



Voluntary Applicant Survey

The Company is committed to equal employment opportunity for all qualified persons, without regard to race, color, national origin, ancestry, gender, age, religion, veteran status, sexual orientation or identity, gender expression, physical and/or mental disability, or any other consideration based on applicable law.

In order for us to track data related to our efforts to be diverse in our recruiting strategies, we ask you to provide the following information. Your cooperation is completely voluntary, and the information you provide will be kept separate from all other documents related to your application for employment and/or future employment records. Further, the information you provide below will not be used in any way to make employment decisions.

Information

Name: _____

Date: _____

Position Applied for: _____

Location/City: _____

Please indicate your gender:

Male

Female

Please indicate your ethnic origin by selecting one choice below:

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Black or African American – A person having origins in any of the black racial groups of Africa.

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Native American/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races – All persons who identify with more than one of the above six races.

Military Veteran Status: Military Veteran Disabled Military Veteran

Decline to Participate

You may place this form in a separate sealed envelope and return along with your application for employment. We thank you for taking the time to complete and return this survey.



Rev. 2015

EMPLOYMENT APPLICATION

Equal Opportunity Employer

As an equal opportunity employer, we will consider all qualified applicants without regard to race, color, religion, creed, national origin, age, gender, sexual orientation, mental or physical disability, veteran status, or any status protected by local, state, or federal laws.

Personal Data	First	Middle	Last	Other Name Used (Known By or Goes By)
	Number and Street (Apt. #)			Home Phone; include area code
	City	State	Zip	Cell Phone; include area code
	How long have you lived at this address?			Work Phone; include area code
	If less than 7 years, list prior addresses:			
	E-mail Address: <input type="checkbox"/> Work <input type="checkbox"/> Home			

Job Info	Position(s) Applying For	Salary Expected
	Summary of Most Recent Experience:	Date Available
	Any specialized skills (i.e.: typing speed, software applications, equipment, techniques, with which you are familiar, etc.), training, apprenticeships, or work-related licenses?	

		Name of School		Did you Graduate?		Last Year Completed (1,2,3,4)	Avg. Grade Point	Type of Degree	Major/Minor
		A	B	Yes	No				
*Education	Elementary School	A							
		B							
	High School	A							
		B							
		If no High School Diploma, was a GED earned and State issued		<input type="checkbox"/> Yes <input type="checkbox"/> No		State Issued			
	College	A							
		B							
	College	A							
		B							
	Other or Business/Trade School	A							
B									
Are you currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" where? Program/Major									
Date of expected graduation?									

*Please note name attended under if different from current name

Honors	Honors/Awards/Certifications/Licenses:

Employment Record

Start with most recent employment. Show all time periods including self-employment and military service for a period of ten (10) years. A resume will not substitute for information requested. If employment was a temp or a contractor role for a stated position, the agency should be listed rather than the employer.

(Driver applicants must also thoroughly complete Section B, AND attach a 10 year DMV printout of driving record.)

Current Employer:		Date Started	Starting Base Pay	May we contact your current employer before acceptance of an offer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (include City, State and Zip code)				
Supervisor (Name, Title & Phone Number):		Date Left	Current/Last Base Pay	
Reason for Leaving:				
Job Title or Position:		Primary Responsibilities:		

Employer:		Date Started	Starting Base Pay	
Address (include City, State and Zip code)				
Supervisor (Name, Title & Phone Number):		Date Left	Last Base Pay	
Reason for Leaving:				
Job Title or Position:		Primary Responsibilities:		

Employer:		Date Started	Starting Base Pay	
Address (include City, State and Zip code)				
Supervisor (Name, Title & Phone Number):		Date Left	Last Base Pay	
Reason for Leaving:				
Job Title or Position:		Primary Responsibilities:		

If you need additional space, please add a separate sheet of paper.

Please explain any gaps in your employment history (including periods of unemployment, military service or schooling):

Have you ever been terminated from any employment or asked to resign under the threat of termination? Yes No

Have you ever applied for employment with us before? Yes No If "yes," when?

Are there any Quik Pick Express, LLC employees whom we could contact as a reference? Yes No If "yes" who?

Name _____ Location _____

Do you have any relatives, personal friends, or family friends working for Quik Pick Express, LLC? Yes No

If "yes," please provide detail:

Name: _____ Relationship: _____ Location: _____

How did you learn about this position?

Walk-in Monster Other Internet Job Posting Magazine Advertisement Flyers

Employee Referral: _____

Agency: _____ Other: _____

Please list three people familiar with your work performance who we may contact as references. **At least two people listed must be a manager or supervisor who you have reported to in the past.** Do not list friends or relatives.

Name	(Area Code) Phone	Yrs. Known	Relationship to Applicant	Occupation/Title
E-mail: _____				
E-mail: _____				
E-mail: _____				

Are you willing to travel, if job requires? Yes No
If yes, what percentage?

