

**Bryan Systems Application**

<b>Job applied For *</b> Driver	<b>First Name *</b> John	<b>Middle</b> F	<b>Last Name *</b> Doe	<b>Social Security No. *</b> 453-53-4534
<b>Present Address *</b> 1456 Maple Lane	<b>City *</b> Toms River	<b>State *</b> NJ	<b>ZIP *</b> 08753	<b>Years At This Address *</b> 5

\*If at current address less than seven years, list below most recent addresses for the past seven years.

Previous Address	City	State	ZIP	Years At This Address
2716 Ridge Rd	Lakehurst	NJ	08755	3

<b>Email Address *</b> Johnthedriver1000@gmail.com	<b>Date of Birth *</b> 07/22/1972
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<b>Phone No. *</b> (954) 033-8465	<b>Other Phone No.</b> (423) 423-4325
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**How did you hear about the job opening for which you are applying?:**

**Referred by:**

**Rate of pay expected:**

**Are you looking for full-time or part-time work?:**  
 Full-time  Part-time

**Are you physically able to perform all of the requirements of the job description for the position you are applying? Please answer only if you have read the job description for which you are applying.:**  
 Yes  No

**Are you currently employed? If not, how long have you been unemployed?:**

**Have you ever received unemployment compensation? If yes, for how long?:**

**Have you ever worked for our company before? If yes, when and what position? Reason for leaving?:**

**State names of any relatives employed by our company.:**

**Commercial Drivers License**

<b>Name - Exactly as it appears on your driver's license *</b> John Frederick Doe	<b>Maiden or other name used</b> <input type="text"/>
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<b>CDL Type *</b> <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> None	<b>CDL Expiration Date *</b> 07/22/2018	<b>Air Brake Restriction? *</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
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<b>Endorsements (check all that apply) *</b>	<b>Years Experience for CDL Classification Currently Held *</b>
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H T N X P

8

Current Driver's License Number \*

Issuing State \*

Current DOT Medical Card \*

DOT Medical Card Expiration Date

D-685135133

NJ

Yes No

07/22/2018

### Driving/Hauling Experience

Equipment	Yrs Exp	Equipment	Yrs Exp	Equipment	Yrs Exp
Dry van	8	Doubles	0	Flatbed	0
Tanker	3	Reefer:	0	Switching(yard tractor)	0
Dump	0	CDL B	3		

List the states in which you have operated a commercial motor vehicle over the past five (5) years:

### Education

	Name and Location of School	Years Attended	Diploma/Certification
High school	Toms River High School	4	Diploma
College	TRCC	2	Certification
Trade or Business School	TR Mechanic School	1	Certification

List special courses or training that will help you as a driver:

Smith

List driving awards held and who presented them:

Safe Driver

### Additional Licenses

Drivers licenses held in the past 5 years must be shown.

State	License no.	Class	Endorsement(s)	Expiration date
NJ	6554654452	B	none	12/2012

Yes No - Has any license, permit, or privilege ever been suspended, revoked, or denied? \*

Date suspended or revoked:

11/14/2013

Details

Did not pay tickets

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? \*

1) Description of Offense:

Domestic

2) Description of Offense:

Date of Conviction:

02/05/2002

Date of Conviction:

County, City, State of Conviction:

Camden,Perryville,NJ

County, City, State of Conviction:

-Have you ever been disqualified from operating a motor vehicle for violations of the Federal Motor Carrier Safety Regulations?:

Yes  No

Are you a U.S. citizen?:

Yes  No

As a U.S. and Canadian bonded carrier, driver and dock applicants must answer the following questions: Have you ever been bonded? If yes, with what carrier?:

Have you ever been denied entry into Canada?:

Yes  No

Are you able to travel to Canada? If no, please explain.:

### Accident Review for Past 5 Years

	Dates	(head-on, rear-end, overturn, etc.)	Fatalities	Injuries
Last Accident	04/06/2014	Rear-end	0	1

### Traffic Convictions & Forfeitures for Past 5 Years

Location	Date	Charge(Other Than Parking Violations)	Penalty
New York	12/20/2011	Following too close	Fine

### Employment History

You must provide accurate dates of employment and phone numbers covering the last ten years (per DOT regulation). We cannot hire you without verifying employment. If you need to list additional employers, click "Add Another Employer" below.

#### EMPLOYER #1

<b>Company *</b>	<b>Supervisor's Name</b>	<b>Supervisor Phone</b>	<b>Salary</b>
Harbor Trucking	Bill Smith	(324)234-2342	\$18/hr
<b>Street Address</b>	<b>City</b>	<b>State</b>	
2020 Fenton	Noida	NJ	
<b>Position Held *</b>	<b>From Date (mm/yy) *</b>	<b>To Date (mm/yy) *</b>	
Driver	12/2014	Present	
<b>Reason For Leaving *</b>			
Want to work for your company			

