



# DRIVER'S APPLICATION FOR EMPLOYMENT

It is the policy of Associated Couriers to provide equal employment opportunities including recruiting, hiring, training and promoting individuals in all job classifications without regard to race, color, religion, national origin, ancestry, age, sex, marital status, order of protection, disability, military status, sexual orientation, pregnancy, unfavorable discharge from military service, genetic information, use of lawful alcohol or tobacco products off the premises of Associated Couriers during hours such employee is not working for the Company, or other segmenting factor protected by law unless based on a bona fide occupational disqualification. In compliance with the Immigration Reform and Control Act, we will hire only U.S. citizens and aliens lawfully authorized to work in the U.S. Should you be employed by Associated Couriers, you will be required to complete and sign Form I-9 Employment Eligibility Certification.

**IMPORTANT PLEASE READ:**

**INSTRUCTIONS TO ALL APPLICANTS:** Completing an application for employment form presents a good opportunity for a person to convince a prospective employer that he or she is thorough, well-organized and neat. For your benefit and ours, please consider your answers to the following questions carefully and print neatly or type. Please be certain to print the words "None" or "Not Applicable" where appropriate. Answer all questions.

PERSONAL INFORMATION			
NAME: LAST	FIRST	MIDDLE	
PRESENT ADDRESS: STREET			APARTMENT #
CITY	COUNTY	STATE	ZIP
HOME PHONE NUMBER ( ) _____	ARE YOU 18 YEARS OR OLDER: ( ) YES ( ) NO		
CELL PHONE NUMBER ( ) _____			
EMAIL ADDRESS: _____			
ARE YOU CURRENTLY AUTHORIZED TO BE EMPLOYED IN THE UNITED STATES? ( ) YES ( ) NO			
WILL YOU NOW OR AT ANY TIME IN THE FUTURE REQUIRE OUR ASSISTANCE IN SPONSORSHIP TO OBTAIN OR MAINTAIN A WORK VISA OR OTHER EMPLOYMENT AUTHORIZATION? ( ) YES ( ) NO			
IF YES, PLEASE EXPLAIN: _____			
AGREEMENT TO ACCEPT NIGHT WORK			
ALL NEW DRIVER EMPLOYEES ARE HIRED WITH THE UNDERSTANDING THAT THEY ARE ABLE TO WORK NIGHTS.			
Do you have any physical disability that would prevent you from working nights?		( ) YES ( ) NO	
Do you know of any outside obligations that would interfere with you working nights?		( ) YES ( ) NO	
Are you willing to work at night?		( ) YES ( ) NO	

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**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_

DATE AVAILABLE \_\_\_\_\_

DESIRED SALARY \_\_\_\_\_

IF YOU ARE ONLY AVAILABLE FOR PART TIME OR TEMPORARY WORK, DURING WHAT HOURS OF THE DAY AND DAYS OF THE WEEK OR PERIODS OF TIME CAN YOU WORK? \_\_\_\_\_

CAN YOU TRAVEL OUT OF TOWN IF YOUR JOB REQUIRES IT:  
( ) YES ( ) NOHAVE YOU EVER BEEN FIRED OR FORCED TO RESIGN? ( ) YES ( ) NO  
IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES: \_\_\_\_\_DO ANY OF YOUR RELATIVES WORK HERE? ( ) YES ( ) NO IF YES, PLEASE GIVE NAME(S) AND RELATIONSHIP(S)  
NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_HAVE YOU EVER APPLIED TO THIS COMPANY (OR ANY AFFILIATED COMPANIES) BEFORE? ( ) YES ( ) NO  
WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_HAVE YOU EVER WORKED FOR THIS COMPANY (OR ANY AFFILIATED COMPANIES) BEFORE? ( ) YES ( ) NO  
WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_  
REASON FOR LEAVING? \_\_\_\_\_

