



909 Fairway Drive

Bensenville, IL 60106

Phone: 630-238-9417

Fax: 630-238-9446

Email: Support@Deventransport.com

## COMMERCIAL MOTOR VEHICLE DRIVER'S APPLICATION FOR EMPLOYMENT

Answer All questions - Please Print

In Compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions with out regard to race, color, religion, sex, national origin, age Marital status.

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

SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Current Address \_\_\_\_\_  
Street City

State Zip code How Long at current address? \_\_\_\_\_

Previous Address \_\_\_\_\_  
Street City

State Zip code How Long at previous address? \_\_\_\_\_

Previous Address \_\_\_\_\_  
Street City

State Zip code How Long at previous address? \_\_\_\_\_

Previous Address \_\_\_\_\_  
Street City

State Zip code How Long at Previous address? \_\_\_\_\_

## Experience and Qualifications

Drivers	State	License Number	Type of CDL	Expiration Date
Licenses				

**DRIVING EXPERIENCE** IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM	TO	APROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI				
TRACTOR 2 TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EMPLOYMENT HISTORY**

ALL DRIVER APPLICANTS TO DRIVE IN INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL DURING THE PRECEDING 3 YEARS. LIST COMPLETE MAILING ADDRESS, STREET NUMBER, CITY, STATE AND ZIP CODE.

APPLICANTS TO DRIVE A COMMERCIAL MOTOR VEHICLE\* IN INTRASTATE OR INTERSTATE COMMERCE SHALL ALSO PROVIDE AN ADDITIONAL 7 YEARS INFORMATION ON THOSE EMPLOYERS FOR WHOM THE APPLICANT OPERATED SUCH VEHICLE.

(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT. ADD ANOTHER SHEET IF NECESSARY.)

EMPLOYER			DATE	
NAME			FROM MO.	YR.
ADDRESS			TO MO.	
CITY	STATE	ZIP	YR.	
CONTACT			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	YR.
ADDRESS			TO MO.	
CITY	STATE	ZIP	YR.	
CONTACT			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	YR.
ADDRESS			TO MO.	
CITY	STATE	ZIP	YR.	
CONTACT			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	YR.
ADDRESS			TO MO.	
CITY	STATE	ZIP	YR.	
CONTACT			REASON FOR LEAVING	

\* A COMMERCIAL MOTOR VEHICLE INCLUDING VEHICLES HAVING A GVW RATING OF 26,000 POUNDS OR OVER; VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, INCLUDING THE DRIVER OF ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS IN SUCH QUANTITY REQUIRING PLACARDS.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?

If yes, explain if you wish.

### EXPERIENCE AND QUALIFICATIONS - OTHER

List any trucking, transportation or other experience that may help in your work for this company.

Any special equipment or technical materials you can work with (other than those already shown)

### TO BE READ AND SIGNED BY APPLICANT

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

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history and are made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Date

Applicant's Signature

ACCIDENT RECORD FOR THE PAST 3 YEARS (ATTACH SHEET IF MORE ROOM IS NEEDED) IF NONE, WRITE NONE.

	DATES	FATALITIES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

(ATTACH SHEET IF MORE SPACE IS NEEDED.)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS(OTHER THAN PARKING VIOLATIONS)IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED.)

### EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED

(NAME)

(ADDRESS)

LIST ANY SPECIAL COURSES, CLASSES OR  
PROGRAMS THAT WILL HELP YOU AS A DRIVER

# **MANDATORY USE FOR ALL ACCOUNT HOLDERS**

## **IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

1. In connection with your application for employment with Deven Transport ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

**2. I authorize Deven Transport ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.**

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**



# REQUEST FOR CHECK OF DRIVING RECORD

AS REQUIRED BY  
U.S. DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIERS SAFETY PROGRAM  
PURSUANT TO 49 CFR 391.23

TO:

RE:

Operations

Deven Transport, INC

909 Fairway Drive

Bensenville, IL 60106

(Driver's Name)

(Driver's Operators License No.)

(Driver's Social Security No.)

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceeding three years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those three years.

