



**APPLICATION FOR EMPLOYMENT**

Ryan Logistics, Inc. is an equal opportunity employer. We are committed to our policy of providing equal employment opportunity to employees and job applicants in a manner consistent with applicable laws and regulations, including federal laws prohibiting employment discrimination on the basis of race, color, creed, national origin, sex, age, disability, genetic information or any other protected characteristic.

**PERSONAL INFORMATION**

**Full Name:** (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (M.I.) \_\_\_\_\_

**Address:** (Street Address) \_\_\_\_\_ (Apt// Unit #) \_\_\_\_\_ (County) \_\_\_\_\_  
 (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

**Home Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Cell Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **# Years Driving Class A CDL:** \_\_\_\_\_

**License #:** \_\_\_\_\_ **TYPE:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **EXP DATE:** \_\_\_\_\_

**PREVIOUS PERSONAL ADDRESSES FOR THE PAST THREE (3) YEARS**

ADDRESS: _____	STATE: _____	ZIP CODE: _____
CITY: _____	TO: _____	
FROM: _____		
ADDRESS: _____	STATE: _____	ZIP CODE: _____
CITY: _____	TO: _____	
FROM: _____		
ADDRESS: _____	STATE: _____	ZIP CODE: _____
CITY: _____	TO: _____	
FROM: _____		

**GENERAL INFORMATION**

**Type of Work Desired:**       Full Time       Part Time       Seasonal       Temporary

**Name of Position Applying For:** \_\_\_\_\_

**Annual Salary Desired:** \_\_\_\_\_ **Date Available to Begin Work:** \_\_\_\_\_

**If hired, can you provide documents required to establish your eligibility to work in the U.S.?**       Yes       No

**Are you 16 years of age or older?**       Yes       No

**How were you referred to Ryan Logistics, Inc.?** \_\_\_\_\_

**Please list the computer programs you are familiar with:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Have you been a driver for Ryan Logistics, Inc. before?**       Yes       No      **If so, where?** \_\_\_\_\_ **When?** \_\_\_\_\_

**Is there any reason you might be unable to perform the functions of the job for which you have applied?**       Yes       No

**Have you ever been convicted of any of the below?**  
 DUI       DWI       OUI       FELONY

**If yes, please explain:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	SCHOOL ADDRESS	# OF YEARS COMPLETED	AREA OF STUDY	DEGRE/DIPLOMA EARNED
High School					
College					
Graduate School					
Business or Trade School					
Professional School					

Have you received any safety awards or special training?

\_\_\_\_\_

Do you have full knowledge of the Federal Motor Carry Safety Regulations?  Yes  No

**MILITARY EXPERIENCE**

Branch of Service: \_\_\_\_\_

Rank/Type of Service: \_\_\_\_\_

Job Related Training/Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

In accordance with the §391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years, for a total of ten (10) years. If you are an owner operator, list carriers leased to. PLEASE LIST STARTING WITH THE MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.

**CURRENT EMPLOYER**

Employer Name: \_\_\_\_\_ May we contact this employer?  Yes  No

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

Employer Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Position Held/Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Email: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ Last Date of Employment: \_\_\_\_\_

**Duties & Responsibilities:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?  Yes  No

\*Was this job subject to FMCSA Regulations?  Yes  No

\*\*Please account for any period between jobs (include month/year and reason):

\_\_\_\_\_

\_\_\_\_\_

**PREVIOUS EMPLOYER**

Employer Name: \_\_\_\_\_ May we contact this employer?  Yes  No

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

Employer Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Position Held/Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Email: \_\_\_\_\_

Last Date of Employment: \_\_\_\_\_

Reason For Leaving:

\_\_\_\_\_

Duties & Responsibilities:

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

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?  Yes  No

\*Was this job subject to FMCSA Regulations?  Yes  No

\*\*Please account for any period between jobs (include month/year and reason):

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

**PREVIOUS EMPLOYER**

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

May we contact this employer?  Yes  No

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

Fax #: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

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

Position Held/Title: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Last Date of Employment: \_\_\_\_\_

Reason For Leaving:

\_\_\_\_\_

Duties & Responsibilities:

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

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?  Yes  No

\*Was this job subject to FMCSA Regulations?  Yes  No

\*\*Please account for any period between jobs (include month/year and reason):

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

**PREVIOUS EMPLOYER**

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

May we contact this employer?  Yes  No

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

Fax #: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

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

Position Held/Title: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Last Date of Employment: \_\_\_\_\_

Reason For Leaving:

\_\_\_\_\_

Duties & Responsibilities:

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

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?  Yes  No

\*Was this job subject to FMCSA Regulations?  Yes  No

\*\*Please account for any period between jobs (include month/year and reason):

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

**PREVIOUS EMPLOYER**

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Phone #: \_\_\_\_\_  
Position Held/Title: \_\_\_\_\_

May we contact this employer?  Yes  No

Fax #: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Last Date of Employment: \_\_\_\_\_

Date of Hire: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

**Duties & Responsibilities:**

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

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?  Yes  No

\*Was this job subject to FMCSA Regulations?  Yes  No

\*\*Please account for any period between jobs (include month/year and reason):

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

**PREVIOUS EMPLOYER**

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Phone #: \_\_\_\_\_  
Position Held/Title: \_\_\_\_\_

May we contact this employer?  Yes  No

Fax #: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Last Date of Employment: \_\_\_\_\_

Date of Hire: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

**Duties & Responsibilities:**

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

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?  Yes  No

\*Was this job subject to FMCSA Regulations?  Yes  No

\*\*Please account for any period between jobs (include month/year and reason):

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

\*The Federal Motor Carrier Safety Regulations 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 9 or more passengers or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

\*\*Any gaps in employment and/or unemployment must be explained.

**DRIVING LICENSURES**

Endorsements (Check all that apply) :  Double/Triple Trailers  Tank Vehicles  Passenger Vehicles  Hazardous Materials

List any additional license(s) held in the past three (3) years:

STATE	NUMBER	EXPIRATION DATE

Has your Permit, CDL, or privilege to operate a motor vehicle ever been denied, suspended, revoked or cancelled?  Yes  No  
 If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**DRIVING COLLISIONS**

Please list all motor vehicle collisions in which you were involved (both commercial and private vehicle) during the past three (3) years prior to the application date. If none, please write "NONE".

DATE	DESCRIPTION	STATE	# OF INJURIES	# OF FATALITIES	HAZMAT SPILL (YES/NO)

**TRAFFIC CONVICTIONS & FORFEITURES**

Please list all traffic convictions and/or forfeitures (both commercial and private vehicle) for the past three (3) years other than parking. If none, please write "NONE".

DATE	STATE	VIOLATION	PENALTY	COMMERCIAL VEHICLE (YES/NO)

**DRIVING EXPERIENCE**

EQUIPMENT CLASS	TYPE OF EQUIP (van, tank, flat, etc...)	DATES: FROM	DATES: TO	APPROX. MILES DRIVEN
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
OTHER				
LISTED COMMODITIES HAULED				

**REFERENCES**

PLEASE LIST THREE PERSONAL REFERENCES EXCLUDING FAMILY AND RELATIVES AND THREE PROFESSIONAL REFERENCES BELOW.

PERSONAL REFERENCES:

Name	Relationship	Phone #	Email

PROFESSIONAL REFERENCES:

Name	Relationship	Phone #	Email

**EQUAL EMPLOYMENT OPPORTUNITY INFORMATION (voluntary information)**

This information is being requested in accordance with federal regulations. The law prohibits discrimination because of age (over 40), race, color, sex, religion, against qualified disabled persons, national origin, citizenship and ancestry. The information is voluntary and will not be used when considering you for employment with our company.

**Racial or Ethnic Group**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian           | <input type="checkbox"/> Black or African American                 |
| <input type="checkbox"/> Hispanic or Latino               | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Two or more races                | <input type="checkbox"/> Other           |  |

**Gender**

- |                                 |                               |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

**Military Service**

- |   |   |                                |
|---|---|--------------------------------|
| <input type="checkbox"/> Pre-Vietnam Era  | <input type="checkbox"/> Vietnam Era      | <input type="checkbox"/> Other |
| <input type="checkbox"/> Post-Vietnam Era | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> None  |

**NOTICE TO APPLICANTS**

I understand that employment with Ryan Logistics, Inc. is at-will, meaning that I or Ryan Logistics, Inc. may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, financial or medical history and other related matters as may be necessary in arriving at an employment decision. Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended. I hereby authorize Ryan Logistics, Inc. to verify all data given on this application and during interviews. I hereby release Ryan Logistics, Inc., and its representatives or agents, from all liability that may result from such an investigation. I authorize all individuals, schools, health care providers and firms named to provide any requested information and release them from all liability for providing the requested information in connection with my employment application.

I also understand I have the right to:

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

I understand that Ryan Logistics, Inc. requires the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that this application was completed by me and that all the statements in this completed application are true. I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire. I agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on an introductory period during which time I may be discharged without recourse.

Signature of Applicant: \_\_\_\_\_

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

Printed Name of Applicant: \_\_\_\_\_