

## **NTB Trucking**

Roger B Chaffee Memorial Drive SE, Suite 2, Wyoming, MI 49548 800-446-0682

Application ID: 1713588645

		Applicatio	on For Employment			
lob Applied For *		First Name *	Middle	Last Nan	ie *	Social Security No. *
Date of Birth *	Mobile	Phone No. *	Other Phone No.	Email Ad	dress *	
Present Address *	Address 2*	City *	State/Province *	ZIP *	County	Yrs at this address *
	*If at current addre	ess less than 7 years, lis	t below most recent addre	esses for the	oast 7 years.	

ars on your drive	's license *	Maiden or	athar name			
			other name	used		
	Endorsements	(check all that appl	y)	License E	xpiration Date *	
None	H T	□ N □ X	P			
	Automatic Tran	smission Restriction	on *	Years of	CDL Experience	
	Yes	No				
	Drivin					
Yrs Exp	Equipment	Yrs Exp	Equipmen	t		Yrs Exp
	Doubles		Flatbed			
	Reefer:		Switching	(yard tracto	·)	
	CDL B					
		Automatic Tran	Automatic Transmission Restriction         Yes       No         Iumber *       Issuing State/Province *       Current Domestriction         Yes       Yes         Driving/Hauling Experient       Yes         Yrs Exp       Equipment       Yrs Exp         Doubles       Reefer:       Image: Control of the second	Automatic Transmission Restriction *         Yes       No         Iumber *       Issuing State/Province *       Current DOT Medical O         Yes       No         Driving/Hauling Experience         Yrs Exp       Equipment       Yrs Exp       Equipment         Doubles       Flatbed         Reefer:       Switching	Automatic Transmission Restriction *       Years of 0         Yes       No         Iumber *       Issuing State/Province *       Current DOT Medical Card *         Yes       No         Yes       No         Driving/Hauling Experience         Yrs Exp       Equipment         Yrs Exp       Flatbed         Reefer:       Switching(yard tractor)	Automatic Transmission Restriction * Years of CDL Experience   Yes No     Iumber * Issuing State/Province *   Current DOT Medical Card * DOT Medical C   Yes No     Driving/Hauling Experience     Yrs Exp Equipment   Yrs Exp Equipment   Switching(yard tractor)

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			
st special courses or training that w st driving awards held and who pres			

		Additional Lic	censes	=
	List ALL addi	tional liconsos b	eld in the past 3 years.	
	LIST ALL addi	tional licenses in	eiu iii the past 5 years.	
State/Province	License no.	Class	Endorsement(s)	Expiration date
		-	-	
🔵 Yes 📃 No 🛛 - Has any l	icense, permit, or privilege	ever been susper	nded, revoked, or denied? *	
🔵 Yes 💿 No 🛛 - Have you	ever been convicted for dr	iving under the in	fluence of drugs or alcohol? *	
Ves No				
- Have you ever tested positive of employer to which you applied f	or refused to test on any pro for but did not obtain safety	e-employment dr v sensitive transp	ug and / or alcohol test administere ortation work covered by DOT agen	ed by an
and alcohol testing rules during	the past 2 years? *	centrative tranop	ortation from covered by Dor agen	oy and g
🔵 Yes 💿 No 🛛 - Have you	ever been convicted of a fe	elony or misdeme	eanor? *	
L				,

		•			
		If no Accidents to report, you mus	t check this box.		
No Accidents t	o report.				
ick on the Plus sig	n to add additi	onal Accidents.			
	Dates	(head-on, rear-end, overturn, etc.)	Fatalities	Injuries	Vehicle Type
Last Accident					Personal
					Commercial
					Commercial

	tions & Forfeitures For Past 3 Years	Traffic Convid	
	or Forfeitures to report, you must check this bo	If no Traffic Convictions	
 		itures to report.	No Traffic Convictions or Forfe
	or Forfeitures.	nal Traffic Convictions	Click on the Plus sign to add addition
 Penalty	Charge(other Than Parking Violations)	Date	Location
Penalty			

	Yes No		
EMPLOYER #1			
Company *	Supervisor's Name	Supervisor Phone	Salary
Street Address		City	State/Province
Position Held *		From Date (mm/yy) *	To Date (mm/yy) *
Hauling What?	Driving/Hauling E	xperience With This Employer ths: Equip	ment
		ths: Equip	ment
Nere you subject to the FM Yes No Nas your job designated a	Number of Mon	ths: Equip	
Were you subject to the FM Yes No Was your job designated a testing requirements as by	Number of Mon ICSRs while employed by this emp s a safety sensitive function in any 49 CFR part 40? *	ths: Equip	

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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, 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

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; 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
- Disclosure and Authorization Form
- \* Fair Credit Reporting Act Consumer Rights
- \* 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\*

Date 2024-04-20 04:50:45