

Application For Employment

A.N. Webber
Logistics, Inc.

Signature of Applicant

Date

Name

() -
Phone

First

Middle

Last

*Current Address

Street City State Zip

*If at the above residence less than 3 years, list below all residences for the past 3 years. Attach a separate sheet if necessary

Street City State Zip

Street City State Zip

Position Applying For _____ Temporary _____ Part Time _____ Full Time _____

Who referred you? _____ Rate of Pay Expected _____

Have you worked for this company before? _____
Dates From _____ To _____

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Name of any relatives employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

Education

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last School Attended _____
Name Address

General

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement.)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar of employment - All circumstances will be considered.

Have you ever worked for this company under another name? _____

If so, under what name? _____

Driver Experience & Qualification

Answer the questions in this section only if applying for a driver position.

The U.S. Department of Transportation requires that driver applicants state their date of birth. (§391.21(b)(2))

Month/Day/Year: / / Social Security #: - -

Licenses

Drivers licenses held in the past 3 years must be shown.	State	License #	Class	Endorsement		Expiration Date

Answer the following with Yes or No

A: Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

B: Has any license, permit, or privilege ever been suspended or revoked? _____

C: Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? _____

If you answered yes to A, B, or C. Attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates			Approximate Total Miles
		From		To	
Straight Truck		\	\	to \	\
Tractor and Semi trailer		\	\	to \	\
Twin Trailers - LCV's		\	\	to \	\
Other		\	\	to \	\

List states operated in within the last 5 years. _____

List special courses or training that will help you as a driver _____

List driving awards held and who the awards were presented by _____

Accident Review for the past 3 years (Attach a separate sheet of paper if needed)

Dates	Nature of accident (head-on, rear-end, overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years other than parking violations.

Location	Date	Charge	Penalty

Employment Record

The U.S. Department of Transportation requires that driver applications show all employment for the past 3 years. They must also show commercial driver employment for 7 years immediately preceding this 3 year period.

§391.(b)(10), (11). Start with last or current position, including military experience, and work back.

(Attach a separate sheet of paper if necessary)

Current Employer: _____ Supervisor's Full Name: _____
 Full Address: _____ Zip: _____ Phone: () - _____
 Position Held: _____ From: / / To: / /
 Salary: _____ Reason For Leaving: _____

Current Employer: _____ Supervisor's Full Name: _____
 Full Address: _____ Zip: _____ Phone: () - _____
 Position Held: _____ From: / / To: / /
 Salary: _____ Reason For Leaving: _____

Current Employer: _____ Supervisor's Full Name: _____
 Full Address: _____ Zip: _____ Phone: () - _____
 Position Held: _____ From: / / To: / /
 Salary: _____ Reason For Leaving: _____

Maintenance Experience & Qualifications

List courses and training in maintenance work _____

Job Function

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive line components			Body Work		
Diesel Engine Tune-up & Rebuild			Electrical Repair		
Gas Engine Tune-up & Rebuild			Frame & Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning (Cab)			Inspections(State/Federal)		
Refrigeration (Cargo)			General Car Repair		

Shop Equipment

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Diagnostic Equipment Types					
Sheet Metal Equipment					
Frame & Axle Straightening Equipment					

Shop Equipment (continued)

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Engine Rebuilding					
Diesel Injection Equipment					
Electric Welder					
Oxyacetylene Welder					
Paint Spray Gun					
Air Conditioning (Cab)					
Refrigeration (Cargo)					
ASE Certification(s) (Specify)					

Clerical Experience & Qualifications

List courses and training in office work _____

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Typing (WPM)			Fax Machine		
Shorthand(WPM)			Switchboard Equipment (indicate type)		
Filing			Calculator		
UPS or Postal Meter			Payroll		
Computers(Indicate Software)			Billing		
Accounting(SBT, Macola, Mas90)			Interline		
Spreadsheets(Excel, Lotus)			Claims		
Word Processing(Word, Word Perfect, Works)			Cashier		
Photocopier			Dispatcher		
			Traffic		

Rates (Indicate tariffs with which you have worked) _____

Platform Experience & Qualifications

List types of platform experience and number of years of each _____

List Platform equipment you can operate (lift truck, etc.) _____

List courses of training in platform work _____

Applicant Must Read and Sign

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history , whether same is of record or not, and i release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company. I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination or drug test.

Applicant Must Read and Sign (continued)

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Lay 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand the misrepresentation or omission of information or facts may result in my rejections or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date / / Signature

**For Office Use Do Not Write In This Space
Process Record**

Applicant Hired? Yes _____ No _____ Date of Birth(Month/day/year): / / /

Date Employed: _____ Point Employed: _____

Department: _____ Classification: _____

(if not hired, summary report should be placed in file)

IN CASE OF EMERGENCY NOTIFY: _____ Phone: () - _____

Address: _____

This Section Is To Be Filled In By Responsible Officer Or Company Representative

	Below					Written Record On File
	Superior	Good	Fair	Average	Poor	
1. Applicant						
2. Interview						
3. Physical Exam*						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Policy and Traffic Record						

*Driver Applicants Only

Signature of Interviewing Officer: _____ Date: _____

Transfers

From: _____ To: _____ From: _____ To: _____

Date: _____ Date: _____

Reason For Transfer: Reason For Transfer:

Termination of Employment

Date Terminated: _____ Department Release Form

Dismissed: _____ Voluntarily Quit: _____ Other: _____

Termination Report Placed in File: _____ Supervisor: _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial	Other Names Used (<i>if any</i>)	
Address (<i>Street Number and Name</i>)			Apt. Number	City or Town		State Zip Code
Date of Birth (<i>mm/dd/yyyy</i>)	U.S. Social Security Number [][]-[][]-[][][][]	E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

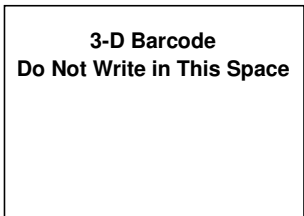
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date (<i>mm/dd/yyyy</i>):
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Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (<i>mm/dd/yyyy</i>):	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)	
Address (<i>Street Number and Name</i>)		City or Town	State Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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