

10499 Royalton Road Cleveland, Ohio 44133

FOR OFFICE USE ONLY Position _____ Rate _____ Starting Date _____

APPLICATION FOR EMPLOYMENT (WE ARE AN EQUAL OPPORTUNITY EMPLOYER)

5211 Krieger Court Columbus, Ohio 43228

I UNDERSTAND THAT Transport Services, Inc. is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, religion, handicap or disability, or any other category protected by federal, state, or local law.

I authorize former and present employers, work and personal references, and any other individuals to give Transport Services or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to Transport Services. I also authorize Transport Services to provide truthful information concerning my employment with it to future employers and I agree to hold Transport Services harmless for providing such information.

I understand that Transport Services reserves the right, to the extent permitted by law, to require drug and/or alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to Transport Services or its designee. I release Transport Services and its designee from any and all liability and damages that may result or arise from any drug test or provision of information in connection with such a test.

I understand that this employment application and any other Company documents are not promises of employment. Should I be employed, I understand my employment will be on a trial period for 90 days from date of my hiring, and that I will remain an at-will employee thereafter. I further understand that, if I am employed, I can terminate my employment at any time with or without cause, and that the Company has a similar right.

The information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

THIS APPLICATION WILL BE CONSIDERED "ACTIVE" FOR A MAXIMUM OF NINETY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

Date

Applicant's Signature

Each inquiry on this application must by fully answered or completed. Otherwise, you will not be considered for employment.

PERSONAL DATA

| Last Name | First Name Middle Name or Initia | | Middle Name or Initial |
|--|----------------------------------|---------------|------------------------|
| Present Address: | City | State | Zip |
| How long have you lived there? Years | _ Months | | |
| Previous Address: | City | State | Zip |
| How long have you lived there? Years | Months | | |
| Telephone Number (s) | Social Security | No | |
| Are you 18 years of age or older? — Yes — No | | | |
| Position Desired: | Placement Desired: | - Full-Time—— | Part-Time —— Temporary |
| When are you available for work? | Rate of Pay | Expected: | |

PREVIOUS EMPLOYMENT

Please list the names of your present and previous employers in chronological order with present or last employer listed first. Include part-time and seasonal employment. If self-employed, give name of business and supply business references. DO NOT ANSWER "SEE RESUME". Fill out this form completely.

| Employer 1 | Dates E From | mployed To | Work Performed |
|---|---|--|----------------|
| Telephone No.: | | | |
| Address: | _ | | |
| T 1 m'.1 | - | | |
| Job Title: | | | |
| Supervisor Name & Title: | May we c refer | contact for ence? | |
| Reason for Leaving: | Yes | No | |
| Employer 2 | Dates E From | mployed To | Work Performed |
| Talanhana Na . | | | |
| Telephone No.:Address: | | | |
| Address: | - | | |
| Job Title: | | | |
| Supervisor Name & Title: | May we c refer | contact for ence? | |
| Reason for Leaving: | — Yes | — No | |
| Employer 3 | Dates E | mployed | Work Performed |
| | From | To | work renomined |
| Telephone No.: | From | To | work renomined |
| | From | To | work i chonned |
| Telephone No.: | From | To | |
| Telephone No.:Address: | From May we d | contact for ence? | |
| Telephone No.: Address: Job Title: | From May we d | To Contact for | |
| Telephone No.: Address: Job Title: Supervisor Name & Title: | From May we orefere Yes | contact for ence? | Work Performed |
| Telephone No.:Address: Job Title: Supervisor Name & Title: Reason for Leaving: | From May we orefere Yes | To contact for ence? No nployed | |
| Telephone No.: Address: Job Title: Supervisor Name & Title: Reason for Leaving: Employer 4 | From May we orefere Yes | To contact for ence? No nployed | |
| Telephone No.: Address: Job Title: Supervisor Name & Title: Reason for Leaving: Employer 4 Telephone No.: | From May we orefere Yes | To contact for ence? No nployed | |
| Telephone No.: Address: Job Title: Supervisor Name & Title: Reason for Leaving: Employer 4 Telephone No.: Address: | From May we or reference Yes Dates En From | To contact for ence? No nployed | |
| Telephone No.: Address: Job Title: Supervisor Name & Title: Reason for Leaving: Employer 4 Telephone No.: Address: Job Title: | From May we or refer Yes Dates En From May we or refer | To To contact for ence? No nployed To contact for | |

BACKGROUND INFORMATION

Please explain fully any gaps in your employment history. <u>Be sure to account for all periods of time</u> including military service and any period of unemployment.

| List any other names that you may have used which will be necessary to verify your prior employment and background: |
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| |
| If hired, can you provide proof that you are legally entitled to work in the U.S.?YesNo |
| Have you ever been terminated or asked to resign from any job?YesNo |
| If yes, please explain circumstances: |
| Have you ever worked for Transport Services before?YesNo |
| If yes, please give dates and position: |
| Do you have any friends or relatives working here? Yes No |
| If yes, Name (s) and Relationship: |
| How were you referred to us? |
| Have you ever been convicted of a felony? If yes, please provide details. Yes No Are any charges currently pending against you? If yes, please provide details. Yes No (NOTE: Answering "yes" to these questions does not constitute an automatic bar to employment.) If you answered yes to any of the preceding questions, please give dates and details: |
| Do you have any commitments or non-competitive agreements to any other employer that may affect your employment? Yes No If yes, explain: |

EDUCATION

| School Name | Years Completed (Circle) | Diploma / Degree | Describe Course of Study or Major |
|-----------------------|-----------------------------|------------------|-----------------------------------|
| High School | 9 10 11 12 | | |
| College/University | 1 2 3 4 | | |
| Graduate/Professional | 1 2 3 4 | | |

MILITARY SERVICE RECORD

| Were you in U.S. Armed Forces? Yes No If yes, what branch? | | | | |
|--|----|-------------------|--|--|
| Dates of Duty: From 7 | Го | Rank at Discharge | | |
| List duties in the service including special training: | | | | |
| | | | | |

DRIVING INFORMATION (Complete only if driving is an essential part of the job for which you are applying.)

| Do you have a current valid drivers' license? Yes No If yes, License No | | | |
|---|--|--|--|
| State Expiration Date | | | |
| Has your license ever been suspended or revoked? Yes No If yes, explain | | | |
| | | | |
| Do you have personal automobile insurance? Yes No If no, explain | | | |
| Have you ever been convicted, or pleaded guilty to a charge of DWI or DUI? Yes No | | | |
| Are such charges currently pending against you? Yes No If yes to either question, explain | | | |
| | | | |

Please list all moving traffic violations in the last five (5) years:

| Date | Location | Comments |
|------|----------|----------|
| | | |
| | | |
| | | |
| | Date | |

PERSONAL REFERENCES

List three references

| Name and Occupation | Address | Area Code/Phone No. |
|---------------------|---------|---------------------|
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