NAME OF LAST SUPERVISOR AT THIS COMPANY? \_\_\_\_\_

WHO REFERRED YOU TO THIS COMPANY? ( ) EMPLOYMENT AGENCY ( ) INTERNET SITE ( ) COMPANY WEBSITE  
( ) STATE EMPLOYMENT OFFICE ( ) COLLEGE PLACEMENT SERVICE ( ) WALK-IN ( ) FRIEND ( ) OTHER ( ) ACI EMPLOYEE  
GIVE SPECIFICS: \_\_\_\_\_**EDUCATION**

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL (INCLUDING CITY & STATE)	DATES ATTENDED	DID YOU GRADUATE?	LIST DEGREE OBTAINED	MAJOR
HIGH SCHOOL		N/A	( ) YES ( ) NO		
		N/A	( ) YES ( ) NO		
COLLEGE			( ) YES ( ) NO		
			( ) YES ( ) NO		
			( ) YES ( ) NO		
			( ) YES ( ) NO		
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			( ) YES ( ) NO		
SPECIAL JOB RELATED SKILLS AND TRAINING	_____				

**GENERAL**DATE OF BIRTH \_\_\_\_\_ CAN YOU PROVIDE PROOF OF AGE? \_\_\_\_\_  
(Required for Commercial Drivers)HAVE YOU EVER BEEN BONDED? ( ) YES ( ) NO NAME OF BOADING COMPANY? \_\_\_\_\_  
(Answer only if a job requirement)**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**ACCIDENTS – For the past 3 years or more (attach sheet if more space is needed) If none, write NONE**

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT			( ) YES ( ) NO	( ) YES ( ) NO	( ) YES ( ) NO
NEXT PREVIOUS			( ) YES ( ) NO	( ) YES ( ) NO	( ) YES ( ) NO
NEXT PREVIOUS			( ) YES ( ) NO	( ) YES ( ) NO	( ) YES ( ) NO
NEXT PREVIOUS			( ) YES ( ) NO	( ) YES ( ) NO	( ) YES ( ) NO

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) If none, write NONE**

LOCATION	DATE	CHARGE	PENALTY

**EXPERIENCE AND QUALIFICATIONS**

Driver licenses or permits held in the past 3 years	STATE	LICENSE #	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

**DRIVING EXPERIENCE – CHECK YES OR NO**

CLASS OF EQUIPMENT		CIRCLE TYPE OF EQUIPMENT	DATES		APPROX # MILES TOTAL
			FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK	( ) YES ( ) NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER	( ) YES ( ) NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR – TWO TRAILERS	( ) YES ( ) NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR – THREE TRAILERS	( ) YES ( ) NO	(VAN, TANK, FLAT, DUMP, REFER)			

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**DRIVING EXPERIENCE – CHECK YES OR NO (Continued)**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX # MILES TOTAL
		FROM (M/Y)	TO (M/Y)	
MOTORCOACH-SCHOOL BUS ( ) YES ( ) NO > 8 passengers	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH-SCHOOL BUS ( ) YES ( ) NO > 15 passengers	(VAN, TANK, FLAT, DUMP, REFER)			
OTHERS _____				

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? ( ) YES ( ) NO  
 HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? ( ) YES ( ) NO

**IF YOU ANSWERED YES TO EITHER OF THE ABOVE QUESTIONS, PLEASE GIVE DETAILS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LIST SPECIAL COURSES OR TRAINING THAT HAS HELPED YOU AS A DRIVER: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LIST ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LIST COURSES AND TRAINING (OTHER THAN THOSE SHOWN ELSEWHERE IN THIS APPLICATION): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE SHOWN ELSEWHERE IN THIS APPLICATION): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in interstate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.

