

Staffing Companies, Inc.

Georgia,, Minnesota, South Carolina, Texas 800-657-7022

Application ID: 1714034538

		Commerci	al Driver Application			
Job Applied For *	First Name *		Middle	Last Name *		Social Security No. *
Date of Birth *	Mobile	Phone No. *	Other Phone No.	e No. Email Address *		
Present Address *	Address 2*	City *	State/Province *	ZIP *	County	Yrs at this address *
	*If at current addre	ss less than 7 years, lie	st below most recent addre	esses for the	past 7 years.	
Previous Address	Address 2	City	State/Province	ZIP	County	Yrs at this address

ame - Evactly as i	t appears on your dr		nmercial Driver's Li	cense or other name	Jused		
				or other name	uscu		
DL Type *		Endorsemer	Endorsements (check all that apply)		License Expiration Date *		
○ A ○ B ○ C ○ None		H) T 🗌 N 🔲 X	P			
ir Brake Restrictio	n? *	Automatic T	Transmission Restric	tion *	Years of C	DL Experience	
II DIAKE NESUICIO							
Yes No urrent Driver's Lic		Uing State/Province *		DOT Medical	Card *	DOT Medical	Card Expiration Da
Ves No		uing State/Province *		O No	Card *	DOT Medical	Card Expiration Da
Ves No		uing State/Province *	Current	O No		DOT Medical	Card Expiration Da
Yes No	ense Number * Iss	uing State/Province *	Current	No		DOT Medical	
Yes No	ense Number * Iss	uing State/Province * Dr Equipment	Current	No ence Equipmen Flatbed			

=	Education		=
	▼ 		
	Name and Location of School	Years Attended	Diploma/Certification
High school			

	Name and Location of School	Years Attended	Diploma/Certification
College			
Trade or Business School			
List special courses or training that will	l help you as a driver:		
List driving awards held and who prese	ented them:		

Additional Licenses							
List ALL additional licenses held in the past 5 years.							
State/Province	License no.	Class	Endorsement(s)	Expiration date			
Yes No - Has a	ny license, permit, or privile	ege ever been sus	pended, revoked, or denied? *				
Ves No - Has a							
○ Yes ○ No - Have y	you ever been convicted fo	or driving under the	e influence of drugs or alcohol	?*			
 Yes No Have you ever tested positi employer to which you applie and alcohol testing rules dur 	ve or refused to test on an ed for but did not obtain sa ing the past 2 years? *	y pre-employment ifety sensitive tran	drug and / or alcohol test adn sportation work covered by D0	ninistered by an DT agency drug			
○ Yes ○ No - Have	you ever been convicted of	f a felony or misde	emeanor? *				

		Accident Review For Past 5	/ears		
		If no Accidents to report, you must che	eck this box.		
No Accidents to	o report.				
Click on the Plus sig	n to add additio	nal Accidents.			
	Dates	(head-on, rear-end, overturn, etc.)	Fatalities	Injuries	Vehicle Type
Last Accident					PersonalCommercial
		- -	-	- -	· · · · · · · · · · · · · · · · · · ·

	Traffic	Convictions & Forfeitures For Past 5 Years	
	If no Traffic Conv	ictions or Forfeitures to report, you must check this b	IOX.
No Traffic Convicti	ons or Forfeitures to report.		
Click on the Plus sign to	add additional Traffic Convi	ctions or Forfeitures.	
Location	Date	Charge(other Than Parking Violations)	Penalty