Are you a U.S. citizen, lawful permanent resident, refugee, asylee, or temporary resident as the result of amnesty? Yes No

Will you now or in the future require Quik Pick Express' assistance with any immigration matter related to employment with Quik Pick Express?
 Yes No

In accordance with the Immigration Reform and Control Act, employment with Quik Pick Express is contingent upon presentation of acceptable documents verifying identity and authorization for employment in the United States.

Have you ever been discharged from employment (or asked to resign)? Yes No

If yes, please explain details:

Do you need any reasonable accommodations to perform the essential functions of the job for which you are applying? (If you have any questions about the functions of the job, please ask the interviewer before answering this question.) Yes No

Are you currently subject to a covenant not to compete or other similar agreement that restricts your work or business activities? If so, a copy must be provided to Quik Pick Express as a condition of employment.
 Yes No

CRIMINAL BACKGROUND DISCLOSURE

READ CAREFULLY!

“Crime” includes:

- any and all felony convictions, pleas of guilt or no contest on or after 18th birthday
- any misdemeanor convictions, pleas of guilt or no contest within the last seven (7) years

ALL applicants: Do not disclose information for matters where the conviction records have been sealed or expunged.

California applicants: Do not list convictions for marijuana or drug paraphernalia offenses that are more than two (2) years old, or pleas that resulted in participation in a pre-trial or post-trial diversion program. **If you fail to complete a pre-trial or post trial diversion program during your employment, you must notify the Company.**

A conviction is not necessarily a bar to employment. We may consider the nature of the offense, the surrounding circumstances, the age and time of the offense, seriousness of the offense, and its relevance to the position for which you are applying.

Have you ever been convicted of a felony? Yes No

Read section above before answering this question. Failure to disclose convictions may result in disqualification.

List all felony convictions, pleas of guilt or no contest on or after your 18th birthday, except where prohibited by the exceptions noted above. Include date, location (city/county/state), charge, disposition, and any other information you want to bring to our attention:

Have you been convicted of a misdemeanor within the last seven years? Yes No

Read section above before answering this question. Failure to disclose convictions may result in disqualification.

List any and all misdemeanor convictions, pleas of guilty or no contest (***including DMV citations***) you have received in the last seven (7) years, except where prohibited by the exceptions noted above. Include date, location (city/county/state), charge, disposition, and any other information you want to bring to our attention:

I certify that to the best of my knowledge the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me, or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: _____

Date: _____

SECTION B (Driver Applicants)

Driver Applicants must additionally also complete this section.

All applications to drive a commercial motor vehicle* in intrastate or interstate commerce must provide 10 years' information above and below on those employers for whom the applicant operated such vehicle.

Rev. 2015

WERE YOU SUBJECT TO THE FMCSRs+ WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placards.
+The Federal Motor Carrier Safety Regulations (FMCSRs) 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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placards.

DRIVER EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS:

STATE:
LICENSE NUMBER:
CLASS:
ENDORSEMENT(S):
EXPIRATION DATE:

DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS:

STATE:
LICENSE NUMBER:
CLASS:
ENDORSEMENT(S):
EXPIRATION DATE:

DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS:

STATE:
LICENSE NUMBER:
CLASS:
ENDORSEMENT(S):
EXPIRATION DATE:

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS:

Section B

-2-

DRIVING EXPERIENCE
(CHECK YES OR NO)

Rev. 2015

Class of Equipment	Type of Equipment (Van, Semi, Tank, Flat, Dump, Reefer)	Dates	Approx. Number of Total Miles
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor & Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor – Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor – Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other:			

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

LIST SPECIAL COURSES TAKEN OR TRAINING THAT WILL HELP YOU AS A DRIVER:

LIST ANY SAFE DRIVING AWARDS YOU HOLD AND FROM WHOM RECEIVED:

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION:

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (other than those already shown):

ACCIDENT RECORD
FOR PAST 3 YEARS OR MORE

(Attach addition sheet if more space needed). If none, write "NONE."

LAST ACCIDENT DATE:
NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc.):
INJURIES:
FATALITIES:
HAZARDOUS MATERIAL SPILL:

NEXT PREVIOUS ACCIDENT DATE:
NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc.):
INJURIES:
FATALITIES:
HAZARDOUS MATERIAL SPILL:

Section B

-3-

TRAFFIC CONVICTIONS AND FORFEITURES
FOR THE PAST 3 YEARS
(OTHER THAN PARKING VIOLATIONS)

If none, write "NONE."

Rev. 2015

DATE:
LOCATION:
CHARGE:
PENALTY:

DATE:
LOCATION:
CHARGE:
PENALTY:

DATE:
LOCATION:
CHARGE:
PENALTY:

Please attach a 10 year DMV printout of driving record.

I certify that to the best of my knowledge the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me, or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: _____

Date: _____