

## **APPLICATION**

## PERSONAL INFORMATION

PERSONAL INFOR	MATION						Date:		
NAME (LAST NAME FIRST)					SOCIAL SECURITY NUMBER				
PRESENT ADDRESS			CITY			STATE	ZIP CODE		
PERMANENT ADDRESS			СІТҮ			STATE	ZIP CODE		
PHONE NUMBER			EMAIL ADDRESS						
POSITION DESIRED									
Position Desired DATE YOU CAN START			SALARY DESIRED Class CDL? REFERRED BY			/			
Do you have a TWIC Card? If ye	es, please provid	le expiration dat J ////////////////////////////////////	e.A <del>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</del>	A					
Any DUIs or DWIs in the past 7	years? NO	D YES		If Vee Herry Mer					
EDUCATION				If Yes How Mar	<u>IIy</u>				
NA		RESS OF SCHO	OL	YEARS	DID YOU	SI	JBJECTS STUD	IED	
HIGH SCHOOL					ATTENDED	GRADUATE			
COLLEGE OR TRADE SCHOOL									
OTHER EDUCATION									
GENERAL INFORMA	TION								
ARE YOU IF YES, MAY WE INQUIRE   NOW NO YES WITH YOUR PRESENT NO   EMPLOYED? EMPLOYER? EMPLOYER? EMPLOYER					YES	SUPERVISOR'S NAME			
PREVIOUS RESIDENCES FOR	LAST 7 YEAR			- NECESSARY	)			FROM	то
Are you currenity under any "NON-COMPETE" or "NON- DISCLOSURE" agreement with your current or any previous					Yes (explain)				
Have you been employed by months?	Cannonball T	rucking, Inc. i	n the past 12	No	Yes				
PREVIOUS EMPLOYERS								FROM	то
REFERENCES (NAME, ADDRESS, TELEPHONE #, OCCUPATION)									YRS KNOWN
AUTHORIZATION	ined in this an	lication are tr	le and complet	e to the best (	of my knowledge	l further unde	erstand that an	v falsified state	ments on this
"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 a previous employment and an	Il statements on Ny pertinent inf	ontained here	in and the refer	rences and en		0,	,		0,
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 ar This waiver does not permit	ny agreement o	contrary to the	foregoing, unle	ess it is in writi	ing and signed b	y someone aut	horized at AXio	on.	
and other relevent federal ar	nd state laws."								
Date:		Signature:							

Date: AXion - P-01 (Rev. 4/15)

Signature:

## 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 Logistic obtain information regarding my background. I spec	•								
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									
	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)								