

ENCORE EXPRESS Ltd.

Options to Submit Application

MAIL: Attn: Recruiting
11818 Mahoning Ave.
North Jackson, OH 44451

EMAIL: Manually Save, Attach & Email:
encoreexpressrecruiting@gmail.com

FAX: Attn: Recruiting
(330) 538-9201

Employment Application

Applicant Information

Full Name: _____ Date: _____
First Middle Last

Preferred Name (for badging): _____

Cell Phone: _____ Email: _____

2nd Phone Number _____

Date of Birth: _____ Social Security No.: _____ Mothers Maiden Name: _____

Former Name if Applicable: _____
First Middle Last Suffix

How did you learn about the job? _____

ADDRESS HISTORY – Please enter the **last three (3) years**, including your present address

1. _____ From _____ To _____
Street City State Zip Mth/Day/Yr Mth/Day/Yr

2. _____ From _____ To _____
Street City State Zip Mth/Day/Yr Mth/Day/Yr

3. _____ From _____ To _____
Street City State Zip Mth/Day/Yr Mth/Day/Yr

4. _____ From _____ To _____
Street City State Zip Mth/Day/Yr Mth/Day/Yr

EMERGENCY CONTACT DETAILS

Emergency Contact: _____ Relation to Contact: _____

Contact Telephone: _____ Contact Country: _____

Address for Contact: _____
Street City State Zip Code

APPLICANT INFORMATION

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? _____

If yes, explain: _____

Have you ever been convicted of a felony? YES__ NO__

Are you over 18 years of age? YES__ NO__

Do you have a current Department of Transportation (DOT) Physical? YES__ NO__

If yes, complete the following: Date: _____ Did you qualify? YES__ NO__

Physicians Name: _____ Country: _____ Phone: _____

Address: _____
Street City State Zip Code

References

Please list three references not including relatives or persons identified in the employment section of this sheet.

Full Name: _____ Relationship: _____

Occupation: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Occupation: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Occupation: _____ Phone: _____

Address: _____

List present and **ALL** previous employment in the past **10 years** with no gaps by entering necessary details. Start with present and work back. To indicate periods of Unemployment please fill in a section citing the appropriate time frame, and entering "Unemployed" in all required fields and keeping the Ending Pay Rate equal to "0".

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____
Street Address City State Zip

Relevant Work Experience: YES ___ NO ___ Type of Vehicle Driven: _____ Fuel Type: _____

Job Title: _____ Ending Pay Rate: _____ Pay Frequency : _____

From: _____ To: _____ Current Status: _____
Laid off, Resigned, Released

Reason for Leaving: _____ Business Type: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____
Street Address City State Zip

Relevant Work Experience: YES ___ NO ___ Type of Vehicle Driven: _____ Fuel Type: _____

Job Title: _____ Ending Pay Rate: _____ Pay Frequency : _____

From: _____ To: _____ Current Status: _____
Laid off, Resigned, Released

Reason for Leaving: _____ Business Type: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Street Address City State Zip
Relevant Work Experience: YES ___ NO ___ Type of Vehicle Driven: _____ Fuel Type: _____
Job Title: _____ Ending Pay Rate: _____ Pay Frequency : _____
From: _____ To: _____ Current Status: _____
Laid off, Resigned, Released
Reason for Leaving: _____ Business Type: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Street Address City State Zip
Relevant Work Experience: YES ___ NO ___ Type of Vehicle Driven: _____ Fuel Type: _____
Job Title: _____ Ending Pay Rate: _____ Pay Frequency : _____
From: _____ To: _____ Current Status: _____
Laid off, Resigned, Released
Reason for Leaving: _____ Business Type: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Street Address City State Zip
Relevant Work Experience: YES ___ NO ___ Type of Vehicle Driven: _____ Fuel Type: _____
Job Title: _____ Ending Pay Rate: _____ Pay Frequency : _____
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Address: _____ Supervisor: _____
Street Address City State Zip

Relevant Work Experience: YES ___ NO ___ Type of Vehicle Driven: _____ Fuel Type: _____

Job Title: _____ Ending Pay Rate: _____ Pay Frequency : _____

From: _____ To: _____ Current Status: _____

Reason for Leaving _____ Business Type _____
Laid off, Resigned, Released

Driving Details

Do you currently have driving experience? YES ___ NO___

If yes, please complete all following details:

Vehicle Type: _____ Fuel Type: _____ State Driven: _____

Number of Years or Months: Years _____ Months _____

Vehicle Type: _____ Fuel Type _____ State Driven: _____

Number of Years or Months: Years _____ Months _____

DRIVING VIOLATION HISTORY

Have you ever been convicted of or forfeited bond for violation of motor vehicle laws or ordinances other than parking during the past **three (3) years**, or do you have any pending matters relating to motor vehicle laws or ordinances? YES___ NO ___

If Yes, complete the following for each violation:

Date of Violation: _____ Conviction Date: _____ Nature of Violation: _____

If Speeding, indicate Posted Speed Limit: _____ Actual Speed: _____

Vehicle Type: Personal _____ Commercial _____

Country: _____ State: _____ County: _____ Fine: _____ Points: _____

Date of Violation: _____ Conviction Date: _____ Nature of Violation: _____

If Speeding, indicate Posted Speed Limit: _____ Actual Speed: _____

Vehicle Type: Personal _____ Commercial _____

Country: _____ State: _____ County: _____ Fine: _____ Points: _____

TRUCK DRIVING TRAINING

Have you attended and graduated from a Truck Driving School? YES ___ NO ___

Name of School: _____ City: _____ State: _____

Contact: _____ Phone: _____ Email : _____

Begin School: _____ Graduated School: _____
Month, Year Month, Year

ACCIDENT HISTORY DETAILS

Have you had Accidents while operating **ANY TYPE** of motor vehicle during the past **three (3) years**? YES ___ NO ___

Date of Accident _____ Nature of Accident _____

Describe Extent of Damage/Injuries (Including monetary value if applicable) _____

Number of Deaths _____ Number of Injuries _____ Vehicle Type: Commercial ___ Personal ___

Did the Accident occur on the Road? YES___ NO ___ Were You at Fault? YES ___ NO___
Date of Accident _____ Nature of Accident _____

Describe Extent of Damage/Injuries (Including monetary value if applicable) _____

Number of Deaths _____ Number of Injuries _____ Vehicle Type: Commercial ___ Personal ___

Did the Accident occur on the Road? YES___ NO ___ Were You at Fault? YES ___ NO___

LICENSES AND PERMITS DETAILS

License Type: _____ Doubles/Triples: YES___ NO___ Other License Types: _____

Date of License: _____ Expiration Date: _____ Country: _____ State: _____

Have you EVER had this or any other motor vehicle operator's license denied, revoked, or suspended? YES ___ NO ___
If YES, enter details below:

Type: _____ Date: _____ For How Long: _____ Reason: _____

Type: _____ Date: _____ For How Long: _____ Reason: _____

Type: _____ Date: _____ For How Long: _____ Reason: _____

Education

School Type (Highest level completed): _____ Country: _____

Month/Year Started: _____ Month/Year Finished: _____ Graduated: YES ___ NO ___

Name of School: _____ State: _____ Degree: _____ Major: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Legal History

Have you ever been convicted or plead guilty to a felony under your present or any other name? YES ___ NO ___

If Yes, enter the following: Date _____ County/State _____ Offense _____

Have you ever been convicted or plead guilty to a misdemeanor under your present or any other name? YES ___ NO ___

If Yes, enter the following: Date _____ County/State _____ Offense _____

Do you have any criminal matters pending under your present or any other name? YES ___ NO ___

If Yes, enter the following: Date _____ County/State _____ Offense _____

FedEx History

Have you ever applied at or been employed or contracted by a FedEx Ground affiliated company under your present name or any other name? YES ___ NO ___

If Yes, please complete the following: Prior FedEx status: Applied ___ Employed ___ Contracted ___

Was current name used at time of Application/Employment/Contract? YES ___ NO ___

If Yes First Name: _____ Middle: _____ Last: _____ Suffix: _____

Position Held/Applied For: _____ Location: _____

If previously employed/contracted by FedEx Ground, complete the following:

Start Date: _____ End Date: _____ Reason for Leaving: _____

FedEx Contacts/Relatives

CONTACTS

Do you know anyone employed or contracted by a FedEx Ground affiliate company? YES ___ NO ___

If Yes, please complete the following:

First Name _____ Last Name _____ Occupation _____

Location/Company _____ Telephone _____ Relationship _____

RELATIVES

Are you related to anyone employed or contracted by a FedEx Ground affiliated company? YES__ NO__

If Yes, please complete the following:

First Name _____ Last Name _____ Occupation _____

Location/Company _____ Telephone _____ Relationship _____

Disclaimer and Signature

I, _____ in connection with this service, authorize all corporations, companies, credit agencies, educational institutions, law enforcement agencies, military services, former employers and individuals to release information they may have about me to FedEx Ground and their agents, and release them from any liability or responsibility for doing so. I further authorize the procurement of an Investigative consumer report and understand that such a report may contain information about my background, character and personal reputation and that further information may be available upon written request within a reasonable period of time.

I understand that this notice will also apply to any future report updates that may be requested.

I also certify that this Information Sheet was completed by me, and that all entries on it and information in it 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.

CANDIDATE SIGNATURE: _____ DATE: _____

Options to Submit Application

MAIL: Attn: Recruiting
11818 Mahoning Ave.
North Jackson, OH 44451

EMAIL: Manually Save, Attach & Email:
encoreexpressrecruiting@gmail.com

FAX: Attn: Recruiting
(330) 538-9201