe, healthy and drug/alcohol-free work environment for all contractors/personnel. The company also recognizes that its own health and future are dependent upon the physical and psychological health of its contractors/personnel. To insure that we achieve that goal we have adapted the following policy that meets Federal Motor Carriers Safety Regulation on drug and alcohol abuse set forth in 49CFR Part 40 and/or other applicable regulations, laws and ordinance.
2. **ABUSE PROHIBITED:** The possession or use of drugs and alcohol on all company premises, in any company owned or leased motor vehicle, or other location at which the driver is to perform work. Nor will this company hire or retain any individual who uses or possesses any illegal drug, in any amount and regardless of frequency. Employees who test positive will be suspended from further employment until such time the employee is deemed rehabilitated or test negative. The company shall not pay for rehabilitation and/or any after care testing as a result of rehabilitation. Contractors/personnel tested positive for a second time, shall be immediately be terminated without prejudice and shall not again be considered for hire. The controlled substance and alcohol abuse program shall be monitored and guided by the company and its consortium personnel shall retain their right to appeal
3. **SEARCHES:** The company may conduct reasonable searches for illegal drugs and alcohol on company premises, or in company owned or leased motor vehicles.
4. **TESTING:** The company will require drug and alcohol testing in accordance with all applicable Federal Motor Carrier Safety Regulations.
5. **TEST RESULTS:** Test results will be reviewed to determine whether there is any indication of a controlled substance or alcohol abuse.
6. **CONTRACTOR ASSISTANCE PROGRAM:** The company will provide educational information concerning the effects and consequences of drug and alcohol abuse on personal health, safety and work environment.
7. **LAWS AND REGULATIONS:** This company will comply with all Federal, State, and Local laws and regulations concerning any violations of criminal drug and alcohol statutes in the work place.
8. **DISCIPLINARY ACTION:** Violations of the policy will result in Disciplinary action up to termination, even for the first offense. However, upon disqualification for violation of the rules, termination is not eminent.
9. I hereby acknowledge that I have received a separate copy of the Galaxy Transport Drug and Alcohol information for owner/operators and drivers document.

Signature

_____/_____/_____
Date

Employment Record Information Request

From: Galaxy Transport Inc
4950 W. 39th St.
Cicero, Il. 60804
Phone: 708-780-6133
Fax: 708-780-7144

To: _____

Applicant: _____ **Social Security #:** _____ - _____ - _____

In accordance with 382.405(f)(h), and 382.413, I hereby authorize your company to release the following information regarding my employment record, and substance abuse testing. You are released from any and all liability that may result from furnishing such information.

Applicant's Signature: _____ **Date:** ____/____/____

Section 1.

Dates employed by you: From ____/____/____ To : ____/____/____

Did he/she drive a tractor-trailer combination for you? Yes: No:

Did he/she leave voluntarily? Yes: No:

Is he/she eligible for re-hire? Yes: No:

Number of preventable accidents while employed by you: _____.

Driving Experience: Local: OTR:

Section 2

If the driver was not subject to DOT testing requirements while employed by you, please check here:
Under Department of Transportation testing requirements:

1. Has this person had an alcohol test with a BAC of 0.04 or higher? Yes: No:

2. Has this person tested positive for a controlled substance? Yes: No:

3. Has this person refused a required test for drugs or alcohol? Yes: No:

4. Has this person committed any other violations or DOT agency drug testing regulations? Yes: No:

5. Has a previous employer reported a DOT drug/alcohol violation to you? Yes: No:

Section 3

Please make any additional comments here. Feel free to attach an additional sheet if necessary.

Signature: _____ **Title:** _____ **Date:** ____/____/____

CONTRACTOR'S RECEIPT

I acknowledge receipt of the 2008 Emergency Response Guidebook (14-ORS-0), detailing emergency response procedures as developed under the supervision of the Office of Hazardous Materials Initiatives and Training, Research and Special Programs Administration, U.S. Department of Transportation

_____/_____/_____
CONTRACTOR'S SIGNATURE DATE COMPANY

COMPANY SUPERVISOR'S SIGNATURE

DRIVER'S RECEIPT

This issue of the FMCSR Pocketbook includes all revisions issued on or before April 10, 2001.
I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (ORS-7A). In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U. S. Department of Transportation, Parts 40, 382, 383, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as contained therein.

_____/_____/_____
DRIVER'S SIGNATURE DATE COMPANY

COMPANY SUPERVISOR'S SIGNATURE

DRIVER'S RECEIPT

I acknowledge receipt of Keller's Alcohol and Drug Testing for Supervisors & Employee's Handbook entitled Information for Employee's covering employee awareness topics.

- Introduction
- Abbreviations
- Definitions
- Who is covered by the Alcohol & Drug Rule
- What are Alcohol & Drug Prohibitions
- What Tests are Required and When Will I Be Tested
 - Pre-employment
 - Post-accident
 - Random
 - Reasonable suspicion
 - Return-to-duty and follow -up
- What happens if I Refuse to be Tested
- How is Alcohol Testing done
- How is Drug Testing done
- What are the Consequences of Violating the Alcohol or Drug Prohibitions
- Where Can I go for Help
- What are the effects of Alcohol and Drugs on the Body

_____/_____/_____
PARTICIPANT'S SIGNATURE DATE COMPANY

FACILITATOR'S SIGNATURE