

# Logistics Doctors

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**Application For Employment**  
 1712 Pioneer Ave, Suite 1751  
 Cheyenne, WY 82002, United States  
 Phone # (800) 656-3519  
 Logistics Doctors is an equal opportunity employer.

## A. Personal History

1. Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

2. Position or job desired \_\_\_\_\_ Home phone# (\_\_\_\_)\_\_\_\_ - \_\_\_\_ Ext. \_\_\_\_\_

3. Social Security Number (SSN) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell phone # (\_\_\_\_)\_\_\_\_ - \_\_\_\_

4. Are you at least 18 years of age? \_\_\_\_\_ If applying for a Driver's position, are you at least 21 years of age? \_\_\_\_\_

5. Present address

\_\_\_\_\_ (No. and street) (City, state and zip) (How long?)

6. Address } \_\_\_\_\_ (No. and street) (City, state and zip) (Date)  
 for the past } \_\_\_\_\_ (No. and street) (City, state and zip) (Date)  
 five years } \_\_\_\_\_ (No. and street) (City, state and zip) (Date)

7. Emergency Contacts: \_\_\_\_\_ (Name) (Phone #)

\_\_\_\_\_ (Name) (Phone #)

## B. Education

Schools attended	Name and Location	Dates From/To	Grade completed or Degree Earned
1. Elementary			
2. High School			

3.College			
4.Other			

**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 391.32(d) and (e). I understand that I have the right to:

1. Review information provided by previous employers:
2. 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
3. Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of this information.

**Please re-enter the names of the previous employers you listed under the employment history portion of this application for whom you worked for during the preceding 3 years, and answer the following questions.**

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

Were you subject to the FMCSRs\* while employed?    Yes\_\_\_\_    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?    Yes\_\_\_\_    No\_\_\_\_

\_\_\_\_\_

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

Were you subject to the FMCSRs\* while employed?    Yes\_\_\_\_    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?    Yes\_\_\_\_    No\_\_\_\_

\_\_\_\_\_

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

Were you subject to the FMCSRs\* while employed?    Yes\_\_\_\_    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?    Yes\_\_\_\_    No\_\_\_\_

\_\_\_\_\_

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

Were you subject to the FMCSRs\* while employed? Yes\_\_\_\_ 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? Yes\_\_\_\_ No\_\_\_\_

**Accident Record** For the past 3 years or more (attach sheet if more is needed) if none, write None

Dates	Nature of Accident (head-on, rear-end, roll over etc)	Fatalities	Injuries	Hazardous Material Spill
Last Accident_____	_____	_____	_____	_____
Next Previous_____	_____	_____	_____	_____
Next Previous_____	_____	_____	_____	_____

**C.MILITARY HISTORY** (Responses to this section will be treated confidentially and are voluntarily given.)

1. Branch\_\_\_\_\_ Dates served From\_\_\_\_\_ To\_\_\_\_\_

2. Type of Discharge\_\_\_\_\_ show and discipline recieved\_\_\_\_\_

**D.GENERAL INFORMATION**

1. Who referred you to us?\_\_\_\_\_

2. Are you related to anyone employed here?\_\_\_\_\_ If yes, give Name\_\_\_\_\_  
Relationship\_\_\_\_\_ Job\_\_\_\_\_ Department or Terminal\_\_\_\_\_

3. List names of friends employed by us\_\_\_\_\_

4. Have you ever been employed by us?\_\_\_\_\_ When?\_\_\_\_\_ Where?\_\_\_\_\_

5. Have you ever been rejected for bonding or has a loss ever been paid under your bond?\_\_\_\_\_ If yes, explain \_\_\_\_\_

6. Have you ever been convicted of a crime?\_\_\_\_\_ If yes, explain\_\_\_\_\_

(Disclosure of conviction will not necessarily disqualify you from employment consideration)

7. Have you ever stolen anything of value from an employer?\_\_\_\_\_If yes, explain\_\_\_\_\_
8. Have you ever been fired from a job?\_\_\_\_\_If yes, explain\_\_\_\_\_
9. Have you ever been asked to resign from a job?\_\_\_\_\_If yes, explain\_\_\_\_\_
10. Do you currently use marijuana or any other kind of illegal drug or controlled substance?\_\_\_\_\_ If yes, explain what kind, last used and frequency \_\_\_\_\_
11. How often do you consume alcohol?\_\_\_\_\_
12. Have you ever consumed alcoholic beverages on the job?\_\_\_\_\_ If yes, explain \_\_\_\_\_
13. Are you mentally and physically able to perform the job of \_\_\_\_\_ with or without accommodation(s) (See job description for listing of duties)? \_\_\_\_\_ If you would need accommodation(s) in order to perform these duties, please describe the accommodation(s) which you would need \_\_\_\_\_