Therefore, please certify to us what the individual's driving record is for the preceding three years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Signature of individual making inquiry

(printed) Name of person making inquiry

Operations

Title of person making inquiry

Deven Transport, INC

Motor Carrier Name

909 Fairway Drive Bensenville

Address

City

IL

State

60106

Zip

## REQUEST INFORMATION FROM PREVIOUS EMPLOYER

DRIVER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

DRIVER'S CDL #: \_\_\_\_\_

MAIL TO FORMER EMPLOYER: \_\_\_\_\_

REQUESTED BY PROSPECTIVE EMPLOYER: \_\_\_\_\_

Deven Transport, Inc

909 Fairway Drive

Bensenville, Illinois 60106

### Employment History

THE ABOVE REFERENCED INDIVIDUAL STATES THAT HE/SHE WAS EMPLOYED BY YOU AS A COMMERCIAL MOTOR VEHICLE DRIVER \_\_\_\_\_ TRUCK DRIVER \_\_\_\_\_ BUS DRIVER \_\_\_\_\_ OTHER \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_. WILL YOU PLEASE REPLY TO THE INQUIRY BELOW RESPECTING THIS APPLICANT. YOUR REPLY WILL BE HELD IN STRICT CONFIDENCE AND WILL IN NO WAY INVOLVE YOU IN ANY RESPONSIBILITY. FOR YOUR CONVENIENCE IN REPLYING BY RETURN MAIL, WE HAVE ENCLOSED A STAMPED SELF-ADDRESSED ENVELOPE.

NAME OF CARRIER OFFICIAL: \_\_\_\_\_

SIGNATURE OF CARRIER OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Is the employment record with your company correct as stated? \_\_\_\_\_
2. What kind(s) of work did the applicant do? \_\_\_\_\_
3. Did the applicant drive motor vehicles for you? \_\_\_\_\_ Passenger car \_\_\_\_\_ Straight truck \_\_\_\_\_ Bus \_\_\_\_\_  
Tractor-Semi-trailer \_\_\_\_\_ Other(specify) \_\_\_\_\_
4. Was the applicant a safe and efficient driver? \_\_\_\_\_
5. Give the dates of vehicle accidents in which he/she was involved. \_\_\_\_\_
6. Reason for leaving employment: Discharged \_\_\_\_\_ Laid off \_\_\_\_\_ Resigned \_\_\_\_\_
7. Was the applicant's general conduct satisfactory? \_\_\_\_\_
8. Is the applicant competent for the position sought? \_\_\_\_\_
9. Did the applicant drink any alcoholic beverages while on duty? \_\_\_\_\_

### Alcohol & Drug History

Yes No

1. Has the above named driver had an alcohol test with a result of 0.04 alcohol concentration or greater? [ ] [ ]
2. Has the above named driver verified positive for a controlled substances test result? [ ] [ ]
3. Has the above named driver refused a required test for alcohol or drugs during the past 12 months? [ ] [ ]

If the answer to any of the above is yes, please identify the Substance Abuse Professional that administered treatment as required by the U.S. Department of Transportation.

\_\_\_\_\_, or [ ] check here if it is unknown if the driver received treatment.  
Name Telephone

### Authorization to Release

I, \_\_\_\_\_, do hereby authorize  
to contact my previous employer(s) in accordance with current US DOT rules and regulations as set forth in 49 CFR 382.413  
in order to obtain the following information for the preceding two years:  
I fully understand the above, and do hereby give my consent to obtain the information required by 49 CFR 382.413.

Driver's signature

Date

Witness's Signature

Date



## BACKGROUND CHECK DISCLOSURE AND RELEASE AUTHORIZATION FORM FOR EMPLOYMENT PURPOSES

### Background Screening Disclosure

Deven Transport (the "Company") may request a comprehensive review of your background information from a consumer reporting agency in connection with your employment application and for employment purposes, including promotion, reassignment, or retention as an employee. Your background information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment. Corra, 201 Continental Boulevard, Suite 107, El Segundo, CA 90245, 1-310-524-9800, and its designated agents and representatives or another consumer reporting agency will prepare or assemble the reports. The scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: consumer credit, names and dates of previous/current employment, worker's compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, civil cases, OIG/GSA, OFAC/patriot act, any sanction lists, finger printing and drug testing. These reports may include information as to your general reputation, character, personal characteristics, mode of living, work habits, job performance and experience along with reasons for termination of past employment from previous employers. You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

### Authorization and Release

I, \_\_\_\_\_ authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, institution, school or university, law enforcement or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at the Company. I certify that all information provided below is true and accurate to the best of my knowledge. This authorization and consent shall be valid in original, facsimile ("fax"), or copy form. I understand that Corra's privacy practices can be found at <http://www.corragroup.com/privacy-policy.html>.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. PLEASE PRINT LEGIBLY:

\_\_\_\_\_  
Print Full Name (First Middle Last)

\_\_\_\_\_  
Maiden/AKA/Previous Name(s)

\_\_\_\_\_  
Social Security Number (SSN)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (MM/DD/YYYY) (This will not affect hiring decision)

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of Issue

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP/Postal Code

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number

## PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 --pre-employment testing requirements, apply to driver-applicants of this company.

### 391.103 Pre-employment 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 prequalification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a prequalification 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 a condition of my employment, I agree 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-Employment Urinalysis Notification.

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APPLICANT'S NAME (type or print)

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## MOTOR VEHICLE DRIVER'S

### CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or hazardous materials that require placarding.

The requires in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. There requirements are in effect as of July 1, 1987. They are as follows:

- 1) You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.

If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple has been lost, stolen or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed in that state.

- 2) Part 392.42 and Part 383.33 of the Federal Motor Carrier Safety Regulations require that you notify you employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Part 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

**DRIVER CERTIFICATION:** I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Driver's Name \_\_\_\_\_ Driver's Signature \_\_\_\_\_  
(Print)

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DRIVER'S RECEIPT

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 383, 387, 390-399, Sub-chapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as contained therein.

My signature on this receipt indicates I realize that the Department of Transportation demands my understanding and compliance with its rules and regulations. Further, I realize my employer demands full compliance and that my employment depends upon such compliance.

DRIVER'S SIGNATURE	DATE
Drivers Name:	
COMPANY NAME	
Deven Transport, Inc.	
COMPANY CITY, STATE and ZIP	
Bensenville, Illinois 60106	
COMPANY SUPERVISOR'S SIGNATURE	

This issue of the FMCSR Pocketbook includes all revisions issued on or before October 17, 1997.

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place it in the driver's qualification file.

Questions regarding these regulations should be directed to the driver supervisor.

## EMPLOYEE'S RECEIPT

I acknowledge receipt of Employees handout entitled Drug and Alcohol Policy covering employee awareness topics:

- Introduction
- Abbreviations
- Definitions
- Who is covered by the Alcohol & Drug Rule
- What is a Safety-sensitive Function
- What are Alcohol & Drug Prohibitions
- What Test 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

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Drivers Signature:

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Date:

**AT WILL EMPLOYMENT CLAUSE: employment contract provision indicating that employer or employee may terminate the employment relationship at any time with or without cause**

In consideration of employer entering into this agreement, employee agrees to conform to the policies and rules of employer in effect from time to time. Each party to this agreement also agrees that employee's employment and compensation can be terminated, with or without cause, and without prior notice, at any time, at the option of either employee or employer.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature



**EMPLOYEE CONFIDENTIALITY AGREEMENT: provision of employment contract restricting employee from divulging employer's trade secrets**

Employee agrees that any and all knowledge or information that may be obtained in the course of the employment with respect to the conduct and details of the business and with respect to the secret processes, formulas, machinery, etc. used by the employer in manufacturing its products will be forever held inviolate and be concealed from any competitor and all other persons and that he or she will not engage as employer, employee, principal, agent, or otherwise, directly or indirectly, at any time in a similar business, and that he or she will not impart the knowledge acquired to anybody and that should he or she at any time leave the employ of the employer he or she agrees not to enter into the employ or service or otherwise act in aid of the business of any rival company or concern or individual engaged in the same or in similar lines of business. If he or she does so in violation the employer shall be entitled to an injunction by any competent court of equity enjoining and restraining him [her] and each and every other person concerned from continuance of employment, services or other acts in aid of the business of the rival company or concern. Nothing shall prevent him [her], upon the termination of the employment, in engaging in any occupation in which the processes, formulas, and other secrets of the employer will not be directly or indirectly involved.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature



**Employment Eligibility Verification**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (*Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States ( <i>See instructions</i> )
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. ( <i>See instructions</i> )  <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>  1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





**Employment Eligibility Verification**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**





# Form IL-W-4

## Employee's and other Payee's Illinois Withholding Allowance Certificate and Instructions

**Note:** These instructions are written for employees to address withholding from wages. However, this form can also be completed and submitted to a payor if an agreement was made to voluntarily withhold Illinois Income tax from other (non-wage) Illinois income.

