

DATE OF APPLICATION: \_\_\_\_\_

## APPLICATION

COMPANY Ryan Logistics  
ADDRESS 711 Clymer Rd.  
CITY Marysville STATE Ohio ZIP 43040

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.

### TO BE READ AND SIGNED BY APPLICANT

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 also 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

**Applicant Signature:** X \_\_\_\_\_ **Date**    /    /   

DRIVER NAME	_____		
	(LAST)	(FIRST)	(MIDDLE)
ADDRESS	_____		
CITY	_____	STATE	ZIP _____
TELEPHONE NUMBER	_____	CELL PHONE NUMBER	_____
DATE OF BIRTH	_____	SOCIAL SECURITY NUMBER	_____

### PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS

1) ADDRESS	_____				
	CITY	STATE	ZIP	FROM	TO
2) ADDRESS	_____				
	CITY	STATE	ZIP	FROM	TO
3) ADDRESS	_____				
	CITY	STATE	ZIP	FROM	TO

## WORK EXPERIENCE

In accordance with §391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years. If you are an owner operator, list carriers leased to.

**PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.**

<b>CURRENT OR LAST EMPLOYER COMPANY NAME:</b> _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____	FROM: _____	TO: _____	
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			

<b>SECOND LAST EMPLOYER COMPANY NAME:</b> _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____	FROM: _____	TO: _____	
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			

<b>THIRD LAST EMPLOYER COMPANY NAME:</b> _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____	FROM: _____	TO: _____	
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			

\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

\*\*Any gaps in employment and/or unemployment must be explained.

## WORK EXPERIENCE (ADDENDUM PAGE 1)

Driver Applicant Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

<b>FOURTH LAST EMPLOYER COMPANY NAME:</b> _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____		FROM: _____	TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			
_____			

<b>FIFTH LAST EMPLOYER COMPANY NAME:</b> _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____		FROM: _____	TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			
_____			

<b>SIXTH LAST EMPLOYER COMPANY NAME:</b> _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____		FROM: _____	TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			
_____			

\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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**COMMERCIAL DRIVER'S LICENSE INFORMATION**

LICENSE # \_\_\_\_\_ TYPE \_\_\_\_\_ STATE \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
(A, B, OR C)

ENDORSEMENTS (check all that apply):     DOUBLE/TRIPLE TRAILERS     TANK VEHICLES  
    PASSENGER VEHICLES         HAZARDOUS MATERIALS

LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:  
 STATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
 STATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED OR CANCELLED?     NO     YES    IF YES, EXPLAIN: \_\_\_\_\_

**COLLISIONS**

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. IF NONE, WRITE "NONE"

<u>DATE</u>	<u>DESCRIPTION</u>	<u>STATE</u>	<u># OF INJURIES</u>	<u># OF FATALITIES</u>	<u>HAZ. MAT SPILL</u> <input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

**TRAFFIC CONVICTIONS AND FORFEITURES**

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLE) FOR THE PAST THREE YEARS (OTHER THAN PARKING). IF NONE, WRITE "NONE"

<u>DATE</u>	<u>STATE</u>	<u>VIOLATION</u>	<u>PENALTY</u>	<u>COMMERCIAL VEHICLE?</u> <input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

**DRIVING EXPERIENCE**

<u>EQUIPMENT CLASS</u>	<u>TYPE OF EQUIPMENT</u> <small>(VAN, TANK, FLAT, ETC.)</small>	<u>DATES</u>		<u>APPROX. MILES DRIVEN</u>
		<u>FROM</u>	<u>TO</u>	
STRAIGHT TRUCK	_____	_____	_____	_____
TRACTOR & SEMI TRAILER	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
LIST COMMODITIES HAULED:	_____	_____	_____	_____

**EDUCATION**

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4  
OTHER TRAINING : \_\_\_\_\_  
HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? \_\_\_\_\_  
DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?  YES  NO

**GENERAL**

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE?  YES  NO  
IF SO, WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_  
IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU  
HAVE APPLIED?  YES  NO  
HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI OR OUI?  YES  NO  
IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Telephone number Relationship

**MUST BE READ AND SIGNED BY THE APPLICANT**

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged without recourse.

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.

X \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date