EMPLOYMENT APPLICATION

Please complete the entire application.

1. Employer	Information
Employer: Address: City/State/ZIP: Telephone:	Trucking Daddy's Logistics LLC 2035 Sharon Ave Indianapolis, Indiana 46222 317777974
relephone:	31777974
all applicants and	Trucking Daddy's Logistics LLC to provide equal employment opportunities to employees without regard to any legally protected status such as race, color, national origin, age, disability or veteran status.
2. Applicant	Information
Applicant Full Na	me:
Home Address:	
City/State/ZIP:	
Number of years	at this address:
Daytime phone:	Evening phone:
Mobile phone:	
Social Security N	umber:
Driver's License	(State/Number):
3. Emergen	cy Contact
Who should be co	ontacted if you are involved in an emergency?
Relationship to yo Address:	ou:
City/State/ZIP:	
Daytime phone:	Evening phone:
4. Job Posit	ion Applied For:
Full or Pa	**

Salary Desired: \$ _____ per ____

5.

0.	Do you have any friends or relatives who work h				
7.	Have you applied to our company previously?	Yes	_ No		
8.	Are you at least 18 years old?	Yes	_ No		
9.	Are you willing to work any shift, including nights and weekends? Yes Note that the property of th				
10.	If applicable, are you available to work overtime	e? Yes I	No		
11.	If you are offered employment, when would you be available to begin work?				
12.	If hired, are you able to submit proof that you are employment in the United States? Yes	legally eligible for	No		
13.	Applicant's Skills				
exper	ny skills that may be useful for the job you are seeki ience, and circle the number which corresponds to y sents poor ability, while five represents exceptional a	our ability for each pa	•		
			Ability		
S1 	kill	Years of Experience	12345		
14.	Applicant Employment History				
and m	our current or most recent employment first. Please labelitary service) which you have held, beginning with in employment. If additional space is needed, continuous	the most recent, and l	ist and explain any		
_	oyer Name:		- -		

Address:				
City/State/ZIP:				
Job Duties:				
Reason for Leaving:				
Dates of Employment	(Month/Year):			
Employer Name:				
Supervisor Name:				
Address:				
City/State/ZIP:				
Job Duties:				
Reason for Leaving:				
Dates of Employment	(Month/Year):			
- 1				
Employer Name:				
Supervisor Name:				
Address:				
City/State/ZIP:				
Job Duties:				
Dates of Employment	(Month/Year):		·	
15. Applicant's Ed	lucation and Training	T.		
19. Applicants De	radation and Training			
College/University Na	ame and Address			
Did you receive a deg	ree?Yes	No	If yes, degree(s) recei	ved:
High Cahaal/CED No	uma and Addmass			
High School/GED Na	ine and Address			
Did you receive a deg	ree? Yes	No		
214) 04 10001 10 4 408	100			
Other Training (gradua	ate, technical, vocation	onal):		
DI ' 1' '		٠. د.	1 11	
Please indicate any cur	rrent professional lic	enses or certifica	mons that you hold:	
				
Awards, Honors, Spec	cial Achievements:			
,, F				

Name: Address: City/State/ZIP: Telephone: Relationship: Name: Address: City/State/ZIP: Telephone: Relationship: 17. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

List any two non-relatives who would be willing to provide a reference for you.

16.

References

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Trucking Daddy's Logistics LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Trucking Daddy's Logistics LLC, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE AND AGREE TO ITS TERMS.	CERTIFICATION AND I UNDERSTAND
APPLICANT SIGNATURE	DATE