ou currently working?	Ves No		
EMPLOYER #1			
Company *	Supervisor's Name	Supervisor Phone	Salary
Street Address		City	State/Province
Position Held *		From Date (mm/yy) *	To Date (mm/yy) *
Reason For Leaving *			
Reason For Leaving *			
		Experience With This Employer	
	Driving/Hauling E Number of Mor		oment
Hauling What? Vere you subject to the		nths: Equip	oment
Reason For Leaving * Hauling What? Were you subject to the Yes • No	Number of Mo	nths: Equip	oment
lauling What? Vere you subject to the Yes No	Number of Mon FMCSRs while employed by this emp I as a safety sensitive function in an	nths: Equip	
Hauling What? Vere you subject to the Yes I No Vas your job designated	Number of Mon FMCSRs while employed by this emp I as a safety sensitive function in an	nths: Equip	
Hauling What? Vere you subject to the Yes No Vas your job designated esting requirements as	Number of Mon FMCSRs while employed by this emp I as a safety sensitive function in any by 49 CFR part 40? *	nths: Equip	
Aauling What? Vere you subject to the Yes No Vas your job designated esting requirements as Yes No	Number of Mon FMCSRs while employed by this emp I as a safety sensitive function in any by 49 CFR part 40? *	nths: Equip ployer? * y DOT regulated mode subject to alco nployment Gap	

Driver Endorsements(Check all that apply):* Special passenger licenses and certifications:*			
P S		Chauffeur's license S	chool bus certificate
		Equipment	Yrs exp
uipment	Yrs exp	Equipment	115 exp
oment r Coach	Yrs exp	School Bus	ПЗехр

Owner Operator Equipment Form

Make Model	Make	Make	Make
Model			
	Model	Model	Model
Year	Year	Year	Year
VIN Number	Plate Number	VIN Number	VIN Number
Plate Number	Current Mileage	Plate Number	Plate Number
Current Mileage	Length	Current Mileage	Current Mileage
		Length	Length

May we contact current employer?

○ Yes ○ No

Authorization

By clicking "Send" below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any falsified statements on this application shall be grounds for dismissal. Under the provisions of the Fair Credit Reporting Act, the Americans With Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws I authorize investigation of all statements contained herein as well as authorize the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise.

I hereby release and hold harmless any person, firm, or entity that discloses information in accordance with this authorization, as well as my prospective employer, and its agents, from any liability that may otherwise result from the request for, use of, or disclosure of, any or all of the foregoing information. The above-mentioned investigations may include, but are not limited to, information as to my character, general reputation, work history, or lifestyle, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history records; or any other public record.

I understand that consumer reports which may contain public record information may be requested, at the discretion of my prospective employer, which may include names, dates of employment, reason for termination, work experience, traffic records, workers compensation claims, etc. I have the right, under the provisions of the Fair Credit Reporting Act and the Drivers Privacy Protection Act to request all such information from the reporting agency, upon proper identification, and to request the nature and substance of all information; and the receipt of any reports on me, which the reporting agency has, or will, furnish for the two preceding years. I am also entitled to a copy of my consumer rights under the Fair Credit Reporting Act. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

*I hereby agree and consent to completing this application and background investigation process electronically. I understand that I will be signing this application and all forms related to this application electronically and that the electronic signatures appearing on these documents are the same as my handwritten signature for the purposes of validity, enforceability and admissibility.

You have the right to withdraw your consent to sign electronically at any time by calling the number listed at the top of this page. You can print and retain a copy of any electronically signed documents by clicking on the PDF symbol in the top right corner of that document.

* I hereby agree and consent to receiving SMS text messages requesting additional information and/or providing additional instructions regarding the application process, onboarding and/or my employment, if applicable.
 You have the right to withdraw your consent to receiving SMS text messages at any time by texting "STOP" in reply to any message you receive

You have the right to withdraw your consent to receiving SMS text messages at any time by texting "STOP" in reply to any message you receive or by calling 888-209-7427.

As part of the application process we require that the following standard consent forms be completed. You do not have to fill these forms out. They will be automatically completed using the information you provided above. Please review each form in its entirety. After reading each form check the box next to it indicating your intention to sign and submit it along with your application.

- Inquiry to Previous Employer
- Previous Employer Inquiry For Driving History & Safety Performance
- PSP Consent Form
- Consent for Release of Info Form
- Disclosure and Authorization Form
- Pre-Employment Controlled Substance Consent Form
- Fair Credit Reporting Act Consumer Rights
- Drivers Rights Pertaining to Release of Information under Regulation 391.23

This certifies that this application was completed by me and that all entries and the information herein are true and complete to the best of my knowledge.

Print Name*

Signature*

Date

2024-04-25 08:42:18