



Employment Application

Personal Information

Please Select Type of Position

Regulated Driving Positions Regulated Driving Position (Non-CDL) All Other (Non-Driving Positions)

Date _____ Position Applied For _____ Location Applied _____

Last Name _____ First Name _____ MI _____

SS# _____ Maiden/Other Name Used: _____

Phone Number _____ Secondary Phone: _____

Email Address _____

DL# _____ State: _____ Class: _____

How were you referred? _____ Desired Pay Rate: _____

Are you willing to relocate? Yes No Are you able to travel often for work? Yes No

List each address of residency for the last 7 years (Used for background checks only)

Current Address: _____

STREET/APT. CITY/STATE/ZIP FROM/TO

Previous Address: _____

STREET/APT. CITY/STATE/ZIP FROM/TO

Previous Address: _____

STREET/APT. CITY/STATE/ZIP FROM/TO

Previous Address: _____

STREET/APT. CITY/STATE/ZIP FROM/TO

Are you a U.S. Citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes No
(You will be required to provide I-9 supporting documentation)

Are you at least 18 years of age? Yes No

Are you at least 21 years of age? (Required for driving position) Yes No

Are you currently working for another employer? Yes No

If currently employed may we contact your current employer? Yes No

Have you ever worked for one of our affiliates? Yes No

If yes: _____

AFFILIATED COMPANY CITY/STATE FROM/TO POSITION

Reason for leaving: _____

*Have you ever been convicted of a crime? Yes No

If yes ,please explain _____

*Have you ever been placed on deferred adjudication? Yes No

If yes, please explain: _____

*Note that this does not automatically disqualify you for employment.



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Employment History

All driving positions (DOT ONLY) must answer the following two questions with a "YES" or "NO" NEXT TO each previous employment entry. (Includes vehicles having a gross vehicle weight rating of 26,001 lbs. or more intrastate (10,001 lbs. or more interstate); vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in any quantity requiring placards.)

1. Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by previous employer?
2. Was the previous job position designated as a "safety sensitive function" in any DOT-regulated mode*, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?

Please list past 10 years of employment history. Begin with current or most recent employment and work in reverse.

1. EMPLOYER NAME:		POSITION	
ADDRESS:	STREET CITY STATE ZIP	PHONE:	
SUPERVISOR:		DATES OF EMPLOYMENT:	FROM/ TO
JOB DUTIES:		WERE YOU TERMINATED:	YES NO
REASON FOR LEAVING:			
		*DOT Questions:	
		1. YES NO	
		2. YES NO	

2. EMPLOYER NAME:		POSITION	
ADDRESS:	STREET CITY STATE ZIP	PHONE:	
SUPERVISOR:		DATES OF EMPLOYMENT:	FROM/ TO
JOB DUTIES:		WERE YOU TERMINATED:	YES NO
REASON FOR LEAVING:			
		*DOT Questions:	
		1. YES NO	
		2. YES NO	

3. EMPLOYER NAME:		POSITION	
ADDRESS:	STREET CITY STATE ZIP	PHONE:	
SUPERVISOR:		DATES OF EMPLOYMENT:	FROM/ TO
JOB DUTIES:		WERE YOU TERMINATED:	YES NO
REASON FOR LEAVING:			
		*DOT Questions:	
		1. YES NO	
		2. YES NO	

4. EMPLOYER NAME:		POSITION	
ADDRESS:	STREET CITY STATE ZIP	PHONE:	
SUPERVISOR:		DATES OF EMPLOYMENT:	FROM/ TO
JOB DUTIES:		WERE YOU TERMINATED:	YES NO
REASON FOR LEAVING:			
		*DOT Questions:	
		1. YES NO	
		2. YES NO	

5. EMPLOYER NAME:		POSITION	
ADDRESS:	STREET CITY STATE ZIP	PHONE:	
SUPERVISOR:		DATES OF EMPLOYMENT:	FROM/ TO
JOB DUTIES:		WERE YOU TERMINATED:	YES NO
REASON FOR LEAVING:			
		*DOT Questions:	
		1. YES NO	
		2. YES NO	

You may use the back of this sheet for additional employment information that may be related to the position for which you are applying.



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Education/Certifications

High School : _____ Graduate or obtain a GED? YES NO

Address: _____

University/College: _____

Address: _____ (CIRCLE ONE) Undergrad / Post grad

Degree Earned _____ Graduated : YES NO

University/College: _____

Address: _____ (CIRCLE ONE) Undergrad / Post grad

Degree Earned: _____ Graduated : YES NO

Certifications: _____

Certifications: _____

REFERENCES (PLEASE LIST AT LEAST 2 EMPLOYMENT REFERENCES NOT RELATED TO YOU)

NAME: _____ PHONE: _____ YEARS KNOWN: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ YEARS KNOWN: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ YEARS KNOWN: _____ RELATIONSHIP: _____

STATEMENTS OF CERTIFICATION AND UNDERSTANDING

I hereby certify that the above listed statements are true and correct to the best of my knowledge and belief, and hereby grant Affirm permission to verify such information.

I understand that any false statement on this application may be considered as sufficient cause for rejection of this application, or dismissal if such false statement on this application is discovered subsequent to my employment.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute.

I understand prior to being hired, all applicants accepted for employment with Affirm will provide positive proof of identification and proof of eligibility to work in the United States and complete a pre-employment drug and alcohol test.

I understand to avoid work conflict of interest if I begin working for an additional employer I will immediately inform my supervisor of the company name and the position/capacity in which I am working. I understand that failure to do so can lead to disciplinary action up to and including termination.

In accordance with the provisions of Section 604 (b) (2) (A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol tests results, and your driving record may be obtained on you for employment purposes. These reports are required by Section 382, 413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

PRINTED NAME

SIGNATURE

DATE