

## **Southern Freight Services, Inc.**

4495 Enka Highway, Morristown, Tennessee 37813 423-581-2967

Application ID: 1714080038



Job Applied For *		First Name *	Middle	Last Nar	ne *	Social Security No.
Date of Birth *	Mobile	Phone No. *	Other Phone No.	Email Ac	Idress *	
Present Address *	Address 2*	City *	State/Province *	ZIP *	County	Yrs at this address *
	*If at current addr	ess less than 7 years, lis	t below most recent addre	esses for the	past 7 years.	
Previous Address	Address 2	City	State/Province	ZIP	County	Yrs at this address
	ut Southern Freight S					
Google Search	○ Facebook ○	Craigslist Drive	r Referral who referred you (in the sp	ace provided	d)::	
	○ Facebook ○	yee, please let us know v		ace provided	i)::	

		Comme	rcial Driver's Lic	ense			
Name - Exactly as it a	ppears on your driv	er's license *	Maiden o	r other name	used		
CDL Type *	N		check all that app		License E	Expiration Date *	
Air Brake Restriction  Yes No		Automatic Trans	N X smission Restricti	□ P on *	Years of	CDL Experience	
Current Driver's Licer	se Number * Issui	ng State/Province *	Current D  Yes	OT Medical C	Card *	DOT Medical C	ard Expiration Date
		Driving	g/Hauling Experier	псе			
Equipment	Yrs Exp	Equipment	Yrs Exp	Equipmen	t		Yrs Exp

Equipment	Yrs Exp	Equipment	Yrs Exp	Equipment	Yrs Exp
Dry van		Doubles		Flatbed	
Tanker		Reefer:		Switching(yard tractor)	
Dump		CDL B			

	Education		
	Name and Location of School	Years Attended	Diploma/Certification
High school			
College			
Trade or Business School			
ist special courses or training tha	t will help you as a driver:		
ist driving awards held and who p			

State/Province	Li	cense no.	Class	Endorsement(s)	Expiration date
				ı	
Yes No	- Has any licen	se, permit, or privilege	ever been susper	nded, revoked, or denied? *	
Yes No	- Have you eve	r been convicted for d	riving under the in	fluence of drugs or alcohol? *	
Yes No lave you ever test nployer to which y	ed positive or re	fused to test on any pr ut did not obtain safet past 2 years? *	re-employment dr y sensitive transp	ug and / or alcohol test administer ortation work covered by DOT age	ed by an ncy drug

Additional Licenses

		Accident Review For Pas	t 3 Years		
		If we havidante to veneral very more	* ab a al c *bai a b av		
		If no Accidents to report, you mus	т спеск тыѕ вох.		
No Accidents to	report.				
Click on the Plus sign	to add additio	onal Accidents.			
	Dates	(head-on, rear-end, overturn, etc.)	Fatalities	Injuries	Vehicle Type
Last Accident					Personal
					Commercial

	Тапіс	Convictions & Forfeitures For Past 3 Years	
	If no Traffic Conv	ictions or Forfeitures to report, you must check this be	OX.
No Traffic Convict	ions or Forfeitures to report.	<u> </u>	
	add additional Traffic Convi	ctions or Forfeitures.	
Location	Date	Charge(other Than Parking Violations)	Penalty
		Employment History	
You must provide accur	ate dates of employment and	phone numbers covering the last ten years (per DOT	regulation) We cannot hire you
'	' '	ional employers, click "Add Another Employer" below.	,
Ara vall allerantly workin	2		

	Yes 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) *
		· worter -	
Hauling What?		operience With This Employer	ment
Hauling What?	Driving/Hauling Ex		ment
Were you subject to the I		ths: Equipoyer? *	
Were you subject to the F	Number of Monte	ths: Equipoyer? *	

May we contact current employer?   Yes  No
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## Authorization

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, from any liability that may otherwise results 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, personal characteristics and mode of living, 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; 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, from USIS or Choicepoint, 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 consent to any necessary tests (including blood/urine/physical exam) required prior to employment. I give my consent for the laboratory, clinic, or physician/MRO to release result information to Southern Freight Services, Inc. and the necessary personnel within. I also authorize release of any required tests related to the Unemployment Compensation Commission & any other government authorities necessary. I consent to Send and cooperate in any questioning and searches of my person, vehicle, storage area, bags, containers, and other belongings in/on company property as needed. I understand that positive results, refusing to Send to, and/or lack of cooperation involving any of these procedures may be grounds for rejection, disciplinary action, or termination of my employment. Knowing this, I hereby waive and release any/all claims or pursuits of action whatsoever against Southern Freight Services, Inc. and its officers, agents, subsidiaries, and successors in connection with any procedure involved with all tests & screens deemed necessary in order to become employed or maintain employment with this company.

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 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

- \* 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

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