



## J. Anthony Express, Inc.

55 Industrial Way, Seekonk, MA 02771 508-336-9988

**Application ID: 1714033920** 

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

| ame - Exactly as i   | t appears on your  | driver's license *    | Maide                  | n or other name  | used       |                  |                 |
|----------------------|--------------------|-----------------------|------------------------|------------------|------------|------------------|-----------------|
| DL Type *            |                    | Endorseme             | ents (check all that a | pply)            | License Ex | xpiration Date * |                 |
| ○ A ○ B              | O C O None         | ПН                    | T N                    | X P              |            |                  |                 |
| ir Brake Restriction | on? *              | Automatic 1           | Transmission Restr     | ction *          | Years of C | DL Experience    |                 |
| ○ Yes ○ No           |                    | Yes                   | □ No                   |                  |            |                  |                 |
| urrent Driver's Lic  | ense Numher *   Is | ssuing State/Province | * Curren               | t DOT Medical    | Card *     | DOT Medical C    | ard Expiration  |
| Current Driver's Lic | ense Number * Is   | ssuing State/Province | * Curren               |                  | Card *     | DOT Medical C    | Card Expiration |
| eurrent Driver's Lic | ense Number * Is   |                       | □ Ye                   | s O No           |            | DOT Medical C    | Card Expiration |
|                      |                    | D                     | riving/Hauling Expe    | ns No            |            | DOT Medical C    |                 |
| Equipment            |                    | D                     | riving/Hauling Expe    | rience  Equipmer |            |                  |                 |

| Education                   |                |                       | _ |
|-----------------------------|----------------|-----------------------|---|
| Name and Location of School | Years Attended | Diploma/Certification |   |

|                                 | Name and Location of School       | Years Attended       | Diploma/Certification |
|---------------------------------|-----------------------------------|----------------------|-----------------------|
| High school                     |                                   |                      |                       |
| College                         |                                   |                      |                       |
| Trade or Business School        |                                   |                      |                       |
| ist driving awards held and who | presented them.                   |                      |                       |
|                                 | Additional Licen                  | ses                  |                       |
| ·                               | Additional Electric               |                      |                       |
|                                 | List ALL additional licenses held | in the past 5 years. |                       |
|                                 |                                   |                      |                       |

## List ALL additional licenses held in the past 5 years. State/Province License no. Class Endorsement(s) Expiration date Yes No - Has any license, permit, or privilege ever been suspended, revoked, or denied?\* Yes No - Have you ever been convicted for driving under the influence of drugs or alcohol?\* Yes No - Have you ever tested positive or refused to test on any pre-employment drug and / or alcohol test administered by an employer to which you applied for but did not obtain safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 2 years?\* Yes No - Have you ever been convicted of a felony or misdemeanor? \*

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

|                          | Traffic (                     | Convictions & Forfeitures For Past 5 Years             |         |
|--------------------------|-------------------------------|--|---------|
|                          |                               |  |         |
|                          | If no Traffic Convi           | ctions or Forfeitures to report, you must check this b | OOX.    |
| No Traffic Convicti      | ons or Forfeitures to report. |  |         |
| lick on the Plus sign to | add additional Traffic Convic | ctions or Forfeitures.                                 |         |
|                          |                               |  |         |
| Location                 | Date                          | Charge(other Than Parking Violations)                  | Penalty |
|                          |                               |  | · ·     |
|                          | '                             | -  |         |
|                          |                               |  |         |

| EMPLOYER #1  | Yes 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<br>Number of Mo  | Experience With This Employer onths: Equ       | ipment            |
| Were you subject to the FM   | Number of Mo  ICSRs while employed by this en  | onths: Equ                                     |                   |
| Were you subject to the FM Yes No  Was your job designated as testing requirements as by       | Number of Mo  ICSRs while employed by this en  s a safety sensitive function in a  49 CFR part 40? * | onths: Equ                                     |                   |
| Were you subject to the FM Yes No  Was your job designated attesting requirements as by Yes No | Number of Mo  ICSRs while employed by this en  s a safety sensitive function in a  49 CFR part 40? * | nployer? *  ny 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

