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I authorize you to make such investigations and inquiries of my personal, employment, financial and medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)
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.
I understand that information I provide regarding current and/or previous employers may be used and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:
+Review information provided by previous employers;
+Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
+ Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: _____ Date: _____

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	_____	
Have a TWIC Card?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, expiration date:	_____	

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment for past 3 Years (past 10 years for CDL Drivers) Use additional pages if necessary

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Commercial

Vehicles Operated: Tractor / Trailer: Y / N Straight Truck : Y/N, Bus: Y / N, Other: (describe): _____

From: _____ To: _____ Reason for Leaving: _____

Were you subject to FMCSRs while employed? Yes _____ No _____

Were you subject to Safety Sensitive operations and required to submit to Drug and Alcohol Testing requirement, as required by 49 CFR Part 40

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Commercial

Vehicles Operated: Tractor / Trailer: Y / N Straight Truck Y / N Bus: Y / N, Other: (describe): _____

From: _____ To: _____ Reason for Leaving: _____

Were you subject to FMCSRs while employed? Yes _____ No _____

Were you subject to Safety Sensitive operations and required to submit to Drug and Alcohol Testing requirement, as required by 49 CFR Part 40

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Commercial

Vehicles Operated: Tractor / Trailer: Y / N Straight Truck : Y / N Bus: Y / N, Other: (describe): _____

From: _____ To: _____ Reason for Leaving: _____

Were you subject to FMCSRs while employed? Yes _____ No _____

Were you subject to Safety Sensitive operations and required to submit to Drug and Alcohol Testing requirement, as required by 49 CFR Part 40

May we contact your previous supervisor for a reference? YES ☐ NO ☐

ACCIDENTS IN THE PAST 3 YEARS

Date	Location	Nature (Head on, Rear end, etc)	Fatal? #	Injuries? #	Tow Away	Haz Mats?

DRIVER LICENSES:

State	License #	Exp Date	Name on License	Class	Status:

DRIVING EXPERIENCE:

Class of Equipment	Date from:	Date To:	Approx number of total miles
Tractor / Trailer			
Straight Truck			
Bus			
Other			

TRAFFIC SUMMONSES/CITATION CONVICTIONS AND FORFEITURES IN PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge / Offense	Penalty

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: _____

IF THE ANSWER TO A OR B IS YES, PLEASE ATTACH A STATEMENT GIVING DETAILS

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____