### Who must complete Form IL-W-4?

If you are an employee, you must complete this form so your employer can withhold the correct amount of Illinois Income Tax from your pay. The amount withheld from your pay depends, in part, on the number of allowances you claim on this form.

Even if you claimed exemption from withholding on your federal Form W-4, U.S. Employee's Withholding Allowance Certificate, because you do not expect to owe any federal income tax, you may be required to have Illinois Income Tax withheld from your pay (see Publication 130, Who is Required to Withhold Illinois Income Tax). If you are claiming exempt status from Illinois withholding, you must check the exempt status box on Form IL-W-4 and sign and date the certificate. Do not complete Lines 1 through 3.

If you are a resident of Iowa, Kentucky, Michigan, or Wisconsin, or a military spouse, see Form W-5-NR, Employees Statement of Nonresidence in Illinois, to determine if you are exempt.

**Note** If you do not file a completed Form IL-W-4 with your employer, if you fail to sign the form or to include all necessary information, or if you alter the form, your employer must withhold Illinois Income Tax on the entire amount of your compensation, without allowing any exemptions.

### When must I submit this form?

You should complete this form and give it to your employer on or before the date you start work. You must submit Form IL-W-4 when Illinois Income Tax is required to be withheld from compensation that you receive as an employee. You may file a new Form IL-W-4 any time your withholding allowances increase. If the number of your claimed allowances decreases, you **must** file a new Form IL-W-4 within 10 days. However, the death of a spouse or a dependent does not affect your withholding allowances until the next tax year.

### When does my Form IL-W-4 take effect?

If you do not already have a Form IL-W-4 on file with your employer, this form will be

effective for the first payment of compensation made to you after this form is filed. If you already have a Form IL-W-4 on file with this employer, your employer may allow any change you file on this form to become effective immediately, but is not required by law to change your withholding until the first payment of compensation is made to you after the first day of the next calendar quarter (that is, January 1, April 1, July 1, or October 1) that falls at least 30 days after the date you file the change with your employer.

**Example:** If you have a baby and file a new Form IL-W-4 with your employer to claim an additional allowance for the baby, your employer may immediately change the withholding for all future payments of compensation. However, if you file the new form on September 1, your employer does not have to change your withholding until the first payment of compensation is made to you after October 1. If you file the new form on September 2, your employer does not have to change your withholding until the first payment of compensation made to you after December 31.

### How long is Form IL-W-4 valid?

Your Form IL-W-4 remains valid until a new form you have submitted takes effect or until your employer is required by the Department to disregard it. Your employer is required to disregard your Form IL-W-4 if

- you claim total exemption from Illinois Income Tax withholding, but you have not filed a federal Form W-4 claiming total exemption, or
- the Internal Revenue Service (IRS) has instructed your employer to disregard your federal Form W-4.

### What is an "exemption"?

An "exemption" is a dollar amount on which you do not have to pay Illinois Income Tax that you may claim on your Illinois Income tax return.

### What is an "allowance"?

The dollar amount that is exempt from Illinois Income Tax is based on the number of allowances you claim on this form. As an employee, you receive one allowance unless you are claimed as a dependent on another person's tax return (e.g., your parents claim you as a dependent on their tax return). If you are married, you may claim additional allowances for your spouse and any dependents that you are entitled to claim for federal income tax purposes. You also will receive additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind.

### How do I figure the correct number of allowances?

Complete the worksheet on the back of this page to figure the correct number of allowances you are entitled to claim. Give your completed Form IL-W-4 to your employer. Keep the worksheet for your records.

**Note** If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

### How do I avoid underpaying my tax and owing a penalty?

You can avoid underpayment by reducing the number of allowances or requesting that your employer withhold an additional amount from your pay. Even if your withholding covers the tax you owe on your wages, if you have non-wage income that is taxable, such as interest on a bank account or dividends on an investment, you may have additional tax liability. If you owe more than \$500 tax at the end of the year, you may owe a late-payment penalty or will be required to make estimated tax payments. For additional information on penalties see Publication 103, Uniform Penalties and Interest. Visit our website at [tax.illinois.gov](http://tax.illinois.gov) to obtain a copy.

