

## **JAS Expedited Trucking LLC**

7245 Imlay City Road, Imlay City , MI 48446 810-660-8210

Application ID: 1714056788

ob Applied For *		First Name *	Middle	Last Nam	ne *	Social Security No.
Date of Birth *	Mobile	Phone No. *	Other Phone No.	Email Ad	dress *	
Present Address *	Address 2*	City *	State/Province *	ZIP *	County	Yrs at this address *
	*If at current addr	ess less than 7 years, lis	st below most recent addre	esses for the p	oast 7 years.	
					-	

		C	ommercial Driver's L	Icense			
ame - Exactly as i	t appears on your d	river's license *	Maider	or other nam	e used		
DL Type *		Endorsem	nents (check all that a	oply)	License E	Expiration Date *	
A B	C ONone	H		C P			
ir Brake Restrictio	n? *	Automatio	Automatic Transmission Restriction *			Years of CDL Experience	
ir brake Restrictio			Yes No				
Yes No		Yes	No				
	ense Number * Iss	suing State/Provinc	e * Current		Card *	DOT Medical	Card Expiration Da
OYes ONo	ense Number * Is:	suing State/Provinc	e * Current	s 🔘 No	Card *	DOT Medical	Card Expiration Da
OYes ONo	ense Number * Iss	suing State/Provinc	e * Current	s 🔘 No		DOT Medical	Card Expiration Da
Yes No		suing State/Provinc	e * Current	s No		DOT Medical	
Yes No		Equipment	e * Current	s No ience Equipme Flatbed			

	Name and Location of School	Years Attended	Diploma/Certification
High school			
College			
Trade or Business School			
List special courses or training that wi	ll help you as a driver:		
List driving awards held and who pres	ented them:		

Additional Licenses					
	List ALL addi	tional licenses h	eld in the past 5 years.		
State/Province	License no.	Class	Endorsement(s)	Expiration date	
	license, permit, or privilege u ever been convicted for dr	· .	nded, revoked, or denied? * fluence of drugs or alcohol? *		
<ul> <li>Yes</li> <li>No</li> <li>Have you ever tested positive employer to which you applied and alcohol testing rules during</li> </ul>	or refused to test on any pro for but did not obtain safety g the past 2 years? *	e-employment dr / sensitive transp	ug and / or alcohol test administere ortation work covered by DOT agen	ed by an cy drug	
Ves No - Have you	u ever been convicted of a f	elony or misdem	eanor? *		

		Accident Review For Pas	st 5 Years		
		If no Accidents to report, you mus	t check this box.		
No Accidents t	o report.				
ick on the Plus sig	n to add additio	onal Accidents.			
	Dates	(head-on, rear-end, overturn, etc.)	Fatalities	Injuries	Vehicle Type
Last Accident					<ul> <li>Personal</li> <li>Commercial</li> </ul>

	If no Traffic Convictions or Forfeitures to report, you must check this be	DX.	
No Troffio Convictio	ons or Forfeitures to report.		
	shis of Fortentiales to report.		
	add additional Traffic Convictions or Forfeitures.		
	•	Penalty	

ervisor Phone Salary State/Province State (mm/yy) * To Date (mm/yy) * Nith This Employer
m Date (mm/yy) *
n Date (mm/yy) * To Date (mm/yy) *
Nith This Employer
Equipment
ated mode subject to alcohol and controlled substances
8

May we contact current employer? Ves 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 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
- 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\*

2024-04-25 14:53:08

Date