

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
Was this job subject to Federal Motor Carrier Safety Regulations? (circle one) YES NO Were you subject to drug and alcohol testing under Department of Transportation rules? (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
Was this job subject to Federal Motor Carrier Safety Regulations? (circle one) YES NO Were you subject to drug and alcohol testing under Department of Transportation rules? (circle one) YES NO	Reason for Leaving
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Address	Supervisor's Name Employed (Month and Year) From To
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Was this job subject to Federal Motor Carrier Safety Regulations? (circle one) YES NO Were you subject to drug and alcohol testing under Department of Transportation rules? (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
Was this job subject to Federal Motor Carrier Safety Regulations? (circle one) YES NO Were you subject to drug and alcohol testing under Department of Transportation rules? (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
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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		Telephone () -
Address	Supervisor's Name	Employed (Month and Year) From To
Your Job Title and Work Description		Pay Start End
<i>Was this job subject to Federal Motor Carrier Safety Regulations?</i> (circle one) YES NO <i>Were you subject to drug and alcohol testing under Department of Transportation rules?</i> (circle one) YES NO		Reason for Leaving
Company Name		Telephone () -
Address	Supervisor's Name	Employed (Month and Year) From To
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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
<i>Was this job subject to Federal Motor Carrier Safety Regulations?</i> (circle one) YES NO <i>Were you subject to drug and alcohol testing under Department of Transportation rules?</i> (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. / 27910 GEORGE OBRIEN / SAN ANTONIO, TX 78260

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

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: _____



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.

2. Deliver, mail, Email or FAX the completed form to:

**Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019 / Facsimile: 512-424-5310**

☐ Check here if CDL Holder
is requesting results on self

Email: MCB.VPR@dps.texas.gov

Print Name of CDL Holder

Phone Number

Print full Address, City, State and Zip Code of CDL Holder

Social Security #

Driver License Number of CDL Holder _____

State _____

Date of Birth _____

authorize release of any and all of CDL holder's reported positive alcohol or
controlled substance test results reported under Texas state law to

Print Motor Carrier's Name

Phone Number

Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver

Date

X

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:
<http://www.txdps.state.tx.us/forms/index.htm>.

DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVER: The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the Clearinghouse has any information about you. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

I, _____, hereby authorize
(Driver's printed name)

A2K Logistics, Inc. to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: _____ Date: _____

CDL Number: _____ State: _____ Date of Birth: _____