

Laser Transit Ltd.

PO Box 352, Lacona, NY 13083 800-220-9819

Application ID: 1713867321

			tion For Employment			
Job Applied For *		First Name *	Middle	Last Nan	ne *	Social Security No.
Date of Birth *	Mob	oile Phone No. *	Other Phone N	lo. Email Ad	ldress *	
Present Address *	Address 2*	City *	State/Province	e* ZIP*	County	Yrs at this address ⁹
	*If at current ad	ddress less than 7 years,	list below most recent	addresses for the	past 7 years.	
Previous Address	Address 2	City	State/Province	e ZIP	County	Yrs at this address
amo - Evaethy ee it en	ppeare on veur deix		ercial Driver's License			
lame - Exactly as it ap	pears on your driv		Maiden or other			
CDL Type *	-	ver's license * Endorsements (Maiden or other	er name used	Expiration Da	ıte *
CDL Type *	C O None	ver's license * Endorsements (Maiden or other	License		
CDL Type *	C O None	ver's license * Endorsements (Maiden or other check all that apply) N X smission Restriction *	License	Expiration Da	
CDL Type * A B C Air Brake Restriction?	C None	Endorsements (H T Automatic Trans	Maiden or other check all that apply) N X Smission Restriction * No Current DOT M	License P Years of	CDL Experie	nce
CDL Type * Air Brake Restriction?	C None	Endorsements (H T Automatic Trans Yes N state/Province *	Maiden or other check all that apply) N N Smission Restriction * No Current DOT M	License P Years of	CDL Experie	nce
CDL Type * Air Brake Restriction?	C None	Endorsements (H T Automatic Trans Yes N state/Province *	Maiden or other check all that apply) N N Smission Restriction * No Current DOT M Yes g/Hauling Experience	License P Years of	CDL Experie	nce
Air Brake Restriction?	None None Number * Issu	Endorsements (H T Automatic Trans Yes N Driving	Maiden or other check all that apply) N X smission Restriction * No Current DOT M Yes g/Hauling Experience	License P Years of ledical Card *	CDL Experie	nce ical 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.

which may include names, dates of employment have the right, under the provisions of the Fair C the reporting agency, upon proper identification,	contain public record information may be requested, at the t, reason for termination, work experience, traffic records fredit Reporting Act and the Drivers Privacy Protection Act, and to request the nature and substance of all informations.	, workers compensation claims, etc. I to request all such information from on; and the receipt of any reports on me,
Credit Reporting Act. I also understand and agree	for the two preceding years. I am also entitled to a copy of the two preceding years. I am also entitled to a copy of the two precedings and authority to make any agreement contrary to the forgoing, unless in the forgoing	ty to enter into any agreement for
signing this application and all forms related to	nis application and background investigation process elections application electronically and that the electronic signate purposes of validity, enforceability and admissibility.	· ·
	sign electronically at any time by calling the number list ocuments by clicking on the PDF symbol in the top right	
regarding the application process, onboarding a	MS text messages requesting additional information and, and/or my employment, if applicable. receiving SMS text messages at any time by texting "ST	
They will be automatically completed using the	at the following standard consent forms be completed. Y information you provided above. Please review each form to sign and submit it along with your application.	
* Inquiry to Previous Employer		
* Previous Employer Inquiry For Driving His	story & Safety Performance	
* PSP Consent Form		
* Consent for Release of Info Form		
* Disclosure and Authorization Form		
* Pre-Employment Controlled Substance C	onsent Form	
* Fair Credit Reporting Act Consumer Right	ts	
* Drivers Rights Pertaining to Release of In	formation under Regulation 391.23	
This certifies that this application was completed knowledge.	d by me and that all entries and the information herein are	true and complete to the best of my
Print Name*	Signature*	Date
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