

Lacy's Express, Inc.

26 E Mill St,, Pedricktown, NJ 08067 800-522-9397

Application ID: 1713977093

-		Applicatio	on For Employment			=
Job Applied For *		First Name *	Middle	Last Nan	ne *	Social Security No. *
Date of Birth *	Mobile F	Other Phone No.	Email Ad	dress *		
Present Address *	Address 2*	City *	State/Province *	ZIP *	County	Yrs at this address *
	*If at current addres	ss less than 7 years, lis	t below most recent addre	sses for the	past 7 years.	
Previous Address	Address 2	City	State/Province	ZIP	County	Yrs at this address

ame - Exactly as i	t appears on your di	river's license *	Maide	n or other nam	e used		
DL Type *		Endors	sements (check all that		License E	xpiration Date *	*
A B C None			Automatic Transmission Restriction *		Years of CDL Experience		
Ves No		Ve	es 🗌 No				
Yes No	ense Number * Iss	suing State/Prov			Card *	DOT Medical	Card Expiration Da
	ense Number * Iss		ince * Curre	es 🔘 No		DOT Medical	Card Expiration Da
urrent Driver's Lic		suing State/Prov	ince * Curre	es No		DOT Medical	
urrent Driver's Lic		Equipment	ince * Curre	es No erience Equipme Flatbed			

	Education		=
	·		
	Name and Location of School	Years Attended	Diploma/Certification
High school			

	Name and Location of School	Years Attended	Diploma/Certification	
College				
Trade or Business School				
List special courses or training that will	l help you as a driver:			
ist driving awards held and who presented them:				
List driving awards held and who prese	ented them:			

		Additional	Licenses	
	List ALL a	additional licenses	s held in the past 5 years.	
State/Province License no. Class Endorsement(s) Expiration date		Expiration date		
Yes No - Has a	ny license, permit, or privile	ege ever been sus	pended, revoked, or denied? *	
Ves No - Has a				
○ Yes ○ No - Have y	you ever been convicted fo	or driving under the	e influence of drugs or alcohol	?*
 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	f a felony or misde	emeanor? *	

		Accident Review For Past 5	/ears			
	If no Accidents to report, you must check this box.					
No Accidents to	o report.					
Click on the Plus sig	n to add additio	nal Accidents.				
	Dates	(head-on, rear-end, overturn, etc.)	Fatalities	Injuries	Vehicle Type	
Last Accident					PersonalCommercial	
		- -	-	- -	· · · · · · · · · · · · · · · · · · ·	

	Traffic	Convictions & Forfeitures For Past 5 Years	
	If no Traffic Conv	ictions or Forfeitures to report, you must check this b	IOX.
No Traffic Convicti	ons or Forfeitures to report.		
Click on the Plus sign to	add additional Traffic Convi	ctions or Forfeitures.	
Location	Date	Charge(other Than Parking Violations)	Penalty

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 *	Driving/Hauling Exp	erience With This Employer	
Hauling What?	Number of Months	s: Equip	oment
Reason For Leaving * Hauling What? Were you subject to the FM Yes No		s: Equip	oment
Hauling What? Were you subject to the FM Yes No Was your job designated as testing requirements as by	Number of Months CSRs while employed by this employ a safety sensitive function in any Do	s: Equip	
Hauling What? Were you subject to the FM Ves No Was your job designated as	Number of Months CSRs while employed by this employ a safety sensitive function in any Do	s: Equip	
Hauling What? Were you subject to the FM Yes No Was your job designated as testing requirements as by	Number of Months CSRs while employed by this employ a safety sensitive function in any Do 49 CFR part 40? *	s: Equip	

May we contact current employer? O Yes O No

_	Authorization
that, if empl Act, the Amo investigation	'Send" below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand loyed, any falsified statements on this application shall be grounds for dismissal. Under the provisions of the Fair Credit Reporting ericans With Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws I authorize n of all statements contained herein as well as authorize the references and employers listed to give you any and all information my previous employment and any pertinent information they may have, personal or otherwise.
prospective foregoing in reputation, v personal cre	ease and hold harmless any person, firm, or entity that discloses information in accordance with this authorization, as well as my employer, and its agents, from any liability that may otherwise results from the request for, use of, or disclosure of, any or all of the information. The above-mentioned investigations may include, but are not limited to, information as to my character, general work history, or lifestyle, discerned through employment and education verifications; personal references; personal interviews; my edit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number present and former addresses; criminal and civil history records; or 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, 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 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
- 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*

2024-04-24 16:44:53

Date