

Rising Sun Express LLC

1003 S Main St, Jackson Center, Ohio 45334 937-596-6167

Application ID: 1714123274



Job Applied For *		First Nam	ne *	Middle		Last Nan	ne *	Social Security No.
Date of Birth *		Mobile Phone No. *		Other Pho	ne No.	Email Ad	ldress *	
Present Address *	Address 2*	City *		State/Pro	vince *	ZIP *	County	Yrs at this address
	*If at current	t address less than 5	years, lis	st below most re	cent addres	ses for the	past 5 years.	
Previous Address	Address 2	City		State/Pro	vince	ZIP	County	Yrs at this address
Name - Exactly as it a	ppears on your		ommerc	cial Driver's Lice	ense other name	e used		
	ppears on your	driver's license *		Maiden or	other name			
CDL Type *		driver's license *			other name		Expiration Da	te *
CDL Type *	C None	driver's license * Endorsem	nents (ch	Maiden or neck all that appl	y)	License	Expiration Da	
CDL Type * Air Brake Restriction?	C None	Endorsem H Automatic	nents (ch	Maiden or neck all that appl	y)	License Years of	CDL Experier	
CDL Type * Air Brake Restriction? Yes No	C None	Endorsem H Automatic Yes ssuing State/Province	nents (ch T c Transm No	Maiden or neck all that appl N X X	y) P on * OT Medical No	License Years of	CDL Experier	nce
CDL Type * Air Brake Restriction? Yes No	C None	Endorsem H Automatic Yes ssuing State/Province	nents (ch	Maiden or neck all that appl N X X nission Restriction Current Do Yes	y) P on * OT Medical No	License Years of Card *	CDL Experier	nce
CDL Type * Air Brake Restriction? Yes No Current Driver's Licens	C None * se Number * I	endorsem Endorsem H Automatic Yes Ssuing State/Province	nents (ch	Maiden or neck all that apple N X X Anission Restriction Yes	y) P on * OT Medical No	License Years of Card *	CDL Experier	nce ical Card Expiration Da
CDL Type * Air Brake Restriction? Yes No Current Driver's License	C None * se Number * I	Endorsen H Automatic Yes ssuing State/Provinc	nents (ch	Maiden or neck all that apple N X X Anission Restriction Yes	y) P OT Medical No ce Equipment	License Years of Card *	DOT Med	nce ical Card Expiration Da

Education

	Name and Location of School	Years Attended	Diploma/Certification
High school			
College			
Trade or Business School			
ist driving awards held and who	presented them.		
	Additional Licen	ses	
·	Additional Electric		
	List ALL additional licenses held	in the past 5 years.	

List ALL additional licenses held in the past 5 years. State/Province License no. Class Endorsement(s) Expiration date Yes No - Has any license, permit, or privilege ever been suspended, revoked, or denied?* Yes No - Have you ever been convicted for driving under the influence of drugs or alcohol?* Yes No - Have you ever tested positive or refused to test on any pre-employment drug and / or alcohol test administered by an employer to which you applied for but did not obtain safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 2 years?* Yes No - Have you ever been convicted of a felony or misdemeanor? *

		Accident Review For Pas	st 3 Years		
		If no Accidents to report, you mus	st check this box.		
No Accidents t	o report.				
lick on the Plus sig	n to add additi	onal Accidents.			
	Dates	(head-on, rear-end, overturn, etc.)	Fatalities	Injuries	Vehicle Type
Last Accident					Personal
					O Commercial

	Traffic	Convictions & Forfeitures For Past 3 Years		
	If no Traffic Conv	ictions or Forfeitures to report, you must check this b	OX.	
No Traffic Convictions	or Forfeitures to report.			
ick on the Plus sign to add	d additional Traffic Convi	ctions or Forfeitures.		
Location	Date	Charge(other Than Parking Violations)	Penalty	
			<u> </u>	

EMPLOYER #1	Yes No		
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 *			
Hauling What?	Driving/Hauling Number of Mo	Experience With This Employer onths: Equ	ipment
Were you subject to the FM	Number of Mo ICSRs while employed by this en	onths: Equ	
Were you subject to the FM Yes No Was your job designated as testing requirements as by	Number of Mo ICSRs while employed by this en s a safety sensitive function in a 49 CFR part 40? *	onths: Equ	
Were you subject to the FM Yes No Was your job designated attesting requirements as by Yes No	Number of Mo ICSRs while employed by this en s a safety sensitive function in a 49 CFR part 40? *	nployer? * ny DOT regulated mode subject to a	

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

* 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 * FMCSA Clearinghouse Limited Query Consent This certifies that this application was completed by me and that all entries and the information herein are true and knowledge. Print Name* Signature*	complete to the best of my Date 2024-04-26 09:21:14
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Trevious Employer inquiry for briving history & Salety Ferformance	
* Previous Employer Inquiry For Driving History & Safety Performance	
* Inquiry to Previous Employer	
As part of the application process we require that the following standard consent forms be completed. You do no They will be automatically completed using the information you provided above. Please review each form in its enthe check the box next to it indicating your intention to sign and submit it along with your application.	
* I hereby agree and consent to receiving SMS text messages requesting additional information and/or provice egarding 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 report by calling 888-209-7427.	
ou have the right to withdraw your consent to sign electronically at any time by calling the number listed at the and retain a copy of any electronically signed documents by clicking on the PDF symbol in the top right corner o	
*I hereby agree and consent to completing this application and background investigation process electronicall signing this application and all forms related to this application electronically and that the electronic signatures agree the same as my handwritten signature for the purposes of validity, enforceability and admissibility.	opearing on these documents
and the second s	
he reporting agency, upon proper identification, and to request the nature and substance of all information; and the vhich the reporting agency has, or will, furnish for the two preceding years. I am also entitled to a copy of my conscredit Reporting Act. I also understand and agree that no representative of the company has any authority to entegraph to any specified period of time, or to make any agreement contrary to the forgoing, unless it is in write the forgoing and the forgoing will be the forgoing and the forgoing and the forgoing will be the forgoing and the forgoing will be the forgoing and the forgoin	est all such information from ne receipt of any reports on me, sumer rights under the Fair r into any agreement for
vhich may include names, dates of employment, reason for termination, work experience, traffic records, workers lave the right, under the provisions of the Fair Credit Reporting Act and the Drivers Privacy Protection Act to reque	
understand that consumer reports which may contain public record information may be requested, at the discret Thich may include names, dates of employment, reason for termination, work experience, traffic records, workers ave the right, under the provisions of the Fair Credit Reporting Act and the Drivers Privacy Protection Act to reque	ion of my prospective employe