

# APPLICATION FOR EMPLOYMENT

**A2K Logistics, Inc. – 2401 Huber Road – Seguin, TX 78155 – (830) 433-0709**

## ANSWER ALL QUESTIONS – PLEASE PRINT

*Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.*

I wish to be considered for employment with **A2K Logistics, Inc.** hereinafter referred to as the Company. I hereby authorize all contacts listed on this document to give the Company any and all information concerning my previous employment and any pertinent information they may have regarding my work performance and character. I understand that I have the right to review, challenge, or rebut the information that is provided by former employers. I hereby authorize the Company to make a thorough check of my past Employment, Education and activities. I release and indemnify the Company against any liability that might result from making such background checks. A copy of this form is as valid as the original. I understand and agree that, if employed, the period of my employment shall not be specific and that I may terminate my employment with the Company or be terminated by the Company at any time with or without cause and with or without notice at the option of either myself or the Company. I also understand that the Company has policies and programs, in writing and otherwise, relating to other terms and conditions of my employment and that such policies are not a contract of employment and subject to change at any time for any reason by the Company at its discretion and that I have no vested rights in any Company policy or program now or hereafter in effect. I certify that the information contained in this Application for Employment with the Company is correct to the best of my knowledge. I understand that this information is important to the Company and will be used by it in considering my employment and that any falsification of this information will result in the Company's refusal to hire me or, in my immediate dismissal.

SIGNATURE

DATE

**Notice to all Commercial Drivers Applicants:** All sections of this application must be completed in full

List all addresses that you have resided at during the three years preceding this application – Attach additional pages if necessary

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_ How long at this address \_\_\_\_\_  
Number Street City State Zip

Previous Address \_\_\_\_\_ How long at this address \_\_\_\_\_  
Number Street City State Zip

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Position Desired \_\_\_\_\_ Pay Expected \_\_\_\_\_ When will you be available for work? \_\_\_\_\_

## IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, AFTER NOVEMBER 5, 1986, UNAUTHORIZED ALIENS MAY NOT BE CONSIDERED FOR EMPLOYMENT

Are you legally eligible for employment in the United States? \_\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_\_ Are you a Resident Alien? \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ If Yes, with what employers? \_\_\_\_\_

Special training or skills (languages, machine operation, etc.) \_\_\_\_\_

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? \_\_\_\_\_ If Yes, describe in full \_\_\_\_\_

Names of relatives and friends working for us \_\_\_\_\_

**EDUCATION** – Circle the 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 City

Are you able to perform the essential functions of the job with or without reasonable accommodation? \_\_\_\_\_

**REFERENCES** – List the information below for three persons not related to you, whom you have known at least three years, who may verify your work habits and personal character.

NAME	ADDRESS	PHONE	BUSINESS NAME	YEARS ACQUAINTED

**EMPLOYMENT****Give accurate, complete full-time and part-time employment record. Start with present or most recent employer.**

*(Commercial Driver Applicants must provide the following information on all jobs held during the preceding 3 years. Driver applicants shall also provide an additional 7 years of information on jobs at which the applicant operated a commercial motor vehicle. Explain all gaps in employment history. Add additional sheets if necessary.)*

Company Name	Telephone ( ) -
Address	Supervisor's Name Employed (Month and Year) From To
Your Job Title and Work Description	Pay Start End
<b>Was this job subject to Federal Motor Carrier Safety Regulations?</b> (circle one) YES NO <b>Were you subject to drug and alcohol testing under Department of Transportation rules?</b> (circle one) YES NO	Reason for Leaving
Company Name	Telephone ( ) -
Address	Supervisor's Name Employed (Month and Year) From To
Your Job Title and Work Description	Pay Start End
<b>Was this job subject to Federal Motor Carrier Safety Regulations?</b> (circle one) YES NO <b>Were you subject to drug and alcohol testing under Department of Transportation rules?</b> (circle one) YES NO	Reason for Leaving
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Company Name	Telephone ( ) -
Address	Supervisor's Name Employed (Month and Year) From To
Your Job Title and Work Description	Pay Start End
<b>Was this job subject to Federal Motor Carrier Safety Regulations?</b> (circle one) YES NO <b>Were you subject to drug and alcohol testing under Department of Transportation rules?</b> (circle one) YES NO	Reason for Leaving

**Add another sheet as necessary**

(Drivers must read, sign and complete the information on the back page of this application)

**We may contact employers listed above. Are there any that you wish not to be contacted?** \_\_\_\_\_

Who? \_\_\_\_\_ Reason \_\_\_\_\_

**The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color religion, sex or national origin. Federal law also prohibits discrimination on the basis of age and disability. The laws of most states also prohibit discrimination on the same basis.**

The Federal Contract Compliance Programs Office requires the Company to complete the following information and include in the mandated EQUAL EMPLOYMENT OPPORTUNITY SURVEY.

