



NON-DRIVER APPLICATION FOR EMPLOYMENT

Qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, veteran status or disability. Accurate Cargo is an Equal Employment Opportunity Employer.

Date of Application ___/___/___ Your Phone Number _____ Email _____

Name _____ Social Security No. _____
LAST FIRST MIDDLE

Current Address _____
STREET CITY STATE ZIP

Position Applying For _____ Date Available ___/___/___

- Are you over 18 years of age? Yes No
- Are you a U.S. citizen? Yes No
- If not, do you have a legal right & necessary documents to work in the U.S.? Yes No
- Do you have reliable transportation to and from work? Yes No

PLEASE READ CAREFULLY

- A. Have you ever applied for work with or actually worked for Accurate Cargo before? Yes No
- B. Have you tested positive or refused a drug pre-employment test in the past 5 years? Yes No
- C. Have you ever been convicted of a criminal offense other than traffic? Yes No
- D. Are you currently on probation or parole? Yes No

If yes to any of the above questions, give details and dates _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Graduate School 1 2 3

List any other special training or schools: _____

MILITARY STATUS

Have you ever served in the Armed Forces of the United States? Yes No Branch _____

Dates Served: From _____ To _____ Technical Specialization _____

EMPLOYMENT HISTORY

All applicants must list all full and part-time employment including military service, self-employment and periods of unemployment during the preceding 5 years. Please list employers in reverse order starting with the current or most recent employer. Use additional sheets if necessary.

Mo/Yr

Mo/Yr

CURRENT OR MOST RECENT EMPLOYER

From _____ To _____

Phone # (____) _____

Supervisor _____

Starting Salary/Wage: _____

Final Salary/Wage: _____

Name _____

Address _____
STREET CITY STATE ZIP

Position Held _____

Reason for Leaving _____

Mo/Yr

Mo/Yr

SECOND PRIOR EMPLOYER

From _____ To _____

Phone # (____) _____

Supervisor _____

Starting Salary/Wage: _____

Final Salary/Wage: _____

Name _____

Address _____
STREET CITY STATE ZIP

Position Held _____

Reason for Leaving _____

Mo/Yr

Mo/Yr

THIRD PRIOR EMPLOYER

From _____ To _____

Phone # (____) _____

Supervisor _____

Starting Salary/Wage: _____

Final Salary/Wage: _____

Name _____

Address _____
STREET CITY STATE ZIP

Position Held _____

Reason for Leaving _____

Mo/Yr

Mo/Yr

FOURTH PRIOR EMPLOYER

From _____ To _____

Phone # (____) _____

Supervisor _____

Starting Salary/Wage: _____

Final Salary/Wage: _____

Name _____

Address _____
STREET CITY STATE ZIP

Position Held _____

Reason for Leaving _____

Mo/Yr

Mo/Yr

FIFTH PRIOR EMPLOYER

From _____ To _____

Phone # (____) _____

Supervisor _____

Starting Salary/Wage: _____

Final Salary/Wage: _____

Name _____

Address _____
STREET CITY STATE ZIP

Position Held _____

Reason for Leaving _____

SUPPLEMENTAL SHEET FOR ADDITIONAL EMPLOYMENT HISTORY

Mo/Yr Mo/Yr

From _____ To _____

Phone # (____) _____

Supervisor _____

Starting Salary/Wage: _____

Final Salary/Wage: _____

Mo/Yr Mo/Yr

From _____ To _____

Phone # (____) _____

Supervisor _____

Starting Salary/Wage: _____

Final Salary/Wage: _____

Mo/Yr Mo/Yr

From _____ To _____

Phone # (____) _____

Supervisor _____

Starting Salary/Wage: _____

Final Salary/Wage: _____

Mo/Yr Mo/Yr

From _____ To _____

Phone # (____) _____

Supervisor _____

Starting Salary/Wage: _____

Final Salary/Wage: _____

Mo/Yr Mo/Yr

From _____ To _____

Phone # (____) _____

Supervisor _____

Starting Salary/Wage: _____

Final Salary/Wage: _____

SIXTH PRIOR EMPLOYER

Name _____

Address _____
STREET CITY STATE ZIP

Position Held _____

Reason for Leaving _____

SEVENTH PRIOR EMPLOYER

Name _____

Address _____
STREET CITY STATE ZIP

Position Held _____

Reason for Leaving _____

EIGHTH PRIOR EMPLOYER

Name _____

Address _____
STREET CITY STATE ZIP

Position Held _____

Reason for Leaving _____

NINTH PRIOR EMPLOYER

Name _____

Address _____
STREET CITY STATE ZIP

Position Held _____

Reason for Leaving _____

TENTH PRIOR EMPLOYER

Name _____

Address _____
STREET CITY STATE ZIP

Position Held _____

Reason for Leaving _____

REFERENCES

Please list 2 people able to verify your employment and personal history, such as co-worker, neighbor, customer or friend. Do not list relatives.

- 1. Name _____ Relationship _____
Address _____ Phone # _____

- 2. Name _____ Relationship _____
Address _____ Phone # _____

ACKNOWLEDGEMENT

I give Accurate Cargo (the Company) the right to investigate all references and to secure additional information about me, if job-related. I release from liability the Company and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. A copy of this page serves as my authorization to seek/provide this information. I agree to sign all documents and consent forms which the Company deems necessary to verify the facts provided in this application. I give my consent, and release from liability the Company and its representatives, to respond to any inquiries made about me as part of a reference check by any subsequent or potential employer.

From time to time the Company may find it necessary to conduct investigations. If it does, employees are expected to truthfully participate and cooperate in such investigations, including submission to searches of property. Failure to do so may subject employees to disciplinary action, which may include termination of employment.

I realize as a condition of employment I will be required to undergo a post offer/pre-employment substance abuse screening test at the expense of and as prescribed by the Company, and that any offer of employment is conditioned upon the successful completion of these tests. I agree to furnish such additional information and undergo any other examinations or tests to complete the employment file, or to continue my employment with the Company, if employed. These tests may include, but are not necessarily limited to, random, for cause, reasonable suspicion alcohol and/or substance abuse screening tests. Further, I release the Company, its agents or employees from any and all claims or actions arising out of such alcohol and substance abuse tests including, but not limited to, the testing procedures, the analysis or the disclosure of test results.

I understand that any offer of employment is contingent upon my ability to produce documentation verifying my identity and legal authorization to be employed, as required by the Immigration Reform & Control Act of 1986 (IRCA).

This application is active for sixty (60) days from the date it is completed, or until the specific position opening for which it was submitted is closed, whichever is earlier. Subsequent to the preceding consideration period, I must submit a new application to be considered for this or any other position.

I understand and agree that any misrepresented, inaccurate, misleading, incomplete or omitted information provided by me in this application will be sufficient cause for cancellation of this application and/or separation from the Company's service if employed. Further, I understand that just as I am free to resign at any time, for any reason, with or without prior notice, the Company reserves the right to terminate my employment at any time, for any reason, with or without prior notice. I understand that no representative of the Company has the authority to make any verbal or written assurances to the contrary. I recognize the employment relationship to be an at-will relationship and not for a specific period of time. This application represents the complete and final expression of the intent of the parties and may not be modified except by a writing duly executed by the undersigned and the President of the Company.

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am offered employment by the Company, as a condition to that employment, all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the Company, whether during or after that employment, will be submitted to binding arbitration in lieu of any Federal or State investigative, administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

I have read carefully the above information, understand and accept the contents thereof. I certify 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.

Applicant's Signature _____ Date _____