### Where do I get help?

- Visit our website at [tax.illinois.gov](http://tax.illinois.gov)
- Call our Taxpayer Assistance Division at **1 800 732-8866** or **217 782-3336**
- Call our TDD (telecommunications device for the deaf) at **1 800 544-5304**
- Write to  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19044  
SPRINGFIELD IL 62794-9044

# Illinois Withholding Allowance Worksheet

## General Information

Complete this worksheet to figure your total withholding allowances.

Complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

## Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- ☐ No one else can claim me as a dependent.  
☐ I can claim my spouse as a dependent.

- 1 Enter the total number of boxes you checked. 1 \_\_\_\_\_
- 2 Enter the number of dependents (other than you or your spouse) you will claim on your tax return. 2 \_\_\_\_\_
- 3 Add Lines 1 and 2. Enter the result. This is the total number of basic personal allowances to which you are **entitled**. You are not required to claim these allowances. The number of basic personal allowances that you choose to claim will determine how much money is withheld from your pay. See Line 4 for more information. 3 \_\_\_\_\_
- 4 Enter the total number of basic personal allowances you choose to claim on this line and Line 1 of Form IL-W-4 below. This number may not exceed the amount on Line 3 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 4 \_\_\_\_\_

## Step 2: Figure your additional allowances

Check all that apply:

- ☐ I am 65 or older. ☐ I am legally blind.  
☐ My spouse is 65 or older. ☐ My spouse is legally blind.

- 5 Enter the total number of boxes you checked. 5 \_\_\_\_\_
- 6 Enter any amount that you reported on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. 6 \_\_\_\_\_
- 7 Divide Line 6 by 1,000. Round to the nearest whole number. Enter the result on Line 7. 7 \_\_\_\_\_
- 8 Add Lines 5 and 7. Enter the result. This is the total number of additional allowances to which you are **entitled**. You are not required to claim these allowances. The number of additional allowances that you choose to claim will determine how much money is withheld from your pay. 8 \_\_\_\_\_
- 9 Enter the total number of additional allowances you elect to claim on Line 2 of Form IL-W-4, below. This number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 9 \_\_\_\_\_

**IMPORTANT:** If you want to have additional amounts withheld from your pay, you may enter a dollar amount on Line 3 of Form IL-W-4 below. This amount will be deducted from your pay in addition to the amounts that are withheld as a result of the allowances you have claimed.



— — — — — Cut here and give the certificate to your employer. Keep the top portion for your records. — — — — —



Illinois Department of Revenue

## IL-W-4 Employee's Illinois Withholding Allowance Certificate

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate. ☐

- 1 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 \_\_\_\_\_
- 2 Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 \_\_\_\_\_
- 3 Enter the additional amount you want withheld (deducted) from each pay. 3 \_\_\_\_\_

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

**Employer:** Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.



# Form W-4 (2017)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 16, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or internal deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if: <div><div>• You are single and have only one job; or</div><div>• You are married, have only one job, and your spouse does not work; or</div><div>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div> . . . . .	<b>B</b>	_____
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit . . . . .	<b>F</b>	_____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	<b>H</b>	_____
For accuracy, complete all worksheets that apply. <div><div>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</div><div>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</div><div>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</div></div>			

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2017</b>	
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
<b>5</b> Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		<b>5</b>			
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b>		\$	
<b>7</b> I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . . ► <b>7</b>					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►		Date ►			
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)		<b>10</b> Employer identification number (EIN)	



# DRIVING TEST FORM

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ License No. \_\_\_\_\_  
State: \_\_\_\_\_ Date: \_\_\_\_\_  
Zip: \_\_\_\_\_ Equipment Driven: \_\_\_\_\_  
SSN#: \_\_\_\_\_ Tractor: \_\_\_\_\_ Trailer: \_\_\_\_\_  
If Passenger Carrier, Type of Bus \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

For those items that apply, checkmark if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory,  
Explain unsatisfactory items under Remarks:

## 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT 3 - COUPLING AND UNCOUPLING

Checks general condition approaching unit	_____	Lines up units	_____
Looks for leakage of coolants, fuel, lubricants	_____	Hooks brake and light lines properly	_____
Checks under hood - oil, water, general condition of engine compartment, steering	_____	Secures trailer against movement	_____
Checks around unit - tires, lights, trailer hookup, brake and light lines, body, doors, horn windshield wipers	_____	Backs under slowly	_____
Test brake action, tractor protection valve, and parking (hand) brake	_____	Tests hookup with power	_____
Knows use of jacks, tools, emergency warning devices, tire chains, fire extinguisher, spare fuses, and four-way flashers	_____	Checks hookup visually	_____
Checks instruments	_____	Handles landing gear properly	_____
Cleans windshield, windows, mirrors, lights, reflectors	_____	Proper hook-up of full trailer	_____
		Secures power unit against movement	_____

## 4 - BACKING AND PARKING

### A. Backing

Gets out and checks before backing	_____
Looks back as well as uses mirrors	_____
Gets out and rechecks conditions on long back	_____
Avoids backing from blind side	_____
Signals when backing	_____
Controls speed and direction properly when backing	_____

### B. PARKING (city)

Does not hit nearby vehicles or stationary objects	_____
Parks proper distance from curb	_____
Sets parking brake, puts in gear, chocks wheels, shuts off motor	_____
Checks traffic conditions and signals when pulling out from parked position	_____
Parks in safe and legal location	_____

### C. PARKING (road)

Parks off pavement	_____
Avoids parking on soft shoulder	_____
Uses emergency warning signals when required	_____
Secures unit properly	_____

## 2 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

### A. MOTOR

Starts motor without difficulty	_____
Allows proper warm-up	_____
Understands gauges on instruments panel	_____
Maintains proper engine speed while driving	_____
Basic knowledge of motors - gas, diesel	_____
Does not abuse motor	_____

### B. CLUTCH AND TRANSMISSION

Starts loaded unit smoothly	_____
Uses clutch properly	_____
Times gearshifts properly	_____
Shifts gears smoothly	_____
Uses proper gear sequence	_____

### C. BRAKES

Understands operating principles of air brakes	_____
Knows proper use of tractor protection valve	_____
Understands low air warning	_____
Tests brakes before starting trip	_____



## D. STEERING

Controls steering wheel \_\_\_\_\_  
Good driving posture and good grip on wheel \_\_\_\_\_

## E. LIGHTS

Knows lighting regulations \_\_\_\_\_  
Uses proper headlight beam \_\_\_\_\_  
Dim lights when meeting or following other traffic \_\_\_\_\_  
Adjusts speed to range of headlights \_\_\_\_\_  
Proper use of auxillary lights \_\_\_\_\_

## 6 - OPERATING IN TRAFFIC PASSING AND TURNING

### A. TURNING

Gets in proper lane well in advance \_\_\_\_\_  
Signals well in advance \_\_\_\_\_  
Checks traffic conditions and turns only when way is clear \_\_\_\_\_  
Does not swing wide or cut short while turning \_\_\_\_\_

### B. TRAFFIC SIGNS AND SIGNALS

Approaches signal prepared to stop if neccessary \_\_\_\_\_  
Obeys traffic signal \_\_\_\_\_  
Uses good judgement on yellow light \_\_\_\_\_  
Starts smoothly on green \_\_\_\_\_  
Notices and heeds traffic signs \_\_\_\_\_  
Obeys "Stop" signs \_\_\_\_\_

### C. INTERSECTIONS

Adjusts speed to permit stopping if necessary \_\_\_\_\_  
Checks for cross traffic regardless of traffic controls \_\_\_\_\_  
Yields right-of-way for safety \_\_\_\_\_

### D. GRADE CROSSINGS

Adjusts speed to permit stopping if necessary \_\_\_\_\_  
Makes safe stops, if required \_\_\_\_\_  
Selects proper gear \_\_\_\_\_

### E. PASSING

Passes with sufficient clear space ahead \_\_\_\_\_  
Does not pass in unsafe location: hill, curve, intersection \_\_\_\_\_  
Signals change of lanes \_\_\_\_\_  
Warns driver being passed \_\_\_\_\_  
Pulls out and backs with certainty \_\_\_\_\_  
Does not tailgate \_\_\_\_\_  
Does not block traffic with slow pass \_\_\_\_\_  
Allows enough room when returning to right lane \_\_\_\_\_