RACE: ☐ Hispanic ☐ Anglo ☐ Black/African American ☐ Two or More Races  
☐ Native American or Other Pacific Islander ☐ Asian ☐ American Indian or Alaska Native  
SEX: ☐ Male ☐ Female

**CERTIFICATION**

**PRINT APPLICANT'S FULL NAME**

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete the employment file.

It is agreed and understood that this application for employment in no way obligates the employer to employ this applicant.

It is agreed and understood that if hired, the employee may be on a probationary period during which time he may be discharged without recourse.

***It is agreed and understood that the Company does not guarantee any amount of pay, loads or hours. Pay will vary from week to week depending on work loads and seasonal events.***

***The Company performs drug testing that includes pre-employment, random, reasonable suspicion, return-to-work and post-accident testing as required by law. By signing and dating this Application for Employment, I understand and authorize the Company to deduct from my final pay, the costs of any pre-employment drug testing and physicals if I choose not to complete ninety (90) days of employment. If the Company terminates me, I understand I will not incur these costs.***

***I certify 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.***

Date

Applicant's Signature

Who referred you to our company?

**PROCESS RECORD (For Office Personnel Only)**

***Employment and Reference Check***

Former Employer or Reference	Person Contacted	Results

DATE HIRED \_\_\_\_\_ STARTING RATE PER HOUR \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

TERMINATION DATE \_\_\_\_\_ DATE REJECTED \_\_\_\_\_ (If rejected, summarize in the comments section below)

INTERVIEWER COMMENTS: \_\_\_\_\_

SIGNATURE OF INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF PRE-EMPLOYMENT DRUG TEST \_\_\_\_\_ DATE OF EMPLOYMENT PHYSICAL \_\_\_\_\_

HUMAN RESOURCES PROCESSING SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF MANAGER \_\_\_\_\_ DATE \_\_\_\_\_

**COMMERCIAL DRIVER APPLICANTS**

DRIVER APPLICANT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

**Complete all information below****DRIVER LICENSE** – \_\_\_\_\_

STATE \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

TYPE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_ Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_ Have you ever pled "guilty" or "no contest" to or been convicted of a crime? If your answer to any of the above questions is yes, give details. \_\_\_\_\_

**DRIVING EXPERIENCE** – If you have been employed as a driver by other Motor Carriers prior to date of this application, fill in the information below.

Class of Equipment	Type of Equipment (dump, tank, mixer, van, etc.)	Month/Year Start	Month/Year End	Approximate Total Miles
Straight Truck				
Tractor/Trailer				
Bus				
Other				

**ACCIDENT RECORD** – Fill in the information below on all accidents in which you were involved as a driver during the preceding five years.

Date	Nature of Accident (head-on, rear-end, turnover, etc.)	No. of Fatalities	No. of Injuries

**TRAFFIC VIOLATION RECORD** – Fill in the information on all violations of motor vehicle law or ordinances (other than parking violations) of which you were convicted or forfeited bond or collateral during the three years preceding the date of this application.

Date	Type	Location (city or county and state)

**Notice to all Commercial Driver Applicants:**

- You have the right to review information provided by previous employers.
- You have the right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer.
- You have the right to have a rebuttal statement attached to the alleged erroneous information, if you and the previous employer can not agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or at least 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

*I have read and understand the above statement and this certifies that this application was completed by me, and all entries on it are true and complete to the best of my knowledge.*

\_\_\_\_\_  
Applicant's Signature\_\_\_\_\_  
Date

## **Additional Information Page for Commercial Driver Applicants**

**Commercial Driver Applicant Name** \_\_\_\_\_

Previous Address \_\_\_\_\_ How long at this address \_\_\_\_\_

Number                  Street                  City                  State                  Zip

Previous Address \_\_\_\_\_ How long at this address \_\_\_\_\_

Number                  Street                  City                  State                  Zip

