

# Billions Logistics Inc.

## Application For Employment

SSN:	DOB:	The FMCS Regulations (49CFR391.21 (b) (2)) requires that driver applicants state their DOB and SSN:
Name:		
Current Address:		
City:	State:	Zip:
<b>Previous Address is Less Than 5 years</b>		
Previous Address:		
City:	State:	Zip:
Phone:	Work:	Cell:

What position are you applying for:		Are you willing to travel:	
Are you willing to work:	Temporary	Part-Time	Full-Time
Whom referred you:	Expected rate of pay:		
Have you ever worked with Billions Logistics Inc. before:		Dates:	
Are you currently employed now:	May we contact your employer:		
Company Name:	Phone:		

### Employment History

The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment

Company Name:		Position:	
Address:			
City:	State:	Zip:	
May we contact this employer:	Phone:	Dates Employed:	
Reason for leaving:			
Company Name:		Position:	
Address:			
City:	State:	Zip:	
May we contact this employer:	Phone:	Dates Employed:	
Reason for leaving:			
Company Name:		Position:	
Address:			
City:	State:	Zip:	
May we contact this employer:	Phone:	Dates Employed:	
Reason for leaving:			

### Education History:

Highest grade completed:	College: 1 2 3 4	GED:
Last school attended:		

### Military

Have you ever served in the military:	Yes	No	Branch Served:
Discharge Information:			

### Background Screening

A nationwide background screening must be performed prior to the first day of employment. Have you been charged with an offense other than a minor traffic violation? YES or NO Please disclose all criminal convictions, findings of guilt, plea of guilt, and pleas of nolo contendere or provide a statement there is no record of such background. Have you ever been bonded? Have you ever used any other aliases or other SSN(s). Failure to disclose any criminal information is a violation of the law. I grant permission for a background screening for employment purposes.

**Please Disclose**

**Driver Experience – Qualifications and Physical History**

The FMCS regulations (49CFR391 Subpart E) requires all driver applicants pass a certain test before hired to drive a motor vehicle.

Date of last DOT prescribed examination:

Can you provide a copy:

Have you ever been granted a waiver under section 391.49 of the FMCS regulations pertaining to the loss of foot, leg, hand or arm:

**Alcohol and Controlled Substance Statement**

The FMCS regulations 49CFR50.25(j) requires all persons with applying for a driving position requiring a commercial drivers license to answer the following question:

Within the last two years, have you ever tested positive, or refused to test an any pre-employment drug or alcohol test administered by an employer to which you applied for but didn't obtain safety-sensitive transportation work:

Within the last two years, have ever tested positive, or refused to test on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work:

If you answered yes to either of the questions above, can you provide and or obtain proof that you have successfully completed the DOT return-to-duty requirements:

**Driver's License Information - Experience**

Drivers' License Number (past 3 years)	State	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 been disqualified for violations of the FMCS regulations:	
If you answered yes to any of the questions above, please disclose:	

Class of Equipment	Type of Equipment	Dates	Approximate Total Miles

What states have you operated in during the last five years:

What special courses or training that will help you as a driver:

List safe driving awards held and who awards were presented by:

Motor Vehicle Driving Record (MVR)			
Traffic Convictions and Forfeitures for the Past 3 Years Other Than Parking Violations			
Date	Location	Charge	Penalty

Accident History					
Accident reviews for the past 3 years					
Date	Nature of Accident	# Fatalities	# Injuries	# Vehicles Towed	Penalty

Notes:

Applicant Must Read and Sign Below	
<p>I certify that I have read and understand this application entirely. It's agreed that Billions Logistics Inc, and their staff may conduct background screening to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job.</p> <p>It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my characteristics and mode living.</p> <p>I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also understand that misrepresentation or omission of information or facts may result in my rejection or termination. If hired, I agree to abide by all the rules, regulations and policies by Billions Logistics Inc.</p> <p>I certify that I've completed this application and all information provided is accurate and true to the best of my knowledge.</p>	
Applicant Signature:	Date:

**FOR OFFICE USE ONLY**  
**Please Do Not Complete Below**

Date of Hire:	Position:		
Termination Date:	Terminated:	Resigned:	Laid Off:
Notes:			
Re-Hire:			

	Superior	Good	Fair	Below Average	Poor	Written Record on File
Application						
Interview						
Physical Exam						
Past Employment						
Written Exam						
Policy -Traffic Record						

<b>Employee Personal Information</b>			
Name:			
Current Address:			
City:	State:		Zip:
Phone:		Alternate	
SSN:	DOB:		Marital Status:
Email Address:			

<b>Salary Information</b>						
Title:				Employee ID:		
Effective Date:				Salary:		Hourly:
<b>1<sup>st</sup> Month Schedule</b>						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

<b>Emergency Contact Information</b>			
Name:			
Current Address:			
City:	State:		Zip:
Phone:		Alternate	
Email Address:			
<b>Emergency Contact Information</b>			
Name:			
Current Address:			
City:	State:		Zip:
Phone:		Alternate	
Email Address:			

Billions Logistics Inc. Representative:	Date: