



# APPLICATION

## PERSONAL INFORMATION

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

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS		

## POSITION DESIRED

Position Desired	DATE YOU CAN START	SALARY DESIRED	Class CDL?	REFERRED BY
Have You even been convicted of a Felony? If yes, give details and dates.				Do you have a TWIC Card? If yes, please provide expiration date.
Any DUIs or DWIs in the past 7 years? YES NO (circle one) How Many _____				

## EDUCATION

NAME AND ADDRESS OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE OR TRADE SCHOOL			
OTHER EDUCATION			

## GENERAL INFORMATION

ARE YOU NOW EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	SUPERVISOR'S NAME
PREVIOUS RESIDENCES FOR LAST 7 YEARS: (USE ADDITIONAL PAPER IF NECESSARY)		
	FROM	TO

Are you currently under any "NON-COMPETE" or "NON-DISCLOSURE" agreement with your current or any previous employer?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain)
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PREVIOUS EMPLOYERS	FROM	TO

REFERENCES (NAME, ADDRESS, TELEPHONE #, OCCUPATION)	YRS KNOWN

## AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge. I further understand that any falsified statements on this application shall be grounds for dismissal or termination of any contract offered.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company of all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of AXion has any authority to enter into any agreement for employment or contract services for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by someone authorized at AXion.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws."

Date: _____	Signature: _____
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## VOLUNTARY AUTHORIZATION TO RELEASE INFORMATION

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State-Zip: \_\_\_\_\_

S/S #: \_\_\_\_\_ US Citizen: \_\_\_\_\_

Driver License #: \_\_\_\_\_ Birth Place: \_\_\_\_\_

I hereby consent and give authority to Axion Logistics LLC., and their agents, to examine records and obtain information regarding my background. I specifically authorize the following background checks.

### Report Type

### You MUST Initial Below

Employment Background Verification \_\_\_\_\_

Residential Background Verification \_\_\_\_\_

Criminal Records Investigation \_\_\_\_\_

#### **Driver Motor Vehicle Record Check**

I agree that information obtained on my MVR check may be shared with AXion's Insurance agency and their underwriters. AS REQUIRED BY SECTION SAFETY REGULATIONS (FOR PAST THREE YEARS)391.23FEDERAL MOTOR CARRIER \_\_\_\_\_

I hereby authorize the above background investigation(s) for the purpose of qualifying for employment OR to become a contractor for Axion Logistics, LLC. I hereby release Axion and its agents from any and all liability, which may result from furnishing such information. I understand my signature on this authorization is voluntary; however, failure to complete this form may mean that required information cannot be obtained to complete the background investigation. Without this investigation authority, you will not be offered either employment or contractor status with AXion Logistics LLC.

(ATTACH A CLEAR COPY OF DRIVERS LICENSE. IF FAXING SEND PHOTO COPY UNDER SEPARATE COVER.)

\_\_\_\_\_  
(APPLICANTS SIGNATURE)

\_\_\_\_\_  
(DATE)