



DREAM MANAGEMENT, INC. Driver Application for Employment

Note to Applicant: Please advise us in advance if you need any type of special accommodation to complete this Application for Employment or to take any pre-employment tests.

Qualified applications are considered for all positions without regard to age, sex, race, color, religion, national origin, sexual orientation, disability, marital status, or veteran status.

As a matter of policy, **DREAM MANAGEMENT, INC.** consistently checks reference information, both education and employment, of all final candidates. For this reason, it is essential that all information requested on the applicant and supplied by the applicant be accurate and complete.

Instructions: This is a fillable e-form. Applicants can either (1) print out this form, complete it by hand in blue or black ink, and scan and email a copy to info@dream-mgmt.com, or (2) type in their answers, save a copy to their computer, and email it to info@dream-mgmt.com.

Be sure to answer all questions. If any question does not apply to you, answer with "No" or "Not Applicable" (N/A).

Date: _____ Position applied for: _____ Minimum salary requirement: _____

How did you hear about our company? Employment Agency State Agency Walk-In Advertisement College Recruiting Intra-Company Referral Employee Referral (Name _____) Other _____

Have you ever worked for this company before? No Yes Where? _____ When? _____

Have you ever applied to this company before? No Yes Where? _____ When? _____

On what date will you be available if your Application for Employment is accepted? _____ Would you accept employment in another city? No Yes Preference _____

I. GENERAL INFORMATION

LAST NAME	FIRST	MIDDLE	DATE OF BIRTH (MM/DD/YYYY)
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CURRENT ADDRESS	HOW LONG?
Street City ZIP Code	

List all addresses for previous 3 years if different from above

CURRENT ADDRESS	HOW LONG?
Street City ZIP Code	

PREVIOUS ADDRESS	HOW LONG?
Street City ZIP Code	

Telephone Number

HOME	WORK	CELL
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Have you ever pled no contest or been convicted of a felony, misdemeanor, or other crime?

<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain:
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Emergency Contact – Name of person to be notified in case of emergency.

NAME	RELATIONSHIP	TELEPHONE NUMBER
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Note: A drug-screening test is required for employment.

Government regulations require that we verify your identity and employment authorization (Form I-9) within 3 working days of your date of hire. Please be prepared to submit proper documentation.

An Equal Opportunity Employer that Values Diversity

II. EDUCATIONAL BACKGROUND

Name and Location of School or College	Circle Highest Grade/Year	Grade Average	Did you graduate?	What was your degree/major?	When did you attend this school?
HIGH SCHOOL	9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No		
COLLEGE	1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No		
TRADE, BUSINESS CORRESPONDENCE, OR GRADUATE SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No		

III. EXPERIENCE AND QUALIFICATIONS - DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVERS LICENSES				

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit, or privilege ever been suspended or revoked? Yes No
- C. Have you ever been disqualified subject to Section 391 of the Federal Motor Carrier Safety Regulation? Yes No
- D. Have you in the past 2 years failed or refused a DOT-mandated Preemployment Test(s)? Yes No

IF THE ANSWER TO A, B, C, OR D IS YES, ATTACH A SEPARATE STATEMENT GIVING DETAILS.

IV. DRIVING EXPERIENCE

	CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van Tank, Flat, Etc.)	DATES FROM	DATES TO	APPROXIMATE NUMBER OF MILES (Total)
STRAIGHT TRUCK					
AUTO OR VAN					
BUS					
OTHER					

1. LIST STATES OPERATED IN FOR LAST SEVEN YEARS:

2. LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

3. WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

4. WHAT EXPERIENCE HAVE YOU HAD WORKING WITH OR SUPERVISING CHILDREN? EXPLAIN:

5. HAVE YOU EVER DRIVEN A BUS? IF YES, WHAT COMPANY OR SCHOOL DISTRICT? DATES SALARY
 Yes No

V. ACCIDENT REVIEW FOR PAST 3 YEARS (Attach additional sheet if more space is needed)

	DATE	NATURE OF ACCIDENT (Head-On, Rear-End, Upset, Etc.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

VI. TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (Other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

VII. EMPLOYMENT HISTORY

All employment for the previous 10 years must be covered below, including jobs held while in school or in the military. Record your present or last position first and list back in chronological order. Be sure to complete all questions for each job. Ask for additional form(s) if necessary. Please explain all periods of employment.