E.OFFICE SKILLS (To be completed only if applying for Office/Clerical Job)

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Typing (wpm) _____    | <input type="checkbox"/> Adding Machine    | <input type="checkbox"/> Programmer |
| <input type="checkbox"/> Shorthand (wpm) _____ | <input type="checkbox"/> Calculator        | <input type="checkbox"/> Lotus 123  |
| <input type="checkbox"/> CRT                   | <input type="checkbox"/> Word Processor    | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Switchboard           | <input type="checkbox"/> Computer Operator | <input type="checkbox"/> Cashier    |
| <input type="checkbox"/> Rates                 | <input type="checkbox"/> OS & D            | <input type="checkbox"/> Tracing    |
| <input type="checkbox"/> Claims                |  |                                     |

Other skills (specify)\_\_\_\_\_

F.DRIVING HISTORY

(To be completed if applying for a driving job or other position that may include the occasional driving of company or personal vehicles on company business)

1. List all unexpired Motor Vehicle Operator's Licenses issued to you.

License No. \_\_\_\_\_ State \_\_\_\_ Class \_\_\_\_ Endorsements \_\_\_\_\_

Expiration date \_\_\_\_\_

License No. \_\_\_\_\_ State \_\_\_\_ Class \_\_\_\_ Expiration date \_\_\_\_\_

Do you have any Driver Licenses? If so, describe and list same information as above

\_\_\_\_\_

2. Driving Experience: \_\_\_\_\_

Tractor-Trailer \_\_\_\_\_ Where? \_\_\_\_\_ Number years? \_\_\_\_\_

Straight Truck \_\_\_\_\_ Where? \_\_\_\_\_ Number years? \_\_\_\_\_

3. List ALL vehicle accidents and moving violations for the past ten years.

(Attach extra sheet if necessary)

Date	Nature (details)	Results (fatalities, injuries, fines, etc)

4. Has Your driver's license ever been revoked or suspended? \_\_\_\_\_ If yes, state in detail the facts, circumstances and duration for each revocation or suspension.

\_\_\_\_\_  
\_\_\_\_\_

5. Have you ever been discharged or disciplined by your employer because of an accident? \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

6. Have you ever been convicted for driving under the influence of alcohol or drugs? \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**G.EMPLOYMENT HISTORY**

(Start with your last job and list all other jobs, including Military Service, held during the past ten years of employment.) Use extra sheet if necessary.

<u>Date</u> From To		Employer (Name, address, telephone no)	Name of Supervisor	Your Position	Rate or Salary	Reason for leaving
----- -		----- ---				
----- -		----- ---				
----- -		----- ---				
----- -		----- ---				
----- -		----- ---				
----- -		----- ---				
----- -		----- ---				
----- -		----- ---				

If presently employed, may we refer to your employer? \_\_\_\_\_

When can you begin if accepted for employment? \_\_\_\_\_

1. By my signature I agree that this application is not to be construed as a contract of employment and the Company is no manner obligated to furnish me with employment.
2. I hereby authorize the Company to investigate, at its discretion, my past record of employment and to make further investigation as it deems proper with respect to my experience, character, and integrity and to verify statements and answers contained herein.
3. I understand that a routine inquiry may be made to provide applicable information concerning my character, general reputation, personal; characteristics and mode of living. (The fair Credit Reporting Act)
4. Should I be given employment in any capacity with the Company, I agree to familiarize myself with the rules, regulations and requirements of all regulatory governments having jurisdiction over the Company and also those rules, regulations and requirements of the Company.
5. I further understand and agree that any employment or continued employment will be subject to my successfully completing and passing Drug and/or Alcohol testing in accordance with Company procedure.
6. I also understand that as a condition of continued employment, I may be required to have my fingerprints taken at anytime upon direction of management in accordance with applicable law.
7. If employment is secured, I understand that my employment may be terminated by either me or the Company at will.
8. I further agree that any misrepresentation or the omission of any material fact in this Application or any other company record shall be good and sufficient cause for not being hired or not continued in my employment, if employed.
9. 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.

\_\_\_\_\_ /\_\_\_\_/\_\_\_\_\_  
Location Date Applicant's Signature

**If not contacted within 90 DAYS you must reapply to keep your application active.**

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For Company Use - To Be Completed Only At Time Of Specific Job Interview

Interview Date\_\_\_\_\_. The essential job functions of \_\_\_\_\_ have been  
(Job Title)  
reviewed and explained to me on this date \_\_\_\_\_.  
(Applicant's Signature)