



An Equal Opportunity Employer

# Employment Application

Please complete all items and print in ink.

Position Applied For \_\_\_\_\_ Date \_\_\_\_\_

## Personal Data

Name \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

If you are under 18, can you furnish a work permit? .....  Yes  No

Are you legally eligible for employment in the United States? .....  Yes  No

Will you now or in the future require sponsorship for employment visa status (e.g H-1B visa)? .....  Yes  No

Have you ever been employed by Quik Pick Express, LLC? .....  Yes  No

If yes, give date(s) and position(s) \_\_\_\_\_

Do you have any relatives employed at Quik Pick Express, LLC? .....  Yes  No

If yes, give name(s)/relationship. \_\_\_\_\_

Are you capable of performing the essential functions of the job for which you are applying with, or without reasonable accommodation? .....  Yes  No

If no, please describe

\_\_\_\_\_

Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of employment desired:  Full Time  Part-time  Temporary

Driver's license number (if required by job) \_\_\_\_\_ State \_\_\_\_\_



## Employment Record

Please list dates of all employment starting with your most recent position, including military experience.

From	To	Employer
Immediate Supervisor / Title		Address
Telephone (        )		City <span style="float: right;">State <span style="float: right;">Zip</span></span>
Reason for leaving		
Job Title		Summarize the nature of work performed and job responsibilities.

From	To	Employer
Immediate Supervisor / Title		Address
Telephone (        )		City <span style="float: right;">State <span style="float: right;">Zip</span></span>
Reason for leaving		
Job Title		Summarize the nature of work performed and job responsibilities.

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Reason for leaving		
Job Title		Summarize the nature of work performed and job responsibilities.



## Educational Background

Name & Location	No. of Years Completed	Did you graduate?		Course of Study
		Major	Degree	
High School				
College		Major	Degree	
Other				

## Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company.

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## References

Name	Telephone	Years Known

## Applicant's Acknowledgment

### ADDITIONAL TERMS AND CONDITIONS OF EMPLOYMENT Affidavit

Initials:

\_\_\_\_\_ I certify that the answers given by me to the foregoing questions and statements on the employment application and/or during the employment interview process are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that the Company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application.

\_\_\_\_\_ I understand that this application is designed for use with several types of jobs and some questions may not be completely applicable to the position for which I am applying.

\_\_\_\_\_ I understand that if a conditional offer of employment is made, Quik Pick Express, LLC. will seek my permission to conduct an investigation and to solicit information as to my educational and employment history, character and general reputation and criminal conviction record.

\_\_\_\_\_ I understand that I may be required to have a medical examination and/or drug and alcohol test after an offer of employment has been made and prior to the commencement of my employment duties. A favorable result on the medical examination and/or drug and alcohol test would be a condition of my employment or commencement of any employment duties as well as any time throughout my employment according to company policy.



\_\_\_\_\_ I realize that operating conditions may require me to work shifts or work hours scheduled other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or the management.

\_\_\_\_\_ I understand that my employment is not for a specified or definite term and that I may resign, or I may be discharged, at any time, for any reason, with or without good cause and with or without prior notice. I further understand that this policy cannot be changed or amended except by written agreement signed by me and by a corporate officer. I understand that this is an application for employment and that no employment contract is being offered.

\_\_\_\_\_ I understand that only United States citizens or aliens who are legally entitled to work in the United States are eligible for employment.

\_\_\_\_\_ My employment shall be in accordance with the terms of this application, all safety and incident reporting rules, and all other Company rules and regulations. The Company shall have the right to amend, modify, or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now or hereafter in effect.

\_\_\_\_\_ I certify that as a part of the application process, I have been provided with a written job description or have had the opportunity to review and/or discuss the requirements for the position of \_\_\_\_\_. I certify that I understand each requirement and that I am capable of meeting each and every requirement.

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

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



## SECTION B (Driver Applicants)

### Driver Applicants must 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.

<b>WERE YOU SUBJECT TO THE FMCSRs+ WHILE EMPLOYED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>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?</b> <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:

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

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EXPIRATION DATE:



**DRIVING EXPERIENCE**  
(CHECK YES OR NO)

Rev. 2022

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

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.

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

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

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