



Application for Employment – Class C

Equal Opportunity Employer

Elite HR Logistics is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, sexual orientation, national origin, disability or handicap, or veteran status. We comply with all Federal, State, and Local laws concerning discrimination in employment.

Position(s) Applied for: _____ Date of Application: ___/___/___

Name: _____
(Last) (First) (Middle)

Nickname or other names you have used while working: _____

Street Address: _____ Apt./Unit No.: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____ Apt./Unit No.: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell Phone: _____ Cell Provider: _____

Email Address: _____

Emergency Contact: _____
(Name) (Relationship) (Contact Number)

Social Security #: _____ - _____ - _____ Date of Birth: ___/___/___

Have you ever been employed by Elite HR Logistics Before? Yes No

If yes, please give date and positions: _____

Can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this county? Yes No

Are you telephone accessible? Yes No

Are you willing to take a drug screen according to our policy? Yes No

Will you release your background information inclusive of criminal records? Yes No

What areas are you willing to work? _____

(Print Name) (Applicant Signature) (Date)

*No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.
*The ability to be bonded is a condition of hire: A photograph and a copy of your fingerprints may be required as part of our requirement during your employment.



WORK EXPERIENCE

List all current and previous employment for a minimum of ten (10) years beginning with your most recent employer. Account for all periods of unemployment. Include military service and any volunteer service that is relevant to the position for which you are applying. Do not mark "See Resume".

Are you currently employed? Yes No If "Yes", may we contact your current employer? Yes No

1.	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				
2.	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				
3.	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				
4.	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				
5.	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				
6.	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				



ADDITIONAL QUESTIONS

Bobtail Experience: _____ years
 Box truck Driving Experience: _____ years

Types of Equipment Operated: _____

All Driver Licenses Held in the past 3 years:

STATE	LICENSE #	CLASS	EXP DATE

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No
 If no, describe the functions that cannot be performed: _____

Do you have any relatives employed with this company? Yes No
 If yes, please list their names and positions: _____

Have you submitted an application with Elite HR Logistics before? Yes No

Have you ever been bonded? Yes No
 If yes, where: _____

Have you ever had security clearance? Yes No
 If yes, at what level: _____

Have you obtained any special skills as a result of service in the military? Yes No
 If yes, please describe: _____

Do you have any other special skills or qualifications which you feel would make you suited for work? Yes No
(Example: Certified forklift operator, machinist, welder, assembly or warehouse, etc.)
 If yes, please describe: _____

Do you have a license or certificate for a particular skill? Yes No
 If yes, issuing state: _____
 Certified in: _____
 License or Certification #: _____

Have you ever worked as a temporary employee? Yes No

Company assigned to: _____ Temp Agency: _____
 Company assigned to: _____ Temp Agency: _____
 Company assigned to: _____ Temp Agency: _____



EDUCATIONAL BACKGROUND

Give record of all High Schools, Colleges, Universities, Trade or Vocational Schools you have attended.

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	MAJOR SUBJECT OR COURSE	DEGREE OR CERTIFICATE
HIGH SCHOOL			
COLLEGE			
OTHER			
OTHER			

REFERENCES

List the three persons not related to you who have knowledge of your work performance within the last three years.

NAME AND ADDRESS	OCCUPATION	NUMBER OF YEARS KNOWN	PHONE NUMBER

ACCIDENT RECORD PAST 3 YEARS (required if driving)

1.	DATE OF ACCIDENT	LOCATION OF ACCIDENT	TYPE OF VEHICLE OPERATED
INJURIES: <input type="checkbox"/> YES <input type="checkbox"/> NO		FMCSA/DOT DEFINED ACCIDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	DOT PREVENTABLE ACCIDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO
CIRCUMSTANCES			
EXPLANATION			
2.	DATE OF ACCIDENT	LOCATION OF ACCIDENT	TYPE OF VEHICLE OPERATED
INJURIES: <input type="checkbox"/> YES <input type="checkbox"/> NO		FMCSA/DOT DEFINED ACCIDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	DOT PREVENTABLE ACCIDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO
CIRCUMSTANCES			
EXPLANATION			
3.	DATE OF ACCIDENT	LOCATION OF ACCIDENT	TYPE OF VEHICLE OPERATED
INJURIES: <input type="checkbox"/> YES <input type="checkbox"/> NO		FMCSA/DOT DEFINED ACCIDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	DOT PREVENTABLE ACCIDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO
CIRCUMSTANCES			
EXPLANATION			

License Ever Revoked or Suspended by a State or Federal Agency? Yes No

State or Federal Agency that suspended License: _____ Date of Suspension: _____

Please provide statement of circumstances: _____



**FACTS ABOUT SEXUAL HARASSMENT
(THE U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION)**

Sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when submission to or rejection of this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment.

