

Application for Employment

Company Name **EJ FREIGHT LLC**

Street **615 E PIONEER AVE SUITE 210** City **PUYALLUP** State **WA** Zip **98372**

(ANSWER ALL QUESTIONS - PLEASE PRINT)

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

POSITION(S) APPLIED FOR: _____ DATE: _____

Name: _____ Phone: _____

Date of Birth: _____ Social Security Number: _____

Address: _____ City, St, Zip: _____ Yrs: _____

Other addresses for the past 3 years

Street: _____ City, St, Zip: _____ Yrs: _____

Street: _____ City, St, Zip: _____ Yrs: _____

Street: _____ City, St, Zip: _____ Yrs: _____

Attach Sheet if More Space is Needed

Do you have the legal right to work in the United States? Yes No

In Case of Emergency Notify? _____ Phone: _____

Relationship: _____ Address: _____

Experience as a Professional driver? _____

List states operated in for the last 5 years: _____

List of special courses or training that will help you as a driver: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied as described in the attached job description? Yes No

If yes, please explain: _____

MILITARY STATUS

Have you served in The U.S. Armed Forces? Yes No Branch _____

Dates: From _____ To: _____ Rank At Discharge _____

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EXPERIENCE AND QUALIFICATIONS - DRIVER

| Driver's License | State | License No. | Type | Expiration Date |
|------------------|-------|-------------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PLEASE PROVIDE A COPY OF YOUR CURRENT COMMERCIAL DRIVER'S LICENSE AND MEDICAL CARD.

DRIVING EXPERIENCE

| Type of Equipment | Date From | Date To | Approx. no. of Miles |
|-------------------|-----------|---------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

ACCIDENT REVIEW FOR THE PAST 10 YEARS

(Attach Sheet if More Space is Needed - If none, please indicate "None")

| Dates | Nature of Accident | Fatalities | Injuries |
|-------|--------------------|------------|----------|
| None | | | |
| None | | | |
| None | | | |
| None | | | |
| None | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 10 YEARS

(other than parking violations - If none, please indicate "None")

| Date | Location | Charge | Penalty |
|------|----------|--------|---------|
| None | | | |
| None | | | |
| None | | | |
| None | | | |
| None | | | |

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EMPLOYMENT RECORD

*Note: List past employment for AT LEAST 10 YEARS including periods of unemployment and explanation
(Attach Sheet if More Space is Needed)*

Phone _____ Contact _____
Address _____ City, State, Zip _____
Job description _____ From _____ To _____
Reason for leaving _____
Were you subject to FMCSR while employed? Yes No
Was the job designated as safety sensitive in any DOT-regulated mode subject to drug and alcohol testing? Yes No

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