



## 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

Non-binary

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.



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## 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.

<b>Personal Data</b>	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				

<b>Job Info</b>	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?	

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

\*Please note name attended under if different from current name

<b>Honors</b>	Honors/Awards/Certifications/Licenses:

<b>Employment Record</b>	<p><b>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.</b></p> <p><b><i>(Driver applicants must also thoroughly complete Section B, AND attach a 10 year DMV printout of driving record.)</i></b></p>
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Current Employer:		Date Started	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)		Date Left	
Supervisor (Name, Title & Phone Number):			
Reason for Leaving:			
Job Title or Position:	Primary Responsibilities:		

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

Employer:		Date Started
Address (include City, State and Zip code)		Date Left
Supervisor (Name, Title & Phone Number):		
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

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.

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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:

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**Section B**

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**DRIVING EXPERIENCE**

(CHECK YES OR NO)

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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

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

If none, write "NONE."

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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: \_\_\_\_\_