



APPLICATION FOR EMPLOYMENT - DRIVER Only

Exquisite Logistics Management, LLC
 Email: hr@exquisitelogistics.net
 Phone: 469-323-0075

Applicant Note: This form is intended for use in evaluating your qualifications for employment. It is not an employment contract. Please answer all questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits.

Applicants are considered without regard to race, color, religion, national origin, gender, age, disability, marital status, veteran status, sexual orientation, citizenship, or any other characteristic protected by law in all employment decisions.

Complete All Questions; Please Print or Type Carefully PERSONAL

DATA

NAME (Last)	First	Middle		
Is additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work or employment record in the past 7 years? If yes, please provide name(s) used.				
Date of Birth, MM/DD/YYYY (Required for commercial drivers) ____/____/____	Can you provide proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number:	Are you legally eligible for employment in this country? (Proof of eligibility will be required upon employment) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone (with area code)	Cell Phone (with area code)	Daytime Phone (with area code)	E-mail Address:	

LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST 3 YEARS:

CURRENT HOME ADDRESS (Number, Street, PO Box, Apt/Suite)	City	State	ZIP	How long? (Yr./Mo.)
HOME ADDRESS (Number, Street, PO Box, Apt/Suite)	City	State	ZIP	How long? (Yr./Mo.)
HOME ADDRESS (Number, Street, PO Box, Apt/Suite)	City	State	ZIP	How long? (Yr./Mo.)
HOME ADDRESS (Number, Street, PO Box, Apt/Suite)	City	State	ZIP	How long? (Yr./Mo.)

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT (van , tank, flat, etc.)	DATES		APPROX. NO. OF MILES (total)
		FROM	TO	
Straight Truck	<input type="radio"/> Yes <input type="checkbox"/> No			
Tractor and Semi Trailer	<input type="radio"/> Yes <input type="checkbox"/> No			
Tractor-Two Trailers	<input type="radio"/> Yes <input type="checkbox"/> No			
Tractor-Three Trailers	<input type="radio"/> Yes <input type="checkbox"/> No			
Other				

APPLICANT NAME _____

DATE _____

ACCIDENT RECORD - FOR PAST 3 YEARS OR MORE. IF NONE, WRITE NONE

	DATES	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	FATALITIES	NO. of INJURIES	HAZARDOUS MATERIALS SPILL?
<i>Last Accident</i>					YES NO
<i>Next Previous</i>					YES NO
<i>Next Previous</i>					YES NO

***** ATTACH SHEET IF MORE SPACE IS NEEDED FOR ANY SECTION OF EMPLOYMENT APPLICATION *****

TRAFFIC CONVICTIONS/FORFEITURES - FOR THE PAST 3 YRS, OMIT PARKING VIOLATIONS. IF NONE, WRITE NONE

STATE OF VIOLATION	DATE CONVICTED (month / year)	CHARGE / VIOLATION	PENALTY (forfeited bond, collateral and/or points)

Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
If yes, explain: _____

If yes, explain: _____

EMPLOYMENT HISTORY

Applicants who desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

MOST RECENT OR CURRENT EMPLOYER		DATE	
Name:		From: Mo. Yr.	To: Mo. Yr.
Address:		Position Held:	
City	State Zip	Salary/Wage:	
Contact Person:	Phone Number:	Reason For Leaving:	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT-regulate mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYER #2		DATE	
Name:		From: Mo. Yr.	To: Mo. Yr.
Address:		Position Held:	
City	State Zip	Salary/Wage:	
Contact Person:	Phone Number:	Reason For Leaving:	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Was your job designated as a safety-sensitive function in any DOT-regulate mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYER #3		DATE	
Name:		From: Mo. Yr.	To: Mo. Yr.
Address:		Position Held:	
City	State	Zip	
Contact Person:		Phone Number:	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason For Leaving:	
Was your job designated as a safety-sensitive function in any DOT-regulate mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYER #4		DATE	
Name:		From: Mo. Yr.	To: Mo. Yr.
Address:		Position Held:	
City	State	Zip	
Contact Person:		Phone Number:	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason For Leaving:	
Was your job designated as a safety-sensitive function in any DOT-regulate mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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APPLICANT NAME _____

DATE _____

Contact Person:		Phone Number:		Reason For Leaving:	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a safety-sensitive function in any DOT-regulate mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					
EMPLOYER #5		DATE			
Name:		From: Mo. Yr.	To: Mo. Yr.		
Address:		Position Held:			
City	State	Zip		Salary/Wage:	
Contact Person:		Phone Number:		Reason For Leaving:	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a safety-sensitive function in any DOT-regulate mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					
EMPLOYER #6		DATE			
Name:		From: Mo. Yr.	To: Mo. Yr.		
Address:		Position Held:			
City	State	Zip		Salary/Wage:	
Contact Person:		Phone Number:		Reason For Leaving:	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a safety-sensitive function in any DOT-regulate mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EDUCATION: If diploma/degree received under a different name, please provide:

APPLICANT NAME _____

DATE _____

SCHOOL	NAME OF SCHOOL / ISSUING AGENCY - CITY & STATE WHERE LOCATED	DEGREE RECEIVED	DID YOU GRADUATE?	DATE DEGREE RECEIVED	MAJOR & MINOR FIELDS OF STUDY
<i>High School or equivalent</i>				<i>Leave Blank</i>	
<i>College</i>					
<i>Other</i>					

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or 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.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In 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 employer(s) will be contacted, for the purposes of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand 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.

This certifies 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.

Signature: _____ Date: _____