



Pan American Express, Inc.

4848 Riverside Dr., Laredo, TX 78041 956-229-6076

Application ID: 1714003555

		Drive	er Application			
Job Applied For *		First Name *	Middle	Last Nar	ne *	Social Security No. *
Date of Birth *	Mobile	Phone No. *	Other Phone No.	Email Ac	ldress *	
Present Address *	Address 2*	City *	State/Province *	ZIP *	County	Yrs at this address *
Previous Address	*If at current addr	ess less than 7 years, lis	State/Province	sses for the	past 7 years.	Yrs at this address
low did you hear abo	ut Pan American Exp	ress, Inc.?:				
Newspaper Who referred you to P			Radio Ad Other			

		Comn	nercial Driver's Lic	ense			
Name - Exactly as i	t appears on your di	river's license *	Maiden o	r other name	used		
CDL Type *		Endorsements	(check all that app	ly)	License Ex	piration Date *	
○ A ○ B	C None		N X	□ P			
Air Brake Restrictio	on? *	Automatic Tra	nsmission Restricti	on *	Years of C	DL Experience	
O Yes O No		Yes	No				
Current Driver's Lice	ense Number * Iss	uing State/Province *	Current D Yes	OT Medical (Card *	DOT Medical C	ard Expiration Da
		Drivi	ng/Hauling Experie	nce			
Equipment	Yrs Exp	Equipment	Yrs Exp	Equipmen	t		Yrs Exp
Dry van		Doubles		Flatbed			
Tanker		Reefer:		Switching	(yard tractor))	
Dump		CDL B					

		Name and Location	on of School	Years Attended	Dipl	oma/Certification
igh school						
ollege						
rade or Business Scho	ool					
t special courses or tra	aining that	will help you as a drive	r:			
st driving awards held a	ınd who pre	esented them:				
			Additional Lice	enses		
		List ALL add	itional licenses hel	d in the past 5 years.		
State/Province	Li	cense no.	Class	Endorsement(s)	Ex	piration date
- W H-	as any licer	see nermit or privilege	ever heen suspend	ded, revoked, or denied?	.	
7						
Yes No - H	ave you eve	r been convicted for dr	iving under the infl	uence of drugs or alcoho	ol? *	
Yes No Have you ever tested po	ositive or re	fused to test on any pr	e-employment dru	g and / or alcohol test ac	lministered by	an
mployer to which you a nd alcohol testing rules	pplied for b during the	ut did not obtain safety past 2 years? *	y sensitive transpo	g and / or alcohol test ac rtation work covered by l	OOT agency dr	rug
Yes No - H	ave you eve	r been convicted of a f	elony or misdemea	anor? *		
ave you ever failed a dru	ug test? If y	es, please explain.:				
•						
you have any pending	, past, or cu	rrent criminal history?	If yes, please exp	lain.::		
		Acci	dent Review For I	Past 5 Years		
		If no Accide	ents to report, you r	nust check this box.		
	ort.					
No Accidents to rep		nal Accidents.			T	1
ick on the Plus sign to a			··- · · · · · · · · · · · · · · ·	Fatalities	Injuries	Vehicle Type
ick on the Plus sign to a	dd additior Dates	(head-on, rear-end, o	overturn, etc.)	ratalities		,
ck on the Plus sign to a		(head-on, rear-end, o	overturn, etc.)	ratanties		Personal Commercial

Education

Traffic Convictions & Forfeitures For Past 5 Years

No Traffic Convictions or For click on the Plus sign to add addit	<u>'</u>	or Forfeitures.	
Location	Date	Charge(other Than Parking Violations)	Penalty
Location	Date	Charge(other Than Farking Violations)	reliaity

	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) *
	Driving/Hauling E Number of Mor	experience With This Employer	ment
Hauling What?		-4	
Hauling What?			
Were you subject to the FM		oloyer? * v DOT regulated mode subject to alc	ohol and controlled substances

	Owi	ner Operator Equipment Form	
Tractor	Trailer	Straight Truck	Cargo Van
Make	Make	Make	Make
Model	Model	Model	Model
Year	Year	Year	Year

Tractor	Trailer	Straight Truck	Cargo Van	
VIN Number	Plate Number	VIN Number	VIN Number	
Plate Number	Current Mileage	Plate Number	Plate Number	
Current Mileage	Length	Current Mileage	Current Mileage	
		Length	Length	

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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 Rig	hts	
* Drivers Rights Pertaining to Release of I	nformation under Regulation 391.23	
This certifies that this application was complete knowledge.	ed by me and that all entries and the information herein are true	and complete to the best of my
• • • • • • • • • • • • • • • • • • • •	ed by me and that all entries and the information herein are true Signature*	and complete to the best of my Date
knowledge.	,	,