



## **Ryan Logistics Inc.**

711 Clymer Rd, Marysville, OH 43040 937-553-5000

**Application ID: 1713532192** 

			Driver Application			
lob Applied For *		First Name *	Middle	Last Nan	ne *	Social Security No.
Date of Birth *	N	Nobile Phone No. *	Other Phone N	o. Email Ad	dress *	
Present Address *	Address 2*	City *	State/Province	* ZIP *	County	Yrs at this address
	*If at current	t address less than 7 year	s, list below most recent	addresses for the	past 7 years.	
Previous Address	Address 2	City	State/Provinc	e ZIP	County	Yrs at this address
		Comp	percial Driver's License			
	ppears on your	driver's license *	Maiden or othe		Expiration Da	nte *
		driver's license *	Maiden or other	License I	Expiration Da	nte *
CDL Type *	C None	Endorsements  H  Automatic Tra	Maiden or other	License I	Expiration Da	
CDL Type *  Air Brake Restriction?  Yes No	C None	Endorsements  H  Automatic Tra	Maiden or other  (check all that apply)  N X  nsmission Restriction *  No  Current DOT M	P Years of	CDL Experie	nce
CDL Type *  Air Brake Restriction?  Yes No	C None	Endorsements  H  Automatic Tra  Yes  ssuing State/Province *	Maiden or other  (check all that apply)  N X  nsmission Restriction *  No  Current DOT M	License I  P  Years of  edical Card *	CDL Experie	nce
CDL Type *  Air Brake Restriction?  Yes No	C None	Endorsements  H  Automatic Tra  Yes  ssuing State/Province *	Maiden or other  s (check all that apply)  N X  nsmission Restriction *  No  Current DOT M  Yes  ng/Hauling Experience	License I  P  Years of  edical Card *	CDL Experie	nce
Air Brake Restriction?  Yes No  Current Driver's Licens	C None  * se Number * Is	Endorsements  H  Automatic Tra  Yes  Ssuing State/Province *	Maiden or other  (check all that apply)  N X  nsmission Restriction *  No  Current DOT M Yes  ng/Hauling Experience  Yrs Exp  Eq	P Years of edical Card *	CDL Experie	nce lical Card Expiration Da
CDL Type *  Air Brake Restriction?  Yes No  Current Driver's Licens	C None  * se Number * Is	Endorsements  H  Automatic Tra  Yes  Ssuing State/Province *  Drivi  Equipment	Maiden or other  (check all that apply)  N X  nsmission Restriction *  No  Current DOT M Yes  ng/Hauling Experience  Yrs Exp  Eq  Fla	License I P Years of edical Card * No	DOT Med	nce lical Card Expiration Da

	Educa	tion	_
	Name and Location of School	Years Attended	Diploma/Certification
High scho	ol l		

ist driving awards held an	d who presented them:				
		Additional Lice	nses		
	List ALL	additional licenses held	I in the past 5 years.		
State/Province	License no.	Class	Endorsement(s)	Ехр	piration date
Yes No - Ha	s any license, permit, or privil	lege ever been suspend	ed. revoked. or denied?	*	
7100 0110	ve you ever been convicted for				
		Accident Review For P	ast 5 Years		
Yes No - Ha	If no Ac	Accident Review For P	ast 5 Years		
No Accidents to repoick on the Plus sign to ad	If no Acrt.	Accident Review For P	ast 5 Years	Injuries	Vehicle Type
No Accidents to repoick on the Plus sign to ad	If no Acrt.	Accident Review For P	ast 5 Years oust check this box.	Injuries	Vehicle Type  Personal Commercial
No Accidents to repoick on the Plus sign to ad	If no Acrt.	Accident Review For P	ast 5 Years oust check this box.	Injuries	Personal
No Accidents to repo	If no Act. d additional Accidents. ates (head-on, rear-e	Accident Review For P	ast 5 Years  sust check this box.  Fatalities	Injuries	Personal
No Accidents to repolick on the Plus sign to ad D  Last Accident  No Traffic Convictions	If no Acort. d additional Accidents. ates (head-on, rear-e	Accident Review For Pecidents to report, you mend, overturn, etc.)  onvictions & Forfeitures to residents to refer the control of the control	Fatalities es For Past 5 Years		Personal

Name and Location of School

**Years Attended** 

Diploma/Certification

ou currently working?	Yes O No			
EMPLOYER #1				
Company *	Supervisor's Name	Supervisor Phone	e	Salary
Street Address		City		State/Province
Position Held *		From Date (mm/y	/y) *	To Date (mm/yy) *
Reason For Leaving *				
	Driving/Hauli	ng Experience With This Emp	oloyer	
Hauling What?	Number of	Months:	Equipmen	t
Were you subject to the FM0	CSRs while employed by this	employer? *		
○ Yes ● No				
Was your job designated as testing requirements as by 4	a safety sensitive function in	any DOT regulated mode su	bject to alcohol	and controlled substances
○ Yes • No				
		Employment Gap		
	ere you doing during this gap	?) * From Date (mm/y	/y) *	To Date (mm/yy) *
Description of Gap (What we				
Description of Gap (What we				
Description of Gap (What we				
Description of Gap (What we				

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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.

Print Name*		2024-04-19 13:09:52
	Signature*	Date
This certifies that this application was completed knowledge.	d by me and that all entries and the information herein a	are true and complete to the best of my
* FMCSA Clearinghouse Limited Query Col	nsent	
* Drivers Rights Pertaining to Release of In	nformation under Regulation 391.23	
* Fair Credit Reporting Act Consumer Righ	its	
* Pre-Employment Controlled Substance C	Consent Form	
* Disclosure and Authorization Form		
* Consent for Release of Info Form		
* PSP Consent Form		
They will be automatically completed using the	nat the following standard consent forms be completed information you provided above. Please review each for to sign and submit it along with your application.	
regarding the application process, onboarding a	MS text messages requesting additional information a and/or my employment, if applicable.  receiving SMS text messages at any time by texting '	
	sign electronically at any time by calling the number locuments by clicking on the PDF symbol in the top ri	
signing this application and all forms related to	his application and background investigation process this application electronically and that the electronic s ne purposes of validity, enforceability and admissibility	signatures appearing on these documents
the reporting agency, upon proper identification, which the reporting agency has, or will, furnish f Credit Reporting Act. I also understand and agree	Credit Reporting Act and the Drivers Privacy Protection, and to request the nature and substance of all inform for the two preceding years. I am also entitled to a copee that no representative of the company has any author to make any agreement contrary to the forgoing, unless	nation; and the receipt of any reports on me, by of my consumer rights under the Fair nority to enter into any agreement for