<b>NAME OF EMPLOYER</b>	DID YOU SIGN AN EMPLOYMENT, NON-COMPETE, OR NON-SOLICIATION AGREEMENT ( ) YES ( ) NO (IF YES, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT)		
ADDRESS			
PHONE NUMBER ( )	JOB TITLE		
STARTING DATE (mm/yyyy)	LEAVING DATE (mm/yyyy)	STARTING SALARY	FINAL SALARY
NAME OF SUPERVISOR	MAY WE CONTACT YOUR EMPLOYER? ( ) YES ( ) NO		
TITLE OF SUPERVISOR	EMAIL ADDRESS		
DESCRIPTION OF WORK: _____ _____			
REASON FOR LEAVING?			
WERE YOU SUBJECT TO THE FMCSRs + WHILE EMPLOYED ( ) YES ( ) NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ( ) YES ( ) NO			
<b>NAME OF EMPLOYER</b>	DID YOU SIGN AN EMPLOYMENT, NON-COMPETE, OR NON-SOLICIATION AGREEMENT ( ) YES ( ) NO (IF YES, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT)		
ADDRESS			
PHONE NUMBER ( )	JOB TITLE		
STARTING DATE (mm/yyyy)	LEAVING DATE (mm/yyyy)	STARTING SALARY	FINAL SALARY
NAME OF SUPERVISOR	MAY WE CONTACT YOUR EMPLOYER? ( ) YES ( ) NO		
TITLE OF SUPERVISOR	EMAIL ADDRESS		
DESCRIPTION OF WORK: _____ _____			
REASON FOR LEAVING?			
WERE YOU SUBJECT TO THE FMCSRs + WHILE EMPLOYED ( ) YES ( ) NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ( ) YES ( ) NO			

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<b>NAME OF EMPLOYER</b>		DID YOU SIGN AN EMPLOYMENT, NON-COMPETE, OR NON-SOLICIATION AGREEMENT ( ) YES ( ) NO (IF YES, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT)	
ADDRESS			
PHONE NUMBER ( )		JOB TITLE	
STARTING DATE (mm/yyyy)	LEAVING DATE (mm/yyyy)	STARTING SALARY	FINAL SALARY
NAME OF SUPERVISOR		MAY WE CONTACT YOUR EMPLOYER? ( ) YES ( ) NO	
TITLE OF SUPERVISOR		EMAIL ADDRESS	
DESCRIPTION OF WORK: _____ _____			
REASON FOR LEAVING?			
WERE YOU SUBJECT TO THE FMCSRs + WHILE EMPLOYED ( ) YES ( ) NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ( ) YES ( ) NO			
<b>NAME OF EMPLOYER</b>		DID YOU SIGN AN EMPLOYMENT, NON-COMPETE, OR NON-SOLICIATION AGREEMENT ( ) YES ( ) NO (IF YES, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT)	
ADDRESS			
PHONE NUMBER ( )		JOB TITLE	
STARTING DATE (mm/yyyy)	LEAVING DATE (mm/yyyy)	STARTING SALARY	FINAL SALARY
NAME OF SUPERVISOR		MAY WE CONTACT YOUR EMPLOYER? ( ) YES ( ) NO	
TITLE OF SUPERVISOR		EMAIL ADDRESS	
DESCRIPTION OF WORK: _____ _____			
REASON FOR LEAVING?			
WERE YOU SUBJECT TO THE FMCSRs + WHILE EMPLOYED ( ) YES ( ) NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ( ) YES ( ) NO			

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<b>NAME OF EMPLOYER</b>		DID YOU SIGN AN EMPLOYMENT, NON-COMPETE, OR NON-SOLICIATION AGREEMENT ( ) YES ( ) NO (IF YES, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT)	
ADDRESS			
PHONE NUMBER ( )		JOB TITLE	
STARTING DATE (mm/yyyy)	LEAVING DATE (mm/yyyy)	STARTING SALARY	FINAL SALARY
NAME OF SUPERVISOR		MAY WE CONTACT YOUR EMPLOYER? ( ) YES ( ) NO	
TITLE OF SUPERVISOR		EMAIL ADDRESS	
DESCRIPTION OF WORK: _____ _____			
REASON FOR LEAVING?			
WERE YOU SUBJECT TO THE FMCSRs + WHILE EMPLOYED ( ) YES ( ) NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ( ) YES ( ) NO			
<b>NAME OF EMPLOYER</b>		DID YOU SIGN AN EMPLOYMENT, NON-COMPETE, OR NON-SOLICIATION AGREEMENT ( ) YES ( ) NO (IF YES, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT)	
ADDRESS			
PHONE NUMBER ( )		JOB TITLE	
STARTING DATE (mm/yyyy)	LEAVING DATE (mm/yyyy)	STARTING SALARY	FINAL SALARY
NAME OF SUPERVISOR		MAY WE CONTACT YOUR EMPLOYER? ( ) YES ( ) NO	
TITLE OF SUPERVISOR		EMAIL ADDRESS	
DESCRIPTION OF WORK: _____ _____			
REASON FOR LEAVING?			
WERE YOU SUBJECT TO THE FMCSRs + WHILE EMPLOYED ( ) YES ( ) NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ( ) YES ( ) NO			