Previous Address \_\_\_\_\_ How long at this address \_\_\_\_\_

Number Street City State Zip

Previous Address \_\_\_\_\_ How long at this address \_\_\_\_\_

Number Street City State Zip

Previous Address \_\_\_\_\_ How long at this address \_\_\_\_\_

Number Street City State Zip

Company Name	Supervisor's Name	Telephone (       )       -
Address		Employed (Month and Year) From                      To
Your Job Title and Work Description		Pay Start                      End
<b>Was this job subject to Federal Motor Carrier Safety Regulations?</b> (circle one)    YES    NO <b>Were you subject to drug and alcohol testing under Department of Transportation rules?</b> (circle one)    YES    NO		Reason for Leaving
Company Name	Supervisor's Name	Telephone (       )       -
Address		Employed (Month and Year) From                      To
Your Job Title and Work Description		Pay Start                      End
<b>Was this job subject to Federal Motor Carrier Safety Regulations?</b> (circle one)    YES    NO <b>Were you subject to drug and alcohol testing under Department of Transportation rules?</b> (circle one)    YES    NO		Reason for Leaving
Company Name	Supervisor's Name	Telephone (       )       -
Address		Employed (Month and Year) From                      To
Your Job Title and Work Description		Pay Start                      End
<b>Was this job subject to Federal Motor Carrier Safety Regulations?</b> (circle one)    YES    NO <b>Were you subject to drug and alcohol testing under Department of Transportation rules?</b> (circle one)    YES    NO		Reason for Leaving
Company Name	Supervisor's Name	Telephone (       )       -
Address		Employed (Month and Year) From                      To
Your Job Title and Work Description		Pay Start                      End
<b>Was this job subject to Federal Motor Carrier Safety Regulations?</b> (circle one)    YES    NO <b>Were you subject to drug and alcohol testing under Department of Transportation rules?</b> (circle one)    YES    NO		Reason for Leaving

***We may contact employers listed above. Are there any that you wish not to be contacted? \_\_\_\_\_***

Who? \_\_\_\_\_ Reason \_\_\_\_\_

*This certifies that this additional information is part of an application that was made to A2K Logistics, Inc. on the date below with my signature and is subject to all signed statements on that application made by me.*

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

**Applicant's Signature**

Date

## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

A2K LOGISTICS, INC. / 2401 HUBER ROAD / SEGUIN, TX 78155

By my signature below, I hereby authorize you to release the following information to **A2K Logistics, Inc.** for purposes of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant's Signature \_\_\_\_\_

Dated \_\_\_\_\_

NAME & ADDRESS OF PREVIOUS EMPLOYER:

THIS FORM WAS (check appropriate box)

☐ Mailed on date \_\_\_\_\_

☐ Faxed on date \_\_\_\_\_

☐ Phone on date \_\_\_\_\_

Person Contacted \_\_\_\_\_

*Dear Sir or Madam,*

*The below-named individual has made application to **A2K Logistics Inc.** for a position as a truck driver and states that he/she was employed by you as \_\_\_\_\_ from (date) \_\_\_\_\_ to (date) \_\_\_\_\_. We appreciate your time in completing, in confidence, the information requested below. Thank you.*

*Sincerely,*

WENDI@A2KLOG.COM FAX (830) 468-6117

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_

Did he/she drive motor vehicles for you? \_\_\_\_\_ Type: \_\_\_\_\_ Tractor/trailer \_\_\_\_\_ Straight Truck \_\_\_\_\_ Other \_\_\_\_\_

Any accidents? \_\_\_\_\_ Details: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_ Quit \_\_\_\_\_ Discharged \_\_\_\_\_ Layoff \_\_\_\_\_ Other \_\_\_\_\_

Conduct satisfactory? \_\_\_\_\_ Safe Habits? \_\_\_\_\_ Positive attitude? \_\_\_\_\_ Attendance ok \_\_\_\_\_

Did the driver participate in a random drug & alcohol testing program while under your control?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the driver test positive for a controlled substance in the last 2 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the driver have an alcohol test with a confirmed BAC of 0.04% or greater in the past 2 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the driver ever refuse a required drug or alcohol test in the past 2 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the driver ever violate any other DOT agency drug or alcohol regulations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you received information from a previous employer that this driver violated any DOT drug or alcohol regulations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_