#### Driving/Hauling Experience With This Employer

<b>Hauling What?</b>	<b>Number of Months:</b>	<b>Equipment</b>
FAK	23	53-foot

Were you subject to the FMCSRs while employed by this employer? \*

Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as by 49 CFR part 40? \*

Yes  No

#### EMPLOYER #2

<b>Company *</b> Barru Logistics	<b>Supervisor's Name</b> Aimy Snead	<b>Supervisor Phone</b> 515-235-4455	<b>Salary</b> Percentage
<b>Street Address</b> 7789 Brooks Lane	<b>City</b> Martinville	<b>State</b> PA	
<b>Position Held *</b> Driver	<b>From Date (mm/yy) *</b> 12/2010	<b>To Date (mm/yy) *</b> 10/2014	
<b>Reason For Leaving *</b> Closed			

**Driving/Hauling Experience With This Employer**

<b>Hauling What?</b> Auto parts	<b>Number of Months:</b> 24	<b>Equipment</b> 53-Foot, 48-Foot
<b>Were you subject to the FMCSRs while employed by this employer? *</b> <input checked="" type="radio"/> Yes <input type="radio"/> No		
<b>Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as by 49 CFR part 40? *</b> <input checked="" type="radio"/> Yes <input type="radio"/> No		

**EMPLOYER #3**

<b>Company *</b> Finley Lines	<b>Supervisor's Name</b> Ed Pierce	<b>Supervisor Phone</b> 232-885-8900	<b>Salary</b> \$.38/mile
<b>Street Address</b> 5544 Finley Ct	<b>City</b> Brescott	<b>State</b> NJ	
<b>Position Held *</b> Driver/Sales	<b>From Date (mm/yy) *</b> 12/2009	<b>To Date (mm/yy) *</b> 11/2010	
<b>Reason For Leaving *</b> Laid off			

**Driving/Hauling Experience With This Employer**

<b>Hauling What?</b> Food	<b>Number of Months:</b> 13	<b>Equipment</b> 28-ft
<b>Were you subject to the FMCSRs while employed by this employer? *</b> <input checked="" type="radio"/> Yes <input type="radio"/> No		
<b>Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as by 49 CFR part 40? *</b> <input checked="" type="radio"/> Yes <input type="radio"/> No		

**Passenger Related Information**

<b>Bus Driver Endorsements(Check all that apply):*</b> <input type="checkbox"/> P <input type="checkbox"/> S <input checked="" type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> A <input type="checkbox"/> R <input checked="" type="checkbox"/> Q	<b>Special passenger licenses and certifications:*</b> <input checked="" type="checkbox"/> Chauffeur's license <input checked="" type="checkbox"/> School bus certificate
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**Bus related driving experience:**

<b>Equipment</b>	<b>Yrs exp</b>	<b>Equipment</b>	<b>Yrs exp</b>
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Motor Coach	None	School Bus	None
Shuttle Bus	None	Limo	4

### Owner Operator Equipment Form

Tractor		Trailer		Straight Truck		Cargo Van	
Make	Volvo	Make		Make		Make	
Model	COE	Model		Model		Model	
Year	2005	Year		Year		Year	
VIN Number	a3s5df13sdf53	Plate Number		VIN Number		VIN Number	
Plate Number	6312rf23	Current Mileage		Plate Number		Plate Number	
Current Mileage	205264	Length		Current Mileage		Current Mileage	
				Length		Length	

May we contact current employer?     Yes    No

By signing this application you certify that: 1) You possess only one license. 2) You must notify the carrier and state which issued your license within 30 days of a traffic violation (except parking) conviction. 3) You must provide 10 years of previous employment information. 4) You must notify the carrier the next business day after losing any privilege to operate a commercial motor vehicle. Applicants initial here: :

I AGREE TO FURNISH SUCH ADDITIONAL INFORMATION AND COMPLETE SUCH EXAMINATIONS AS MAY BE REQUIRED TO COMPLETE THE SELECTION PROCESS. I UNDERSTAND THAT THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT AND THAT, IF HIRED MY EMPLOYMENT AND RESULTING COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AT ANY TIME AT THE OPTION OF EITHER BRYAN SYSTEMS OR MYSELF. I UNDERSTAND THAT ANY FALSE ANSWERS OR STATEMENTS OR IMPLICATIONS MADE BY ME ON THIS APPLICATION OR OTHER REQUIRED DOCUMENTS SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DEINAL OF EMPLOYMENT/CONTRACT OR DISCHARGE. I UNDERSTAND INFORMATION I PROVIDE FROM PREVIOUS EMPLOYERS MAY BE USED AND MY PRIOR EMPLOYER'S MAY BE CONTACTED FOR THE PURPOSE OF INVESTIGATING MY SAFETY PERFORMANCE HISTORY INFORMATION AS REQUIRED BY 49 CFR PART 391.23 THIS CERTIFIES THAT THE INFORMATION COMPLETED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. Please Date and Initial :

In case of emergency notify (name and relationship):

Phone number:

Address:

### 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, from any liability that may otherwise results 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, personal characteristics and mode of living, 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; 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, from USIS or Choice point, 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 foregoing, unless it is in writing and signed by an authorized company representative.

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

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*This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.*

**Signature name \***

John Doe

**Review your signature**

*John Doe*

**Date**

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