



620 Spice Island Dr., Sparks, NV 89431
Phone: 775-358-5300 Fax: 775-358-5322

NON-DRIVER APPLICATION

Date of Application

Position Applied For

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status or disability. This application is valid for only 60 days from the date of application. To be considered for employment after that time, the application must be renewed in writing.

Name: Last First MI Social Security #

Address: Street City State Zip Code Phone Number

Previous Address if less than 3 years at current address.

Street City State How Long?

Are you a U.S. Citizen or lawfully y in the U.S. and eligible for work? If employed, you must provide documentation establishing that you may be legally employed in the U.S.

In case of emergency notify Name Address City St. Zip Phone

Are you currently employed? Where?

May we contact your present employer?

When would you be available for an interview?

When would you be available to start work?

Are you fluent in any foreign languages? What languages?

Do you have any relatives working for ITS? Who?

Referred by?

Have you ever been convicted of a felony? If yes, please explain (Conviction of a felony will not necessarily disqualify you from employment)

MILITARY STATUS

Branch Served Dates From: To:

Rank at Discharge Date of Discharge Type of Discharge

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 13 14 15 16 17 18

Last School Attended

Received Degree? Yes No Degree in

EMPLOYMENT HISTORY

(Minimum 10 years)

Start with your present job; include any military service and school attendance.

Employer Name _____ Supervisor _____ Phone _____

Address _____
Street City State Zip

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

Employer Name _____ Supervisor _____ Phone _____

Address _____
Street City State Zip

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

Employer Name _____ Supervisor _____ Phone _____

Address _____
Street City State Zip

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

Employer Name _____ Supervisor _____ Phone _____

Address _____
Street City State Zip

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

Employer Name _____ Supervisor _____ Phone _____

Address _____
Street City State Zip

Position Held _____ From _____ ITS Logistics * 620 Spice Island Drive Sparks, NV
_____ To _____ Salary _____

Reason for Leaving _____

EXPERIENCE

Equipment Operated	X	Years	Equipment Operated	X	Years
Computer knowledge			OS & D		
Internet			Interline		
Billing			Claims		
Fax Machine			Dispatcher		
Switchboard			Rates (indicate tariffs)		
10-Key			Forklift		
Excel			Pallet Jack		
Word			Other:		
Accounting			Other:		
Customer Service			Other:		

Please list any other clerical skills, courses or experience _____

By my signature below I authorize ITS Logistics and/or its agent(s) to act on my behalf to conduct a criminal background check. Under the provisions of the Fair Credit Reporting Act, 15 USC 1681 SEC Notice is hereby given that an investigative consumer report may be made which may include information pertaining to my credit worth, character, general reputation, personal characteristics, and mode of living, which will be used for employment purposes. I am further advised that under said Act I have the right to request the company to make a complete and accurate disclosure of the nature and scope of the investigation requested by the company. My request must be in writing and submitted in a reasonable period of time after my application. The company shall respond in writing, mailed or otherwise delivered, to me not later than five days after the date upon which the request for such disclosure was received from me or such report was first requested, whichever is later. I also authorize the investigation of all statements contained in the application. I understand that any misrepresentation or omission of facts called for on this application is cause for immediate dismissal. I hereby grant permission to verify employment with former employers to obtain information regarding my previous employment record. Further, I understand that employment is at will for no definite period and may, regardless of the date of payment of my wages, be terminated at any time with or without notice or with or without cause. I also understand this is a condition of my employment. I will be requested to pass a controlled substance test involving a collection of my urine and that a post offer physical may be required. I understand that I may be required to submit to a DOT re-certification physical and/or a random controlled substance test as a continuing condition of employment. All information gathered shall be held in strict confidence between ITS Logistics and the applicant. My signature also certifies 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.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Signature _____ Date _____



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FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports Verifying your previous employment, previous drug and alcohol test results, and your Driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's signature

Date

Print name

Social Security number



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NOTICE TO APPLICANTS

PRE-EMPLOYMENT DRUG TESTING

ITS Logistics has a vital interest in maintaining safe, healthful and efficient working conditions for its customers and employees. Using or being under the influence of drugs and/or alcohol on the job may pose serious safety and health risks not only for the user, but to the public and all those who work with the user. The possession, use or sale of an illegal drug or controlled substance may also pose unacceptable risks to safe, healthful and efficient operations.

To meet this compelling interest, individuals who wish to be considered for employment must agree to PRE-PLACEMENT DRUG TESTING AND DRUG AND ALCOHOL TESTING DURING EMPLOYMENT.

By completing and signing this Notice and the attached Application of Employment, the applicant understands and agrees to submit to drug and alcohol testing during the course of employment as provided for in ITS Logistics' Drug and Alcohol Policy. The applicant further understands and agrees to release ITS Logistics and its directors, officers, agents, employees, parents, subsidiaries and affiliated concerns from any and all liability, claims, demands, damages and causes of actions of every kind and nature arising out of or resulting from or in connection with submitting to drug and alcohol testing and any decision concerning employment made by ITS Logistics in whole or in part, based upon the results of drug and alcohol testing.

Applicant's Signature

Date



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I hereby attest that I have completed the ITS Logistics application, answered all questions and completed all paperwork accurate and completely. Furthermore, I have not intentionally or unintentionally added, excluded or altered any information pertaining to my work experience, driving record, personal background, previous employment, etc.

I realize that ITS Logistics is considering employing me based upon the accuracy and integrity of this information as well as any additional information that ITS Logistics obtains as part of its necessary due diligence check into my background and work history.

I further understand that a formal position with the company is subject to my successful completion of a road test (drivers only), physical (drivers only) and drug test (all new hires). I also understand that if employed, and I resign before thirty days, the cost of the physical and drug screen will be deducted from my earnings.

Employee's Name (Please Print)

ITS Witness (Please Print)

Employee's Signature

Witness Signature

Date

Date