## 5 - SLOWING AND STOPPING

Uses gears properly ascending \_\_\_\_\_  
Gears sown properly descending \_\_\_\_\_  
Stops and restarts without rolling back \_\_\_\_\_  
Tests brakes at top of hill \_\_\_\_\_  
Uses brakes properly on grade \_\_\_\_\_  
Uses mirrors to check traffic to rear \_\_\_\_\_  
Signals following traffic \_\_\_\_\_  
Avoids sudden stops \_\_\_\_\_  
Stops before crossing sidewalk when coming out of driveway of alley \_\_\_\_\_  
Stops clear of pedestrian crosswalks \_\_\_\_\_

## G - COURTESY AND SAFETY

Uses defensive driving techniques \_\_\_\_\_  
Yields right-of-way for safety \_\_\_\_\_  
Goes ahead when given right-of-way through traffic \_\_\_\_\_  
Does not crowd other drivers or force way through traffic \_\_\_\_\_  
Allows faster traffic to pass \_\_\_\_\_  
Keeps right and in own lane \_\_\_\_\_  
Uses horn only when necessary \_\_\_\_\_  
Generally courteous and uses proper conduct \_\_\_\_\_

## 7 - MISCELLANEOUS

### A. GENERAL DRIVING ABILITY AND HABITS

Consistently alert and attentive \_\_\_\_\_  
Adjusts driving to meet changing conditions \_\_\_\_\_  
Performs routing functions without taking eyes from road \_\_\_\_\_  
Checks instruments regularly while driving \_\_\_\_\_  
Willing to take instructions and suggestions \_\_\_\_\_  
Adequate self-confidence in driving \_\_\_\_\_  
Is not easily angered \_\_\_\_\_  
Positive attitude \_\_\_\_\_  
Good personal appearance, manner, cleanliness \_\_\_\_\_  
Good physical stamina \_\_\_\_\_

### B. HANDLING OF FREIGHT

Checks freight properly \_\_\_\_\_  
Handles and loads freight properly \_\_\_\_\_  
Handles bills properly \_\_\_\_\_  
Breaks down load as required \_\_\_\_\_

### C. RULES AND REGULATIONS

Knowledge of company rules \_\_\_\_\_  
Knowledge of regulations: federal, state, local \_\_\_\_\_  
Knowledge of special truck routes \_\_\_\_\_

**F. SPEED**

Speed consistent with basic ability \_\_\_\_\_  
Adjusts speed properly to road, weather, traffic  
conditions, legal limits \_\_\_\_\_  
Slows down for rough roads \_\_\_\_\_  
Slows down in advance of curves, intersections, etc. \_\_\_\_\_  
Maintains consistent speed \_\_\_\_\_

**D. USE OF SPECIAL EQUIPMENT (Specity) \_\_\_\_\_****REMARKS:** \_\_\_\_\_**GENERAL PERFORMANCE:** Satisfactory \_\_\_\_\_ Needs Training \_\_\_\_\_ Unsatisfactory \_\_\_\_\_**QUALIFIED FOR:** Truck \_\_\_\_\_ Tractor-Semitrailer \_\_\_\_\_ Other \_\_\_\_\_  
(specify)**CERTIFICATION OF ROAD TEST**

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate.  
The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations.

This is to certify that the above-named driver was given a road test under my supervision on \_\_\_\_\_ 19 \_\_\_\_\_ consisting of approximately \_\_\_\_\_ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Deven Transport, Inc

(Carrier Name)

909 Fairway Drive

(Carrier Address)

Bensenville

(City)

IL

(State)

60106

(Zipcode)

\_\_\_\_\_  
(Name of Examiner)\_\_\_\_\_  
(Signature of Examiner)

## CERTIFICATION OF ROAD TEST

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Driver's Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Operator's or Chauffeur's License No. \_\_\_\_\_

State \_\_\_\_\_

Type of Power Unit \_\_\_\_\_

Type of Trailer(s) \_\_\_\_\_

If Passenger Carrier, Type of Bus \_\_\_\_\_

This is to certify that the above-named driver was given a road test

under my supervision on \_\_\_\_\_

\_\_\_\_\_ consisting of approximately \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

\_\_\_\_\_  
(Carrier Official Signature)

\_\_\_\_\_  
(Date)

**Deven Transport, Inc**

\_\_\_\_\_  
(Name of Carrier)