

Application for Employment

Convoy Logistics, LLC

Please print all information requested except for signature

Applicants may be tested for illegal drugs

Please complete pages 1 - 5

Date _____

Name _____
Last First Middle Maiden

Present Address _____
Number Street City State Zip

How long at current address _____ Telephone _____

Position applying for _____ Salary Desired (be specific) _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired? ___ Full time only ___ Part time only ___ Full or Part time

When are you available to report to work? _____

| Type of school | Name of School | Location Mailing address | Years completed | Major & Degree |
|-------------------|----------------|-----------------------------|-----------------|----------------|
| High School | | | | |
| College | | | | |
| Business or Trade | | | | |
| Other | | | | |

Have you ever been convicted of a crime? ___ No ___ Yes

If yes, explain number of conviction(s), nature of offense(s), leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type of rehabilitation.

Do you have a driver's License? ___ Yes ___ No

What is your means of transportation to work? _____

Driver's License _____ State of _____
Number _____ Issue _____ Operator ___ Commercial ___ Expire Date _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How many? _____

Please list two references other than relatives or previous employers.

| | |
|----------------|----------------|
| Name _____ | Name _____ |
| Position _____ | Position _____ |
| Company _____ | Company _____ |
| Address _____ | Address _____ |
| _____ | _____ |
| Phone _____ | Phone _____ |

MILITARY SERVICE

Have you ever been in the armed forces ? Yes No
 Are you now a member of the Army or National Guard ? Yes No
 Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

| | | | |
|------------------------|---|------------------|---------------|
| Name of employer _____ | Name of last supervisor _____ | Employment Dates | Pay or Salary |
| Address _____ | | From _____ | Start _____ |
| City, St, Zip _____ | | To _____ | Final _____ |
| Phone Number _____ | | _____ | _____ |
| Your last Title _____ | Reason For Leaving _____ (be specific) _____ | | |

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

| | | | |
|------------------------|---|------------------|---------------|
| Name of employer _____ | Name of last supervisor _____ | Employment Dates | Pay or Salary |
| Address _____ | | From _____ | Start _____ |
| City, St, Zip _____ | | To _____ | Final _____ |
| Phone Number _____ | | _____ | _____ |
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

[Large empty rectangular box for summarizing additional information]

May we contact your present employer ? Yes No

Did you complete this application yourself ? Yes No

If not, who did ? _____

OFFICE USE ONLY

Word Processing Yes No _____ WPM

Other Skills

Notes

[Form area containing horizontal lines for notes and other skills, with a dashed line separating the notes from the other skills section]

Please read carefully

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Convoy Logistics, LLC (hereinafter called "the company), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President / General Manager of the Company. Both the undersigned and the company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in the application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby releases the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine process of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with information concerning the nature and scope of any such report requested by it.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, age or disability. Your opportunity for employment with this Company depends solely on your qualifications and past work record.

Thank you for completing this application form and for your interest in our Company.