



**ATLAS**

# Application For Employment

Atlas Professional Services, L.L.C. and its affiliates is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability, national origin, marital, or veteran status. Acceptance of this application does not create an obligation for Atlas to offer you a position.

## Client Information

Company Name: ACE FORWARDING, INC

Employee's Job Title: \_\_\_\_\_ Department Code: \_\_\_\_\_

When did the employee begin working for you? \_\_\_\_/\_\_\_\_/\_\_\_\_ Employee's Job Status:  Full Time  Part Time

Primary Pay Type:  Per Hour  Annual Salary  Commission  Other Primary Pay Rate or Salary: \$ \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Atlas Use Only

First Day As Atlas Employee: \_\_\_\_/\_\_\_\_/\_\_\_\_ Workers' Compensation Code: \_\_\_\_\_

## Employee Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

City / State / Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

What position are you applying for? \_\_\_\_\_ What date are you able to start work? \_\_\_\_\_

Are you at least 18 years of age?  Yes  No (If no, please provide a work permit)

Have you ever been convicted of any crime?  Yes  No (a conviction does not automatically bar employment)

If yes, state the date, place and nature of conviction: \_\_\_\_\_

**Are you able to perform the essential requirements of the job for which you are applying for?**  Yes  No

If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job? \_\_\_\_\_

**Please provide the following information if the position you are applying for requires you to drive on company time:**

Drivers License Number: \_\_\_\_\_ State & Expiration Date: \_\_\_\_\_

Previous Address: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Grade of Completion: \_\_\_\_\_

City / State / Country: \_\_\_\_\_

College or Trade School Attended: \_\_\_\_\_  Degree  Diploma

City/ State / Country: \_\_\_\_\_



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## Employment History

Start with present employer and list ALL previous employment (use separate sheet if necessary). Please indicate, if any, which employer(s) you do not wish us to contact:

### Current / Most Recent Employer

Company Name: \_\_\_\_\_ Employed **From:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **To:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ Position Held: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

Was your position subject to the Federal Motor Carrier Safety Regulations?  Yes  No

Was your position designated as a "safety sensitive function" in any Department of Transportation (DOT) regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 20?  Yes  No

Reason for leaving:  Resigned  Discharged  Laid Off  Other (explain on separate sheet of paper)

### Previous Employer

Company Name: \_\_\_\_\_ Employed **From:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **To:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ Position Held: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

Was your position subject to the Federal Motor Carrier Safety Regulations?  Yes  No

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Company Name: \_\_\_\_\_ Employed **From:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **To:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ Position Held: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

Was your position subject to the Federal Motor Carrier Safety Regulations?  Yes  No

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## CDL DRIVER APPLICANT TO COMPLETE AND SIGN

I authorize you to make investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

Inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge. I further understand that I am required to abide by all rules and regulations and driver policies of Ace Forwarding, Inc.

Applicants for positions that require driving a commercial motor vehicle (CMV) at any time will be required to undergo controlled substances and alcohol testing prior to employment and will be subject to random testing throughout their period of employment. Applicants will also be asked to sign forms for release of information from previous employers in all cases where driving a CMV was one of your functions. Failure to sign will prevent this employer from using you as a CMV driver.

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:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Past Three (3) Year Residency:

Street	City	State	ZIP	Number of Years
Street	City	State	ZIP	Number of Years
Street	City	State	ZIP	Number of Years



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## CDL DRIVER APPLICANT TO COMPLETE AND SIGN

### Driving Experience

If no CDL driving experience within the last three (3) years – check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES	
		FROM	TO
Straight Truck	Van, Reefer, Tank, Flat	_____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	_____	_____

### Accident History (3 years)

If no accidents within the last three (3) years – check here

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES
_____	_____	_____	_____
_____	_____	_____	_____

### Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last three (3) years – check here

DATE CONVICTED (month/year)	VIOLATION (do not include parking only)	STATE	PENALTY (forfeited bond, collateral, points)
_____	_____	_____	_____
_____	_____	_____	_____

### License Information

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license.” I certify that I do not have more than one motor vehicle license, the information for which is listed below.

\_\_\_\_\_ (state)                      \_\_\_\_\_ (license number)                      \_\_\_\_\_ (expiration date)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No  
If Yes, give details: \_\_\_\_\_

B. Has any license, permit, or privilege ever been suspended or revoked?  Yes  No  
If Yes, give details: \_\_\_\_\_

### Driver Applicant Certification

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 and belief.

\_\_\_\_\_ (Applicant’s Signature)

\_\_\_\_\_ (Date)



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## Special Skills or Training

List any special skills, certificates or training you have received that would benefit the position you are applying for:

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## Employee Acknowledgement

Please sign this application after reading the following statements carefully.

- A) The information I have supplied in this application, and statement of accuracy written, is true and accurate. I understand that any misstated, misleading, incomplete, or false information is grounds for rejection of this application, refusal to hire, a withdrawal of an offer of employment, or immediate discharge without recourse, whenever and however discovered.
- B) I hereby authorize Atlas, its agent or assigns, to contact my previous employers to request references. Further, I agree to hold Atlas and any such previous employer harmless for disclosure and authorize them to release any and all information pertaining to me and my employment.
- C) I understand that the use of this form does not indicate that there are any positions open and does not in any way obligate this company. Further, I understand and agree that if I am hired by this company, unless specifically set forth in writing to the contrary and signed by the President, my employment will be for no definite period, and may, regardless of the date or payment of my wages or salary, be terminated at any time for any reason at the will of the company without any previous notice.
- D) I acknowledge, and where applicable consent to, the following:  
  
Atlas may conduct a criminal background, driver license, education, employment history, and professional license verifications, credit investigation, and check my references. Atlas reserves the right to amend, change, and/or modify the policies and protocols set forth in its handbook.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**