|   | sonal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social fication; present and former addresses; criminal and civil history records; or any other public record.  | r security number   |
|---|--|---|
| which<br>have<br>the<br>which<br>Cred<br>emp  | Iderstand that consumer reports which may contain public record information may be requested, at the discretion of not chimal may include names, dates of employment, reason for termination, work experience, traffic records, workers compete the right, under the provisions of the Fair Credit Reporting Act and the Drivers Privacy Protection Act to request all surporting agency, upon proper identification, and to request the nature and substance of all information; and the receiped the reporting agency has, or will, furnish for the two preceding years. I am also entitled to a copy of my consumer redit Reporting Act. I also understand and agree that no representative of the company has any authority to enter into an ployment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and horized company representative.   | ensation claims, etc. I<br>uch information from<br>ipt of any reports on me,<br>rights under the Fair<br>ny agreement for |
| sigr  | *I hereby agree and consent to completing this application and background investigation process electronically. I under<br>ning this application and all forms related to this application electronically and that the electronic signatures appearing<br>the same as my handwritten signature for the purposes of validity, enforceability and admissibility.   |   |
|   | I have the right to withdraw your consent to sign electronically at any time by calling the number listed at the top of t<br>I retain a copy of any electronically signed documents by clicking on the PDF symbol in the top right corner of that d  |   |
|   | * I hereby agree and consent to receiving SMS text messages requesting additional information and/or providing add<br>arding the application process, onboarding and/or my employment, if applicable.<br>I have the right to withdraw your consent to receiving SMS text messages at any time by texting "STOP" in reply to a<br>by calling 888-209-7427.  |   |
|   |  |   |
| or b<br>As p<br>The   | part of the application process we require that the following standard consent forms be completed. You do not have to ey will be automatically completed using the information you provided above. Please review each form in its entirety. A tock the box next to it indicating your intention to sign and submit it along with your application.   |   |
| or b<br>As p<br>The   | ey will be automatically completed using the information you provided above. Please review each form in its entirety. A  |   |
| or b<br>As p<br>The   | ey will be automatically completed using the information you provided above. Please review each form in its entirety. A<br>teck the box next to it indicating your intention to sign and submit it along with your application.  |   |
| As p<br>The   | ey will be automatically completed using the information you provided above. Please review each form in its entirety. A seck the box next to it indicating your intention to sign and submit it along with your application.  * Inquiry to Previous Employer   |   |
| As p<br>The   | ey will be automatically completed using the information you provided above. Please review each form in its entirety. A sek 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  |   |
| As p<br>The   | ey will be automatically completed using the information you provided above. Please review each form in its entirety. A sck 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  |   |
| As p<br>The   | <ul> <li>will be automatically completed using the information you provided above. Please review each form in its entirety. A ck the box next to it indicating your intention to sign and submit it along with your application.</li> <li>* Inquiry to Previous Employer</li> <li>* Previous Employer Inquiry For Driving History &amp; Safety Performance</li> <li>* PSP Consent Form</li> <li>* Consent for Release of Info Form</li> </ul>  |   |
| As p<br>The   | <ul> <li>will be automatically completed using the information you provided above. Please review each form in its entirety. A sck the box next to it indicating your intention to sign and submit it along with your application.</li> <li>* Inquiry to Previous Employer</li> <li>* Previous Employer Inquiry For Driving History &amp; Safety Performance</li> <li>* PSP Consent Form</li> <li>* Consent for Release of Info Form</li> <li>* Disclosure and Authorization Form</li> </ul>  |   |
| As p<br>The   | ey will be automatically completed using the information you provided above. Please review each form in its entirety. A sek 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   |   |
| As particular This  | ey will be automatically completed using the information you provided above. Please review each form in its entirety. A teck 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   | After reading each form   |
| As properties of the checkers | ex will be automatically completed using the information you provided above. Please review each form in its entirety. A rick 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  | After reading each form   |
| As p The che  | will be automatically completed using the information you provided above. Please review each form in its entirety. A cock 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  secertifies that this application was completed by me and that all entries and the information herein are true and completed by me and that all entries and the information herein are true and completed by me and that all entries and the information herein are true and completed by me and that all entries and the information herein are true and completed by me and that all entries and the information herein are true and completed by me and that all entries and the information herein are true and completed by me and that all entries and the information herein are true and completed by me and that all entries and the information herein are true and completed by me and that all entries and the information herein are true and completed by me and that all entries and the information herein are true and completed by me and that all entries and the information herein are true and completed by me and that all entries and the information herein are true and completed by me and that all entries and the information herein are true and completed by me and that all entries and the information herein are true and completed by me and that all entries and the information herein are true and completed by me and that all entries and the information herein are true and completed by me and that all entries and the information herein are true and completed by me and that all entries and the information herein are true and completed by me and that all ent | After reading each form   |