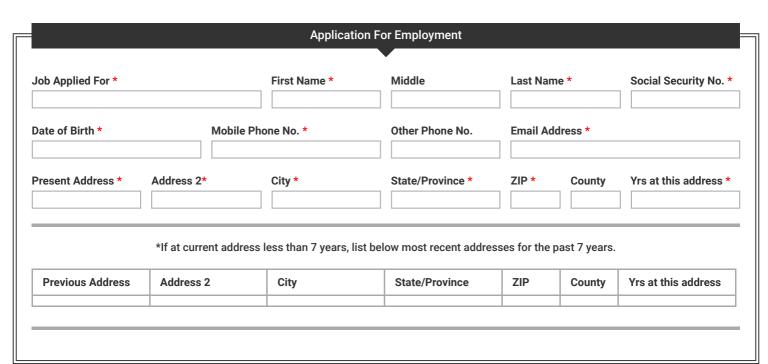


Nagle Companies

4520 Moline-Martin Rd, Walbridge, Ohio 43465 800-537-6170

Application ID: 1714073624



		Comn	nercial Driver's Lic	ense			
ame - Exactly as i	t appears on your d	river's license *	Maiden o	r other name	used		
DL Type *		Endorsements	s (check all that app	oly)	License Ex	piration Date *	
O A O B	C None	ПН ПТ	Γ Ν Χ	□ P			
ir Brake Restrictio	n? *	Automatic Tra	nsmission Restrict	ion *	Years of C	DL Experience	
○ Yes ○ No		Yes	No				
Duissaula Lia	anaa Numban * Isa	ovina State (Duevine e t	O 5	OT Madical C	\	DOT Madical	Oand Evenination I
urrent Driver's Lic	ense Number * Iss	suing State/Province *	Current [Yes ing/Hauling Experie	OOT Medical C	Card *	DOT Medical	Card Expiration I
urrent Driver's Lico	ense Number * Iss		O Yes	○ No		DOT Medical	Card Expiration I
		Drivi	yes	○ No		DOT Medical	
Equipment		Drivi	yes	No Requipment Flatbed			

ist special courses or trai	ining tha	t will help you as a driv	er:			
ist driving awards held ar	nd who p	resented them:				
			Additional Licer	ises		
		List ALL add	ditional licenses held	in the past 5 years.		
State/Province	1	License no.	Class	Endorsement(s)	Ехр	iration date
					1	
○ Yes ○ No - Ha	s any lice	ense, permit, or privilege	e ever been suspende	ed, revoked, or denied?	*	
Yes No - Ha	ve you e	ver been convicted for c	driving under the influ	ence of drugs or alcoho	ol? *	
 Yes No Have you ever tested poemployer to which you apand alcohol testing rules 	sitive or i	refused to test on any p but did not obtain safe	ore-employment drug	and / or alcohol test ac	Iministered by a	an Ia
and alconol testing rules	during tri	e past 2 years? *				.9
		ver been convicted of a				
		ver been convicted of a		nor?*		
		ver been convicted of a	felony or misdemear	or?* ast 5 Years		
Yes No - Ha	ve you ev	ver been convicted of a Acc If no Accid	felony or misdemean	or?* ast 5 Years		
Yes No - Ha No Accidents to repo	ve you ev	ver been convicted of a Acc If no Accid	ident Review For P	or?* ast 5 Years	Injuries	Vehicle Type
Yes No - Ha No Accidents to repo	ve you ev ort. dd additio	ver been convicted of a Acc If no Accidents.	ident Review For P	ast 5 Years ust check this box.		
No Accidents to repo	ve you ev ort. dd additio	ver been convicted of a Acc If no Accidents.	ident Review For P	ast 5 Years ust check this box.		Vehicle Type Personal
No Accidents to repo	ve you ev ort. dd additio	ver been convicted of a Acc If no Accidents.	ident Review For P	ast 5 Years ust check this box.		Vehicle Type Personal
No Accidents to repo	ve you ev ort. dd additio	Acc If no Accidents. (head-on, rear-end,	ident Review For Pents to report, you moverturn, etc.)	ast 5 Years ust check this box.		Vehicle Type Personal
No Accidents to repo	ve you ev ort. dd additio	Acc If no Accidents. (head-on, rear-end,	felony or misdemean	ast 5 Years ust check this box. Fatalities	Injuries	Vehicle Type Personal
No Accidents to repolick on the Plus sign to ac D Last Accident No Traffic Conviction	ort. dd additio	Acc If no Accidents. (head-on, rear-end, If no Traffic Conviction eitures to report.	felony or misdemean ident Review For P ents to report, you m overturn, etc.)	ast 5 Years ust check this box. Fatalities es For Past 5 Years	Injuries	Vehicle Type Personal
No Accidents to repolick on the Plus sign to act	ort. dd additio	Acc If no Accidents. (head-on, rear-end, If no Traffic Conviction eitures to report.	felony or misdemean ident Review For P ents to report, you m overturn, etc.)	ast 5 Years ust check this box. Fatalities es For Past 5 Years	Injuries	Vehicle Type Personal

Name and Location of School

Diploma/Certification

Years Attended

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 *			
	Number of Mor		pment
Nere you subject to the F	MCSRs while employed by this employed by the empl		
Were you subject to the F Yes No Nas your job designated a sesting requirements as b	MCSRs while employed by this employed by the e	ployer? *	
Were you subject to the Form of the No	MCSRs while employed by this employed by the e	ployer? * y DOT regulated mode subject to al	

Authorization

By providing my "Electronic Signature" and 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, 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

•	om any credit bureau; my driving history, including any traff s; criminal and civil history records; any other public record.	ic citations; a social security number
which may include names, dates of employ have the right, under the provisions of the the reporting agency, upon proper identific which the reporting agency has, or will, fur Credit Reporting Act. I also understand and	may contain public record information may be requested, a yment, reason for termination, work experience, traffic reco Fair Credit Reporting Act and the Drivers Privacy Protection ation, and to request the nature and substance of all informish for the two preceding years. I am also entitled to a cop d agree that no representative of the company has any authne, or to make any agreement contrary to the forgoing, unle	rds, workers compensation claims, etc. I Act to request all such information from nation; and the receipt of any reports on me, by of my consumer rights under the Fair nority to enter into any agreement for
signing this application and all forms relate	ting this application and background investigation process ed to this application electronically and that the electronic s for the purposes of validity, enforceability and admissibility	signatures appearing on these documents
	ent to sign electronically at any time by calling the number ned documents by clicking on the PDF symbol in the top ri	
* Thereby agree and consent to receive	ing SMS text messages requesting additional information a	and/or providing additional instructions
regarding the application process, onboard You have the right to withdraw your conse or by calling 888-209-7427. As part of the application process we requ They will be automatically completed using	ing SMS text messages requesting additional information adding and/or my employment, if applicable. ent to receiving SMS text messages at any time by texting a subject to receiving SMS text messages at any time by texting a subject to receiving SMS text messages at any time by texting a subject to receiving SMS text messages at any time by texting a subject to receive by the information you provided above. Please review each frention to sign and submit it along with your application.	"STOP" in reply to any message you receive d. You do not have to fill these forms out.
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