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**PROFESSIONAL REFERENCES (DO NOT USE RELATIVES)**

**NAME – REFERENCE 1**

ADDRESS

PHONE NUMBER (       )

EMAIL

RELATIONSHIP

OCCUPATION

**NAME – REFERENCE 2**

ADDRESS

PHONE NUMBER (       )

EMAIL

RELATIONSHIP

OCCUPATION

**NAME – REFERENCE 3**

ADDRESS

PHONE NUMBER (       )

EMAIL

RELATIONSHIP

OCCUPATION

**TELL US WHY YOU WANT TO WORK FOR ASSOCIATED COURIERS**

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## APPLICANT'S STATEMENT AND RELEASE

Please read carefully and sign below. Associated Couriers will treat this application for employment as active for a period of time not to exceed thirty (30) days. If I wish to be considered for employment after thirty (30) days have passed, I understand I must reapply.

I, \_\_\_\_\_, certify that the information contained in this application is complete and correct to the best of my knowledge. I understand that falsification of this information and/or omissions are grounds for non-consideration of my application or termination at any time of any employment I may be offered by Associated Couriers.

I also understand and agree to the following:

1. My prior employers, educational institutions and other references listed on any application form or resume, and information provided in any conversation or interview with any employee of Associated Couriers are authorized to give Associated Couriers or a National Investigation Service of Associated Couriers' choice any and all information concerning my previous employment and any pertinent information they may have. I release all persons or entities from all liability for any damage that may result from furnishing information to Associated Couriers. I also release Associated Couriers and all of its employees from all liability for any damage that may result from the reliance of the information furnished.
2. I understand that employment is conditioned upon my acceptance of a night assignment if required.
3. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to: (1) Review information provided by previous employers; (2) Have errors in the information corrected by previous employer(s) and for those previous employers to re-send the corrected information to the prospective employer; and (3) Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.
4. I also authorize Associated Couriers to obtain a background investigation and drug test. I release the providers of such information and Associated Couriers and all of its employees from all liability for any damage that may result from furnishing or relying upon the information furnished.
5. To comply with the requirements of Immigration Reform and Control Act of 1986, I must produce applicable documents showing that I am a United States citizen, or alien lawfully authorized to work in the United States.
6. No offer of benefits which I have discussed with Associated Couriers representatives is binding unless I meet the requirements of the benefit plans.

If I fail to comply with any of the requirements set forth above, I understand that an offer of employment will be rescinded or my employment will be terminated.

In consideration of my employment, I agree to conform to Associated Couriers' policies, rules and regulations. I understand and agree that my employment is at-will, and therefore, my employment and compensation can terminate, with or without cause, and with or without notice, at any time, at my option or Associated Couriers' option. I further understand and agree that this at-will employment relationship, as defined above, will remain in effect throughout my employment with Associated Couriers, or any of its affiliated companies, unless it is modified only by a specific written employment contract which must be signed by the Corporate President of Associated Couriers and me. In the event that I am offered and accept employment with Associated Couriers, the information contained herein will become merged with the employment offer and my signature below indicates my understandings that my employment will be at-will. Having made application to Associated Couriers for employment, I do hereby authorize the furnishing, without liability, of records and other information that Associated Couriers may request in its evaluation of my qualifications for employment.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Legal Signature

\_\_\_\_\_  
Date

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