



All-Star Transportation Inc.

1547 Thornton Street, Pacific, MO 63069 800-872-5960

Application ID: 1715208144

		Applic	ation For Employm	ent			
Job Applied For *		First Name *	Middle		Last Nan	ne *	Social Security No.
Date of Birth *	N	Mobile Phone No. *	Other Phon	e No.	Email Ad	dress *	
Present Address *	Address 2*	City *	State/Provi	ince *	ZIP *	County	Yrs at this address *
	*If at curren	t address less than 7 years	s, list below most rec	ent addres	ses for the	past 7 years.	
Previous Address	Address 2	City	State/Prov	vince	ZIP	County	Yrs at this address
lame - Evantly as it as	nnears on vour		ercial Driver's Licer		a lisad		
Name - Exactly as it ap	ppears on your	driver's license *	Maiden or o	other name			
Name - Exactly as it ap		driver's license *	Maiden or o	other name		Expiration Da	ute *
CDL Type *	C O None	Endorsements H T	Maiden or o	other name	License I	Expiration Da	
CDL Type * Air Brake Restriction? Yes No	C	Endorsements H T	Maiden or of the control of the cont	other name	License I Years of	CDL Experie	nce
CDL Type * Air Brake Restriction? Yes No	C	Endorsements H T Automatic Trar Yes ssuing State/Province *	Maiden or of the control of the cont	P T Medical	License I Years of	CDL Experie	nce
CDL Type * Air Brake Restriction? Yes No	C	Endorsements H T Automatic Trar Yes ssuing State/Province *	Maiden or o (check all that apply N X nsmission Restriction No Current DO Yes	P T Medical	License I Years of Card *	CDL Experie	nce
CDL Type * Air Brake Restriction? Yes No Current Driver's Licens	None None None	Endorsements H T Automatic Trar Yes Ssuing State/Province *	Maiden or of the control of the cont	P T Medical No	License I Years of Card *	CDL Experie	nce ical Card Expiration Da
CDL Type * Air Brake Restriction? Yes No Current Driver's Licens Equipment	None None None	Endorsements H T Automatic Tran Yes Ssuing State/Province * Drivin	Maiden or of the control of the cont	Dother name P T Medical No Re Equipment	License I Years of Card *	DOT Med	nce ical Card Expiration Da

Education

Years Attended

Diploma/Certification

Name and Location of School

		Name and Location	on or school	Years Attended	Dibi	oma/Certification
High school						
College						
Trade or Business S	chool					
ist special courses or	-	will help you as a drive	er:			
			Additional Lice	nses		
		List ALL add	litional licenses held	I in the past 5 years.		
State/Province	L	icense no.	Class	Endorsement(s)	Ex	piration date
○ Ves ○ No	-	er been convicted for d				an ug
Yes No - Have you ever tester employer to which yo and alcohol testing ru	d positive or re u applied for b lles during the	efused to test on any properties of a feature of the second secon	re-employment drug ry sensitive transpor felony or misdemea	and / or alcohol test actation work covered by		an ug
Yes No Have you ever tested employer to which you and alcohol testing ru Yes No No Accidents to	d positive or re u applied for h lles during the - Have you eve report.	efused to test on any property did not obtain safet past 2 years? * er been convicted of a factor of the convicted	re-employment drug y sensitive transpor felony or misdemea	and / or alcohol test actation work covered by		an ug
Yes No - Have you ever tested employer to which yo and alcohol testing ru Yes No No Accidents to	d positive or re u applied for hales during the - Have you even report.	efused to test on any prout did not obtain safet past 2 years? * er been convicted of a fine safet past 2 years? * Accidental Accidents.	re-employment drug ry sensitive transpor felony or misdemea ident Review For P	and / or alcohol test actation work covered by nor? * ast 5 Years nust check this box.	dministered by DOT agency dr	
Yes No - Have you ever tester employer to which yo and alcohol testing ru Yes No	d positive or re u applied for h lles during the - Have you eve report.	efused to test on any property did not obtain safet past 2 years? * er been convicted of a factor of the convicted	re-employment drug ry sensitive transpor felony or misdemea ident Review For P	and / or alcohol test actation work covered by		Vehicle Type Personal Commercial
No Accidents to Date Accident Last Accident No Traffic Convice	d positive or reu applied for bules during the Have you ever the Have you ever the Dates Teport. To add addition Dates	efused to test on any property did not obtain safet past 2 years? * er been convicted of a fine Accidental Accidents. (head-on, rear-end, Traffic Converse of the Accidental Accidents of the Accidents of the Accidental Accidental Accidents of the Accidental Accidenta	re-employment drug ry sensitive transpor felony or misdemea ident Review For F ents to report, you m overturn, etc.)	and / or alcohol test actation work covered by nor? * ast 5 Years nust check this box.	Iministered by DOT agency dr	Vehicle Type O Personal

ou currently working? EMPLOYER #1	Yes O 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 E Number of Mor	Experience With This Employer	ilpment
Hauling What? Were you subject to the FMC Yes No	Number of Mor CSRs while employed by this employed by this employed a safety sensitive function in any	oloyer? *	lipment
Hauling What? Were you subject to the FMG Yes No Was your job designated as desting requirements as by	Number of Mor CSRs while employed by this employed by the employed	oloyer? *	
Hauling What? Were you subject to the FMG Yes No Nas your job designated as testing requirements as by A	Number of Mor CSRs while employed by this employed by the employed	oloyer? * y 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

As part of the application process we require that the following standard consent forms be completed. You They will be automatically completed using the information you provided above. Please review each form in 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 trucknowledge. Print Name* Signature*	its entirety. After reading each form
They will be automatically completed using the information you provided above. Please review each form in 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.	its entirety. After reading each form
They will be automatically completed using the information you provided above. Please review each form in 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	
* Inquiry to Previous Employer * Previous Employer Inquiry For Driving History & Safety Performance * PSP Consent Form * Consent for Release of Info Form	
* Previous Employer Inquiry For Driving History & Safety Performance * PSP Consent Form * Previous Employer Inquiry For Driving History & Safety Performance	
They will be automatically completed using the information you provided above. Please review each form in sheck the box next to it indicating your intention to sign and submit it along with your application. * Inquiry to Previous Employer	
They will be automatically completed using the information you provided above. Please review each form in sheck the box next to it indicating your intention to sign and submit it along with your application.	
They will be automatically completed using the information you provided above. Please review each form in	
* I hereby agree and consent to receiving SMS text messages requesting additional information and/or 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 or by calling 888-209-7427.	
You have the right to withdraw your consent to sign electronically at any time by calling the number listed and retain a copy of any electronically signed documents by clicking on the PDF symbol in the top right co	
*I hereby agree and consent to completing this application and background investigation process electrosigning this application and all forms related to this application electronically and that the electronic signature the same as my handwritten signature for the purposes of validity, enforceability and admissibility.	
authorized company representative.	
which may include names, dates of employment, reason for termination, work experience, traffic records, wo have the right, under the provisions of the Fair Credit Reporting Act and the Drivers Privacy Protection Act to the reporting agency, upon proper identification, and to request the nature and substance of all information; which the reporting agency has, or will, furnish for the two preceding years. I am also entitled to a copy of matching the Credit Reporting Act. I also understand and agree that no representative of the company has any authority to employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is	orkers compensation claims, etc. I request all such information from and the receipt of any reports on me y consumer rights under the Fair o enter into any agreement for
understand that consumer reports which may contain public record information may be requested, at the c	ligaration of my prospective ampleye