



Applicant Process for Driver for C3 Logistics LLC

- Complete the Employment Application (C Three for Company Drivers, LPG for Owner/Operators)
 - Acknowledge and Sign notice on cover page
 - Complete Application.
 - If the question or request does not apply or there is no answer, please file in portion with None, N/A, or a dash
 - Must include previous 10 years of employers (per FMCSA regs). Add'l pages are available.
 - Sign the last page of the Application
- Complete and sign Authorization forms allowing a look up of:
 - Motor Vehicle Record / Drivers Abstract release (note: PA CDL Drivers are required to sign a specific release)
 - FMCSA - Pre-Employment Program Inquiry release.
 - You can review your own record by going to <https://www.psp.fmcsa.dot.gov/psp/> and request a copy of your record
- Provide a **clear** Photocopy of your Medical Certificate or have your card available and C3 Logistics/LPG Logistics staff member will photocopy it.
- Provide a **clear** Photocopy of your Commercial Driver's License (CDL)
- Provide a **clear** Photocopy of your TWIC Card.
- Your completed application will be reviewed. A USDOT Required look up of your driver license and a check of your PSP will be conducted.
- You must be registered in the FMCSA Drug and Alcohol Clearinghouse (DACH) and allow a query of your account. <https://clearinghouse.fmcsa.dot.gov/Register>
- If you are tentatively offered a position as Driver, you must submit to and pass a mandatory Pre-Employment Drug and Alcohol test as prescribed by USDOT / FMCSA Regulations, along with Haz Mat Awareness Training, Road Test, et al.
- If you are not offered a position due to your PSP history, you will be notified and provided with a copy, free of charge, in the event you opt to challenge the accuracy of the PSP report. Failing to allow a PSP check is an automatic disqualifier for employment.
- For questions, please email C3LogisticsSafety@gmail.com or call 856-265-0704



I authorize you to make such investigations and inquiries of my personal, employment, financial and 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.)

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

+Review information provided by 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.

Signature: _____ Date: _____

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Do you have a TWIC Card YES NO Exp Date: _____

Emergency Contact: Name/Relationship: _____ phone #: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment for past 10 years for CDL Drivers Use additional pages if necessary

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Commercial

Vehicles Operated: Tractor / Trailer: Y / N Straight Truck : Y/N, Bus: Y / N, Other: (describe): _____

From: _____ To: _____ Reason for Leaving: _____

Were you subject to FMCSRs while employed? Yes _____ No _____

Were you subject to Safety Sensitive operations and required to submit to Drug and Alcohol Testing requirement, as required by 49 CFR Part 40

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Commercial
Vehicles Operated: Tractor / Trailer: Y / N Straight Truck Y / N Bus: Y / N, Other: (describe): _____

From: _____ To: _____ Reason for Leaving: _____

Were you subject to FMCSRs while employed? Yes _____ No _____
Were you subject to Safety Sensitive operations and required to submit to Drug and Alcohol Testing requirement, as required by 49 CFR Part 40

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Commercial
Vehicles Operated: Tractor / Trailer: Y / N Straight Truck : Y / N Bus: Y / N, Other: (describe): _____

From: _____ To: _____ Reason for Leaving: _____

Were you subject to FMCSRs while employed? Yes _____ No _____
Were you subject to Safety Sensitive operations and required to submit to Drug and Alcohol Testing requirement, as required by 49 CFR Part 40

May we contact your previous supervisor for a reference? YES NO

ACCIDENTS IN THE PAST 5 YEARS

Date	Location	Nature (Head on, Rear end, etc.)	Fatal? #	Injuries? #	Tow Away	Haz Mats?

DRIVER LICENSES:

State	License #	Exp Date	Name on License	Class	Status:

DRIVING EXPERIENCE:

Class of Equipment	Date from:	Date To:	Approx. number of total miles
Tractor / Trailer			
Straight Truck			
Bus			
Other			

TRAFFIC SUMMONSES/CITATION CONVICTIONS AND FORFEITURES IN PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge / Offense	Penalty

- a. Have you ever been denied a license, permit or privilege to operate a motor vehicle: Yes: _____ No: _____
 b. Has any license, permit, or privilege ever been suspended or revoked: Yes: _____ No: _____

IF THE ANSWER TO A OR B IS YES, PLEASE ATTACH A STATEMENT GIVING DETAILS

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____