



Sub Zero Transportation, Inc.

4429 N 23rd Plaza, Omaha, Nebraska 68110 402-451-9600

Application ID: 1714011316

		Аррііс	ation For Employmer			
lob Applied For *		First Name *	Middle	Last N	ame *	Social Security No.
Date of Birth * Mobile Ph		lobile Phone No. *	hone No. * Other Phon		ne No. Email Address *	
Present Address *	Address 2*	City *	State/Provinc	ce * ZIP *	County	Yrs at this address
	*If at current	address less than 7 years	s, list below most recer	nt addresses for th	e past 7 years.	
Previous Address	Address 2	City	State/Provin	nce ZIP	County	Yrs at this address
lame - Exactly as it ap	pears on your c		nercial Driver's Licens Maiden or ot	se ther name used		
CDL Type *		driver's license * Endorsements	Maiden or ot	ther name used	e Expiration Da	ate *
CDL Type *	C None	Endorsements	Maiden or other states of the	Licens		
CDL Type *	C None	Endorsements H T	Maiden or ot	Licens	e Expiration Da	
CDL Type * Air Brake Restriction? Yes No	C None	Endorsements H T	Maiden or other (check all that apply) No X No Current DOT	Licens	of CDL Experie	nce
CDL Type * Air Brake Restriction? Yes No	C None	Endorsements H Automatic Tra Yes ssuing State/Province *	Maiden or other (check all that apply) No X No Current DOT	Licens P Years Medical Card *	of CDL Experie	nce
CDL Type * Air Brake Restriction? Yes No	C None	Endorsements H Automatic Tra Yes ssuing State/Province *	Maiden or other (check all that apply) No Current DOT Yes Ng/Hauling Experience	Licens P Years Medical Card *	of CDL Experie	nce
Air Brake Restriction? Yes No Current Driver's Licens	None None None	Endorsements H Automatic Tra Yes ssuing State/Province *	Maiden or other (check all that apply) No Current DOT Yes Ng/Hauling Experience	Licens P Years Medical Card *	of CDL Experie	nce lical Card Expiration Da
CDL Type * Air Brake Restriction? Yes No Current Driver's Licens Equipment	None None None	Endorsements H T Automatic Tra Yes ssuing State/Province * Driving	Maiden or other (check all that apply) No No Current DOT Yes No Yes The property of the pr	Licens P Years Medical Card * No	DOT Med	nce lical Card Expiration Da

\exists	Education						
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		Name and Location of School	Years Attended	Diploma/Certification			
	High school						

ist driving awards held an	d who presented them:				
		Additional Lice	nses		
	List ALL	additional licenses held	I in the past 5 years.		
State/Province	License no.	Class	Endorsement(s)	Ехр	piration date
Yes No - Ha	s any license, permit, or privil	lege ever been suspend	ed. revoked. or denied?	*	
7100 0110	ve you ever been convicted for				
		Accident Review For P	ast 5 Years		
Yes No - Ha	If no Ac	Accident Review For P	ast 5 Years		
No Accidents to repoick on the Plus sign to ad	If no Acrt.	Accident Review For P	ast 5 Years	Injuries	Vehicle Type
No Accidents to repoick on the Plus sign to ad	If no Acrt.	Accident Review For P	ast 5 Years oust check this box.	Injuries	Vehicle Type Personal Commercial
No Accidents to repoick on the Plus sign to ad	If no Acrt.	Accident Review For P	ast 5 Years oust check this box.	Injuries	Personal
No Accidents to repo	If no Act. d additional Accidents. ates (head-on, rear-e	Accident Review For P	ast 5 Years sust check this box. Fatalities	Injuries	Personal
No Accidents to repolick on the Plus sign to ad D Last Accident No Traffic Convictions	If no Acort. d additional Accidents. ates (head-on, rear-e	Accident Review For Pecidents to report, you mend, overturn, etc.) onvictions & Forfeitures to residents to refer the control of the control	Fatalities es For Past 5 Years		Personal

Name and Location of School

Years Attended

Diploma/Certification

ou currently working?	Yes O No			
EMPLOYER #1				
Company *	Supervisor's Name	Supervisor Phone	e	Salary
Street Address		City		State/Province
Position Held *		From Date (mm/y	/y) *	To Date (mm/yy) *
Reason For Leaving *				
	Driving/Hauli	ng Experience With This Emp	oloyer	
Hauling What?	Number of	Months:	Equipmen	t
Were you subject to the FM0	CSRs while employed by this	employer? *		
○ Yes ● No				
Was your job designated as testing requirements as by 4	a safety sensitive function in	any DOT regulated mode su	bject to alcohol	and controlled substances
○ Yes • No				
		Employment Gap		
	ere you doing during this gap	?) * From Date (mm/y	/y) *	To Date (mm/yy) *
Description of Gap (What we				
Description of Gap (What we				
Description of Gap (What we				
Description of Gap (What we				

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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, 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 m from USIS or Choice point, which may include names, dates of employment, reason for termination, work experience, trafficompensation claims, etc. I have the right, under the provisions of the Fair Credit Reporting Act and the Drivers Privacy Proall such information from the reporting agency, upon proper identification, and to request the nature and substance of all in receipt of any reports on me, which the reporting agency has, or will, furnish for the two preceding years. I am also entitled consumer rights under the Fair Credit Reporting Act. I also understand and agree that no representative of the company has enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgod writing and signed by an authorized company representative.	c records, workers btection Act to request information; and the to a copy of my as any authority to
*I hereby agree and consent to completing this application and background investigation process electronically. I under signing this application and all forms related to this application electronically and that the electronic signatures appearing 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 the and retain a copy of any electronically signed documents by clicking on the PDF symbol in the top right corner of that do	
* I hereby agree and consent to receiving SMS text messages requesting additional information and/or providing additional 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 an 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 They will be automatically completed using the information you provided above. Please review each form in its entirety. Af 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	
* 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 knowledge.	e to the best of my
Print Name* Signature*	Date
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