EMPLOYER NAME		DATES EMPLOYED (MM/YY) From To	SALARY Starting Leaving	
ADDRESS Street City ZIP Code				
SUPERVISOR'S NAME, TITLE, AND PHONE NUMBER			MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
POSITION(S) HELD – BRIEFLY EXPLAIN YOUR DUTIES, RESPONSIBILITIES, AND NUMBER OF PEOPLE SUPERVISED				
REASON FOR LEAVING				

EMPLOYER NAME		DATES EMPLOYED (MM/YY) From To	SALARY Starting Leaving	
ADDRESS Street City ZIP Code				
SUPERVISOR'S NAME, TITLE, AND PHONE NUMBER			MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
POSITION(S) HELD – BRIEFLY EXPLAIN YOUR DUTIES, RESPONSIBILITIES, AND NUMBER OF PEOPLE SUPERVISED				
REASON FOR LEAVING				

EMPLOYER NAME		DATES EMPLOYED (MM/YY) From To	SALARY Starting Leaving	
ADDRESS Street City ZIP Code				
SUPERVISOR'S NAME, TITLE, AND PHONE NUMBER			MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
POSITION(S) HELD – BRIEFLY EXPLAIN YOUR DUTIES, RESPONSIBILITIES, AND NUMBER OF PEOPLE SUPERVISED				
REASON FOR LEAVING				

EMPLOYER NAME		DATES EMPLOYED (MM/YY) From To	SALARY Starting Leaving	
ADDRESS Street City ZIP Code				
SUPERVISOR'S NAME, TITLE, AND PHONE NUMBER			MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
POSITION(S) HELD – BRIEFLY EXPLAIN YOUR DUTIES, RESPONSIBILITIES, AND NUMBER OF PEOPLE SUPERVISED				
REASON FOR LEAVING				

VIII. ACTIVITIES

List all current membership in civic, professional, social, or other organizations*

List past membership in civic, professional, social, or other organizations*

List sports, hobbies, or other interests*

**Exclude those that indicate race, color, sex, age, national origin, disability, religious preference, sexual orientation, marital status, or military status*

IX. SUMMARY OF QUALIFICATIONS

This space is provided for you to briefly summarize any additional qualifications you believe are important in considering your Application for Employment.

X. APPLICANT'S STATEMENT

I certify that all statements made on this Application for Employment and in any subsequently executed medical questionnaire or any other employment documents are true and correct. I understand that any false information that I give may result in termination of my candidacy or any subsequent employment.

If an employee relationship is established, I understand that such employment is terminable at will, by either myself or Dream Management, Inc., and/or its subsidiaries or affiliates ("the Company"), at any time, for any reason, with or without cause, and with or without notice. I also understand that any period of employment is not for a special duration. In addition, I understand that no one is authorized to make oral exceptions to this policy, and written exceptions are permitted only when they are signed by the President of Dream Management, Inc.

I understand that the Fair Credit Reporting Act, Public Law 91-508, requires that I be advised that routine inquiry may be made during the Company's initial or subsequent processing, which will provide applicable information concerning character and general reputation. I also understand that upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I also understand that I am entitled to a free copy of the written report generated by the inquiry, if one is made.

I authorize the Company and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that the Company and its agents may conduct background evaluations, including, but not limited to, criminal history checks from federal, state, or local authorities to ascertain any and all information of concern, whether same is of record or not, and I hereby expressly authorize such inquiries and release all employers and persons named herein from all liability for any damages on account of their furnishing such information.

(Massachusetts only) – It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties or civil liability.

(Illinois only) – Applicants are not obligated to disclose sealed or expunged conviction or arrest records.

I authorize the Company and its representatives to inquire of all former employers or others who know of me. It is agreed and understood that the Company and its agents may obtain information, including, but not limited to, Department of Transportation (DOT) mandated pre-employment, refusals to test, alcohol tests of >.04, other violations of the DOT alcohol and drug rules, and return-to-duty and follow-up testing compliance, as applicable, and I hereby expressly authorize such inquires and release all employers and persons named herein from all liability for any damages on account of their furnishing such information. I acknowledge that any offer of employment is conditioned upon my taking a drug screen and the Company's receipt of satisfactory results of such a test, and, if necessary to determine ability to perform essential duties of the position offered, the results of a physical examination.

Date:

Applicant's Signature:

**Note: This Application for Employment will be considered active for 90 calendar days.
After 90 calendar days, you must reapply for available positions.**