

Bryan Systems

14020 US HWY 20A, Montpelier, Ohio 43543 800-745-4473

Application ID: 1713600043

			Bryan Sy	stems Application			
Job Applied For *			First Name *	Middle	Last Nar	ne *	Social Security No. *
Date of Birth *		Mobile Ph	one No. *	Other Phone No.	Email Ac	ldress *	
Present Address *	Address 2	*	City *	State/Province *	ZIP *	County	Yrs at this address *
	*If at cur	rent address	less than 7 years, lis	st below most recent addre	sses for the	past 7 years.	
Previous Address	Address	2	City	State/Province	ZIP	County	Yrs at this address
0	Part-time	all of the re	quirements of the jo	b description for the positi	on you are a	pplying? Plea	se answer only if you
Are you currently emp	loyed? If no	t, how long h	ave you been unemp	bloyed?:			
Have you ever receive	d unemploy	ment compe	nsation? If yes, for h	ow long?:			
Have you ever worked	for our com	pany before	? If yes, when and w	hat position? Reason for le	aving?:		
State names of any re	atives empl	oyed by our	company.:				

Commercial Driver's License

1

Maiden or other name used

DL Type *			ts (check all that a		License E	Expiration Date *	
○ A ○ B	C None		ΤΟΝΟ	K 🔲 P			
Air Brake Restrictio	on? *	Automatic T	ransmission Restri	ction *	Years of (CDL Experience	
O Yes O No		Ves (No				
Current Driver's Lic	ense Number * Iss	uing State/Province *	Curren	t DOT Medical (Card *	DOT Medical	Card Expiration Date
			O Ye	s 🔘 No			
	Yrs Exp	Equipment	Yrs Exp	Equipmen	t		Yrs Exp
	Vre Evn	Equipment	Yrs Exp	Equipmen	t		Yrs Exp
Equipment							
Equipment Dry van		Doubles		Flatbed			
		Doubles Reefer:			(yard tracto	r)	
Dry van					(yard tracto	r)	
Dry van Tanker		Reefer:			(yard tractor	r)	
Dry van Tanker Dump		Reefer:	or vehicle over the	Switching		r)	

	Education		
	Name and Location of School	Years Attended	Diploma/Certification
High school			
College			
Trade or Business School			
ist special courses or training that	at will help you as a driver:		
ist driving awards held and who p	presented them:		

Additional Licenses	٩dd	litio	nal	Lice	ens	e
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List ALL additional licenses held in the past 5 years.

State/Province		License no.	Class	Endorsement(s)	Expiration date		
Ves No	- Has any	license, permit, or privilege	ever been susper	nded, revoked, or denied? *			
	Ves No Have you ever been convicted for driving under the influence of drugs or alcohol? *						
🔵 Yes 📃 No	- Have you						
Yes No - Have you ever te employer to which and alcohol testin	sted positive you applied g rules during	or refused to test on any pr for but did not obtain safety the past 2 years? *	e-employment dr v sensitive transp	ug and / or alcohol test administere ortation work covered by DOT agen	ed by an cy drug		
Ves No	- Have you	I ever been convicted of a f	elony or misdeme	eanor? *			

-Have you ever beer	n disqualified from operating a motor vehicle for violations of the Federal Motor Carrier Safety Regulations?:
🔘 Yes 🛛 No	
Are you a U.S. citize	en?:
🔘 Yes 🛛 No	
As a U.S. and Canac with what carrier?:	lian bonded carrier, driver and dock applicants must answer the following questions: Have you ever been bonded? If yes,
Have you ever been	denied entry into Canada?:
Have you ever been Ves No	denied entry into Canada?:
Yes No	denied entry into Canada?: el to Canada? If no, please explain.:

		Accident Review For Pas	t 5 Years		
		If no Accidents to report, you mus	t check this box.		
No Accidents t	o report.				
Click 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

	Traffic Convid	ctions & Forfeitures For Past 5 Years	_
	If no Traffic Convictions	or Forfeitures to report, you must check this bo	JX.
No Traffic Convictions or For	feitures to report.		
Click on the Plus sign to add addit	ional Traffic Convictions	or Forfeitures.	
Location	Date	Charge(other Than Parking Violations)	Penalty
		•	

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.

Are you currently working?

🔍 Yes 💦 No

EMPLOYER #1			
Company *	Supervisor's Name	Supervisor Phone	Salary
		City	State/Province

Reason For Leaving *			
	Driving/Hauling Expe	rience With This Employer	
Hauling What?	Number of Months	: Equi	pment
Were you subject to the FMCSRs	s while employed by this employ	or? *	
	o mine employed by and employ		
Ves No			
Ves No			cohol and controlled substances
Yes No Was your job designated as a sa	fety sensitive function in any DO		cohol and controlled substances
Yes No Was your job designated as a sa	fety sensitive function in any DO		cohol and controlled substances
Yes No Was your job designated as a sa testing requirements as by 49 C	fety sensitive function in any DO		cohol and controlled substances
Yes No Was your job designated as a sa testing requirements as by 49 C	Ifety sensitive function in any DO FR part 40? *	T regulated mode subject to al	cohol and controlled substances
Yes No Was your job designated as a sa testing requirements as by 49 C	Ifety sensitive function in any DO FR part 40? *		cohol and controlled substances
Yes No Was your job designated as a sa testing requirements as by 49 C Yes No	fety sensitive function in any DO FR part 40? * Emplo	T regulated mode subject to al	cohol and controlled substances
Ves No Was your job designated as a sa testing requirements as by 49 C Ves No	fety sensitive function in any DO FR part 40? * Emplo	T regulated mode subject to al	
Ves No Was your job designated as a sa testing requirements as by 49 C Ves No	fety sensitive function in any DO FR part 40? * Emplo	T regulated mode subject to al	
Yes No Was your job designated as a sa testing requirements as by 49 C	fety sensitive function in any DO FR part 40? * Emplo	T regulated mode subject to al	

y 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 loosing 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:

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 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, 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
- * Pre-Employment Controlled Substance Consent 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 08:00:43