Previous Courier / Delivery Experience

Company:	Phone:
Address:	Supervisor:
Responsibilities:	
From: To:	Reason for Leaving:
Company:	Phone:
Address:	Supervisor:
Responsibilities:	

Disclaimer and Signature

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

To:

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

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Date:

<u>My signature below states that I will not Compete or Earn Wages from or thru a Contact while performing work</u> for Fast Lane Express Delivery. All request for work will be directed to the Fast Lane Express Delivery Office.

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Date:

Emergency Contact Information:

Ν	lame:	

Phone:	
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Vehicle Year, Make & Model:

Insurance Policy Holder:

Policy <u>#:</u>	Renewal Date:	
Driver's License #	State Issued:	Expiration:
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