

ASA Logistics LLC.

8828 Commerce Loop Dr., Columbus, Ohio 43230



(Please circle one) **Contractor/Driver/Helper Information Questionnaire**

PRINT CLEARLY

Hire Date _____

Name in Full: _____ Soc. Sec. #: _____
 (LAST) (FIRST) (MIDDLE)

Address: _____ From/To Dates: _____
 (Number & Street)

City/State/Zip: _____ Telephone No: (_____) _____
 (Province) (Area Code)

List Previous Addresses for the past 7 years.

Address: _____ From/To Dates: _____
 (Number & Street) (City) (State & Zip Code) (Province)

Address: _____ From/To Dates: _____
 (Number & Street) (City) (State & Zip Code) (Province)

Address: _____ From/To Dates: _____
 (Number & Street) (City) (State & Zip Code) (Province)

- PERSONAL INFORMATION -

DATE OF BIRTH: _____

U.S. CITIZEN: Yes No

CANADIAN CITIZEN: Yes No

In Case of Emergency Notify: _____
 (Name) (Address) (Telephone No)

Have you ever been Bonded? Yes No

Have you ever been refused a Bond? Yes No If "Yes" explain: _____

Have You Ever Been Convicted Of A Crime? Yes No If "Yes" explain: _____

- EDUCATION -

Please circle highest grade completed. 6 7 8 9 10 11 12 13 14 15 16 +

| SCHOOLS | NAME & ADDRESS | GRADUATE ? | DEGREE? |
|---------|----------------|------------|---------|
| High | | | |
| College | | | |
| Other | | | |

- RECORD OF MILITARY AND RESERVE STATUS -

| SERVICE DATES | | BRANCH | RATE OR RANK | TYPE OF DISCHARGE | SERIAL NO. |
|------------------------|-----|--------------|-----------------------------------|--------------------------------------------|------------|
| From: | To: | | | | |
| PRESENT CLASSIFICATION | | RESERVE UNIT | Active <input type="checkbox"/> | If Active, Meeting Dates, Including Summer | |
| | | | Inactive <input type="checkbox"/> | | |

- WORK HISTORY -

List ALL Employment And Reasons For Periods Of Unemployment During The Past 10 Years (Begin With Most Recent)

| DATES | FORMER EMPLOYER | POSITION | REASON FOR LEAVING |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------|--------------------|
| From: To: | Name: Street: City/State/Zip: (Province) | | |
| While employed were you subject to the Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Alcohol & Controlled Substances testing as required by any DOT agency under 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/> Supervisor: _____ Telephone # () | | | |
| From: To: | Name: Street: City/State/Zip: (Province) | | |
| While employed were you subject to the Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Alcohol & Controlled Substances testing as required by any DOT agency under 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/> Supervisor: _____ Telephone # () | | | |
| From: To: | Name: Street: City/State/Zip: (Province) | | |
| While employed were you subject to the Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Alcohol & Controlled Substances testing as required by any DOT agency under 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/> Supervisor: _____ Telephone # () | | | |
| From: To: | Name: Street: City/State/Zip: (Province) | | |
| While employed were you subject to the Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Alcohol & Controlled Substances testing as required by any DOT agency under 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/> Supervisor: _____ Telephone # () | | | |

- 3 PERSONAL REFERENCES (DO NOT INCLUDE RELATIVES) -

(All Dates, Complete Addresses With Zip Codes and Phone Numbers Are Required)

| NAME | OCCUPATION | MAILING ADDRESS | TELEPHONE NO. |
|------|------------|-----------------|---------------|
| | | | |
| | | | |
| | | | |

WORK HISTORY CONTINUATION SHEET

| DATES | FORMER EMPLOYER | POSITION | REASON FOR LEAVING |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------|--------------------|
| From: To: | Name: Street: City/State/Zip: (Province) | | |
| While employed were you subject to the Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Alcohol & Controlled Substances testing as required by any DOT agency under 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/> Supervisor: _____ Telephone # () | | | |
| From: To: | Name: Street: City/State/Zip: (Province) | | |
| While employed were you subject to the Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Alcohol & Controlled Substances testing as required by any DOT agency under 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/> Supervisor: _____ Telephone # () | | | |
| From: To: | Name: Street: City/State/Zip: (Province) | | |
| While employed were you subject to the Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Alcohol & Controlled Substances testing as required by any DOT agency under 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/> Supervisor: _____ Telephone # () | | | |
| From: To: | Name: Street: City/State/Zip: (Province) | | |
| While employed were you subject to the Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Alcohol & Controlled Substances testing as required by any DOT agency under 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/> Supervisor: _____ Telephone # () | | | |
| From: To: | Name: Street: City/State/Zip: (Province) | | |
| While employed were you subject to the Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Alcohol & Controlled Substances testing as required by any DOT agency under 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/> Supervisor: _____ Telephone # () | | | |
| From: To: | Name: Street: City/State/Zip: (Province) | | |
| While employed were you subject to the Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Alcohol & Controlled Substances testing as required by any DOT agency under 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/> Supervisor: _____ Telephone # () | | | |