

First Choice Logistics, Inc

12550 S Stony Island Av, Chicago, IL 60633 800-544-7781

Application ID: 1713552904

		ЕШрі	oyment Application			
lob Applied For *		First Name *	Middle	Last N	ame *	Social Security No.
Date of Birth * Mobile I		obile Phone No. *	Other Phone	No. Email	Address *	
Present Address *	Address 2*	City *	State/Provin	ce * ZIP *	County	Yrs at this address
	*If at current a	ddress less than 7 years,	list below most rece	nt addresses for th	e past 7 years.	
Previous Address	Address 2	City	State/Provi	nce ZIP	County	Yrs at this address
			ercial Driver's Licens			
	ppears on your dr	iver's license *	Maiden or ot	ther name used	e Expiration Da	ate *
CDL Type *		iver's license *	Maiden or ot	ther name used	e Expiration Da	ate *
CDL Type *	C None	Endorsements (Maiden or ot (check all that apply) N X smission Restriction	Licens	e Expiration Da	
Air Brake Restriction? Yes No	C None	Endorsements (H T	Maiden or ot (check all that apply) N Smission Restriction No Current DOT	Licens Years	of CDL Experie	
CDL Type * Air Brake Restriction? Yes No	C None	Endorsements (H T Automatic Trans	Maiden or ot (check all that apply) N Smission Restriction No Current DOT	Licens P Years	of CDL Experie	nce
CDL Type * A B CONTROL B	C None	Endorsements (Maiden or ot (check all that apply) N Smission Restriction No Current DOT	Licens P Years Medical Card *	of CDL Experie	nce
CDL Type * A B CONTROL B	C None	Endorsements (Maiden or ot (check all that apply) N Smission Restriction No Current DOT Yes g/Hauling Experience	Licens P Years Medical Card *	of CDL Experie	nce
CDL Type * Air Brake Restriction? Yes No Current Driver's Licens	None None None See Number * Iss	Endorsements (H Automatic Trans Yes Uing State/Province *	Maiden or ot (check all that apply) N Smission Restriction No Current DOT Yes g/Hauling Experience	Licens P Years Medical Card *	of CDL Experie	nce lical Card Expiration Da
CDL Type * Air Brake Restriction? Yes No Current Driver's Licens Equipment	None None None See Number * Iss	Endorsements (H T Automatic Trans Yes I Driving	Maiden or ot (check all that apply) N Smission Restriction No Current DOT Yes g/Hauling Experience	Licens Years Medical Card * No Equipment	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

EMPLOYER #1			
Company *	Supervisor's Name	Supervisor Phone	Salary
Street Address		City	State/Province
Position Held *		From Date (mm/yy) *	To Date (mm/yy) *
Reason For Leaving *			
Reason For Leaving * Hauling What?	Driving/Hauling E Number of Mor	Experience With This Employer	pment
Hauling What?		equip	pment
Hauling What? Were you subject to the Yes No Was your job designated	Number of Mor FMCSRs while employed by this employed by the empl	oloyer? *	
Hauling What? Were you subject to the Yes No Was your job designated testing requirements as	Number of Mor FMCSRs while employed by this employed as a safety sensitive function in any by 49 CFR part 40? *	oloyer? *	

Owner Operator Equipment Form

Tractor	Trailer	;	Straight Truck		Cargo Van	
Make	Make		Make		Make	
Model	Model		Model		Model	
Year	Year		Year		Year	
VIN Number	Plate Number	,	VIN Number		VIN Number	
Plate Number	Current Mileage		Plate Number		Plate Number	
Current Mileage	Length		Current Mileage		Current Mileage	
			Length		Length	

May we contact current employer?

Yes

No

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.

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.

1 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

Print Name*

- * 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.

Signature*

Date