Sexual harassment can occur in a variety of circumstances, including but not limited to the following:

- *The victim as well as the harasser may be a woman or a man. The victim does not have to be of the opposite sex.*
- *The harasser can be the victim's supervisor, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee.*
- *The victim does not have to be the person harassed but could be anyone affected by the offensive conduct.*
- *Unlawful sexual harassment may occur without economic injury to or discharge of the victim.*
- *The harasser's conduct must be unwelcome.*

It is helpful for the victim to directly inform the harasser that the conduct is unwelcome and must stop. The victim should use any employer complaint mechanism or grievance system available.

When investigating allegations of sexual harassment, EEOC looks at the whole record: the circumstances, such as the nature of the sexual advances, and the context in which the alleged incidents occurred. A determination on the allegations is made from the facts on a case-by-case basis.

Prevention is the best tool to eliminate sexual harassment in the workplace. Employers are encouraged to take steps necessary to prevent sexual harassment from occurring. They should clearly communicate to employees that sexual harassment will not be tolerated. They can do so by establishing an effective complaint or grievance process and taking immediate and appropriate action when an employee complains.

By signing this document, Elite HR Logistics has provided you with information regarding harassment in the work place.

(Applicant Signature)

(Print Name)

(Date)

PREVIOUS PRE-EMPLOYMENT DRUG & ALCOHOL INQUIRIES

Applicants Name: _____

By signing below I attest that I:

- I HAVE NOT TESTED POSITIVE, or refused to test, on any previous drug and/or alcohol test administered by any previous or potential employer while performing a safety sensitive position or function as defined by the DOT.*
- I TESTED POSITIVE, or refused to test, on a previous drug and/or alcohol test administered by any previous or potential employer while performing a safety sensitive position or function as defined by the DOT.*

(Applicant Signature)

(Print Name)

(Date)



APPLICANT: PLEASE READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

By signing below, I authorize Elite HR Logistics and assigned agents to thoroughly investigate my background, criminal record history, references, employment history, drug and alcohol information, education and other matters related to my suitability for employment and further authorize the references I have listed to disclose to the Company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure. Lastly, I hereby grant Elite HR Logistics my permission to release my medical and background investigation information to any interested employer without notice.

I acknowledge that any employment offered by the employer has no specified term and may be terminated by the employer or the employee at will with or without cause. I further acknowledge that this at will statement is not alterable except by a written agreement signed by the company president and myself.

In compliance with Federal regulations, the Company requires each applicant upon hire to submit verification of identity and employment authorization to work in the United States. Original, authentic documentation is mandatory. If hired, I can submit original authentic documents that will verify my identity and demonstrate my employment authorization to work in the United States of America. I understand that the use of fraudulent documentation or documents that were lawfully issued to another person may result in a fine or imprisonment of up to five (5) years, or both. Use of altered cards or fraudulent cards is grounds for termination.

Our company is an Equal Employment Opportunity Employer, which prohibits discrimination against any employee or applicant for employment because of race, color, religion, sexual orientation, age, handicap or status as a disabled veteran or veteran of the Vietnam War.

I certify that this application was completed by me and that all entries on it and information documented by the applicant are true and complete to the best of my knowledge. I have not knowingly withheld any information that my adversely affect my chances for employment. I further certify that I, the undersigned applicant have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure the employment shall be grounds for rejection of this application or for the immediate discharge if I am employed, regardless of the time elapsed before discovery.

I HAVE READ AND UNDERSTAND ALL OF THE CONDITIONS UPON WHICH THIS OFFER OF EMPLOYMENT IS MADE.

(Applicant Signature)

(Print Name)

(Date)



PLEASE READ EACH CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

APPLICANT NAME	SOCIAL SECURITY NUMBER - -
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I hereby authorize Elite HR to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and authorize the references I have listed to disclose to Elite HR and all letter, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Elite HR, my former employers and other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure.

APPLICANT SIGNATURE	DATE
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(STOP! BOTTOM PORTION TO BE COMPLETED BY OFFICE PERSONNEL)

PREVIOUS COMPANY NAME			
STREET	CITY	STATE	ZIP
SUPERVISORS NAME		TELEPHONE #	
PERIOD OF EMPLOYMENT FROM ____/____/____ TO ____/____/____ MO. YR. MO. YR.		POSITION HELD	

TO FORMER EMPLOYER: Please provide the following information about this applicant. It will be held in strict confidence.

DESCRIPTION	EXCELLENT	GOOD	FAIR	POOR
Quality of Work				
Cooperation with others				
Safety habits				
Driving Skills				
Attendance Record				

1. Is employment record with your Company correct? _____
 2. Why did applicant leave? _____
 3. If Company policy allowed, would you rehire? _____
 4. Did applicant have custody of money or valuables? _____
 5. Qualified in what equipment? _____
 6. How many total accidents? _____ How many FMCSA defined recordable accidents? _____
 7. Driver's license ever revoked or suspended? _____
- COMMENTS: _____

Completed By:

_____ (Signature) _____ (Printed Name) _____ (Title) _____ (Date)

<i>Date Sent/Initial</i>	<i>2nd Request/Date Initial</i>	<i>3rd Request/Date Initial</i>

