

Lynch Logistics, Inc.

78 Rice Street, Bangor, ME 04401 207-942-2220

Application ID: 1713521697

		Cl	DL Driver Applicatio	n			
lob Applied For *		First Name *	Middle		Last Nar	ne *	Social Security No.
Date of Birth *	M	lobile Phone No. *	Other Pho	ne No.	Email Ac	ldress *	
Present Address *	Address 2*	City *	State/Prov	vince *	ZIP *	County	Yrs at this address
	*If at current	address less than 7 yea	ırs, list below most re	cent addres	ses for the	past 7 years.	
Previous Address	Address 2	City	State/Pro	vince	ZIP	County	Yrs at this address
		Com	mercial Driver's Lice	ense			
CDL Type *		driver's license *	ts (check all that appl	other name		Expiration Da	nte *
CDL Type *	None None	Endorsement	Maiden or	y)	License		
CDL Type * A B C	None None	Endorsement H Automatic Tr	Maiden or	y)	License	Expiration Da	
CDL Type * Air Brake Restriction? * Yes No	None	Endorsement H Automatic Tr	Maiden or ts (check all that applied to the North No	y)	License Years of	CDL Experie	nce
CDL Type * Air Brake Restriction? * Yes No	None	Endorsement H Automatic Tr Yes ssuing State/Province *	Maiden or ts (check all that appl T N X ansmission Restriction No Current Do	y) P on * OT Medical No	License Years of	CDL Experie	nce
Air Brake Restriction? *	None	Endorsement H Automatic Tr Yes ssuing State/Province *	Maiden or ts (check all that appl T N X ansmission Restriction No Current Do Yes	y) P on * OT Medical No	License Years of Card *	CDL Experie	nce
CDL Type * Air Brake Restriction? * Yes No Current Driver's License	e Number * Is	Endorsement H Automatic Tr Yes essuing State/Province *	Maiden or ts (check all that applity is ansmission Restriction No Current Do Yes	y) P OT Medical No	License Years of Card *	CDL Experie	nce lical Card Expiration Da
CDL Type * Air Brake Restriction? * Yes No Current Driver's License Equipment	e Number * Is	Endorsement Automatic Tr Yes ssuing State/Province * Equipment	Maiden or ts (check all that applity is ansmission Restriction No Current Do Yes	other name y) P on * OT Medical No oce Equipment Flatbed	License Years of Card *	DOT Med	nce lical Card Expiration Da

	Education		=
	Name and Location of School	Years Attended	Diploma/Certification
High school			

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*		Dat 2024-04-19 10:14:57
	Signature*	
This certifies that this application was complete knowledge.	ed by me and that all entries and the information herein are t	true and complete to the best of my
Drivers Rights Fertaining to Release of it	mornation under Regulation 391.23	
 * Fair Credit Reporting Act Consumer Righ * Drivers Rights Pertaining to Release of Ir 		
* Pre-Employment Controlled Substance C		
* Disclosure and Authorization Form	_	
* Consent for Release of Info Form		
* PSP Consent Form		
* Previous Employer Inquiry For Driving Hi	istory & Safety Performance	
* Inquiry to Previous Employer		
They will be automatically completed using the	nat the following standard consent forms be completed. You information you provided above. Please review each form in to sign and submit it along with your application.	
regarding the application process, onboarding a	SMS text messages requesting additional information and/oand/or my employment, if applicable. • receiving SMS text messages at any time by texting "STO	
	o sign electronically at any time by calling the number listed documents by clicking on the PDF symbol in the top right	
signing this application and all forms related to	this application and background investigation process elect this application electronically and that the electronic signate the purposes of validity, enforceability and admissibility.	
the reporting agency, upon proper identification which the reporting agency has, or will, furnish the Credit Reporting Act. I also understand and agr	nt, reason for termination, work experience, traffic records, Credit Reporting Act and the Drivers Privacy Protection Act n, and to request the nature and substance of all information for the two preceding years. I am also entitled to a copy of the two preceding years are that no representative of the company has any authority or to make any agreement contrary to the forgoing, unless it	t to request all such information from on; and the receipt of any reports on me, f my consumer rights under the Fair ry to enter into any agreement for