



## **Meyers Bros. Trucking**

16879 County Road 15,, Pioneer, Ohio 43554 419-737-2500

**Application ID: 1714025203** 

		Application	on For Employment		
Job Applied For *		First Name *	Middle	Last Name *	Social Security No. *
Date of Birth * Mobil		Phone No. *	Other Phone No.	Email Address *	
Present Address *	Address 2*	City *	State/Province *	ZIP * County	Yrs at this address *
	*If at current addr	ess less than 7 years, lis	st below most recent addre	esses for the past 7 years	

lame - Exactly as i	t appears on your d	river's license *	Maiden	or other name	used		
CDL Type * Endorsements (check a				t all that apply) License Expiration Date		Expiration Date *	
○ A ○ B	O C O None	П Н	T	( P			
ir Brake Restriction	on? *	Automatic T	ansmission Restri	ction *	Years of	CDL Experience	
O Yes O No		☐ Yes	No				
current Driver's Lic	ense Number * Is	suing State/Province *	Current	s No	Card *	DOT Medical C	ard Expiration Da
Eurrent Driver's Lic	ense Number * Is	•		s O No	Card *	DOT Medical C	ard Expiration Da
Eurrent Driver's Lic	ense Number * Is	•	○ Ye	s O No		DOT Medical C	ard Expiration Da
		Dri	ving/Hauling Exper	s No		DOT Medical C	1
Equipment		Dri Equipment	ving/Hauling Exper	ience  Equipmer			

Г	Education			
	Name and Location of School	Years Attended	Diploma/Certification	

	Name and Location of School	Years Attended	Diploma/Certification
High school			
College			
Trade or Business School			
ist driving awards held and who	presented them.		
	Additional Licen	ses	
·	Additional Electric		
	List ALL additional licenses held	in the past 5 years.	

## List ALL additional licenses held in the past 5 years. State/Province License no. Class Endorsement(s) Expiration date Yes No - Has any license, permit, or privilege ever been suspended, revoked, or denied?\* 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? \*

		Accident Review For Pas	st 5 Years		
		If no Accidents to report, you mus	st check this box.		
No Accidents t	o report.				
lick on the Plus sig	n to add additi	onal Accidents.			
	Dates	(head-on, rear-end, overturn, etc.)	Fatalities	Injuries	Vehicle Type
Last Accident					Personal
					O Commercial

	Traffic (	Convictions & Forfeitures For Past 5 Years	
	If no Traffic Convi	ctions or Forfeitures to report, you must check this b	OOX.
No Traffic Conviction	ons or Forfeitures to report.		
lick on the Plus sign to	add additional Traffic Convic	ctions or Forfeitures.	
Location	Date	Charge(other Than Parking Violations)	Penalty
			· ·
	'	-	

EMPLOYER #1	Yes No		
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 *			
Hauling What?	Driving/Hauling Number of Mo	Experience With This Employer onths: Equ	ipment
Were you subject to the FM	Number of Mo  ICSRs while employed by this en	onths: Equ	
Were you subject to the FM Yes No  Was your job designated as testing requirements as by	Number of Mo  ICSRs while employed by this en  s a safety sensitive function in a  49 CFR part 40? *	onths: Equ	
Were you subject to the FM Yes No  Was your job designated attesting requirements as by Yes No	Number of Mo  ICSRs while employed by this en  s a safety sensitive function in a  49 CFR part 40? *	nployer? *  ny DOT regulated mode subject to a	

## 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 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

lerstand that consumer reports which may contain public record information may be reques h may include names, dates of employment, reason for termination, work experience, traffic the right, under the provisions of the Fair Credit Reporting Act and the Drivers Privacy Prote	
h the reporting agency has, or will, furnish for the two preceding years. I am also entitled to a it Reporting Act. I also understand and agree that no representative of the company has any loyment for any specified period of time, or to make any agreement contrary to the forgoing, orized company representative.	ection Act to request all such information from information; and the receipt of any reports on me, a copy of my consumer rights under the Fair y authority to enter into any agreement for
hereby agree and consent to completing this application and background investigation prod ing this application and all forms related to this application electronically and that the electronically and that the electronically and admiss the same as my handwritten signature for the purposes of validity, enforceability and admiss	onic signatures appearing on these documents
have the right to withdraw your consent to sign electronically at any time by calling the nur retain a copy of any electronically signed documents by clicking on the PDF symbol in the t	
I hereby agree and consent to receiving SMS text messages requesting additional informated right the application process, onboarding and/or my employment, if applicable. have the right to withdraw your consent to receiving SMS text messages at any time by text calling 888-209-7427.	
art of the application process we require that the following standard consent forms be composed will be automatically completed using the information you provided above. Please review eak the box next to it indicating your intention to sign and submit it along with your application	ach form in its entirety. After reading each form
* PSP Consent Form	
* Consent for Release of Info Form	
* Disclosure and Authorization Form	
* Fair Credit Reporting Act Consumer Rights	
* Drivers Rights Pertaining to Release of Information under Regulation 391.23	
certifies that this application was completed by me and that all entries and the information he vledge.	erein are true and complete to the best of my
Name* Signature*	Date
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