



# BST Logistics LLC

## Job Application

### Personal Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

SSN # \_\_\_\_\_ DL # \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Are you 18 or older? Yes  No  DOB \_\_\_\_\_ Legal US Citizen? Yes  No

Position Applying For? \_\_\_\_\_ Expected Pay \_\_\_\_\_ Date Available To Start? \_\_\_\_\_

Have you been convicted of a felony in the last 10 years? Yes  No  Are you willing to work weekends? Yes  No

If yes explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to work Holidays? Yes  No

### Prior Work History

Most recent Employer? \_\_\_\_\_ Starting Pay \_\_\_\_\_

Street Address \_\_\_\_\_ Ending Pay \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Start Date \_\_\_\_\_

Position held \_\_\_\_\_ End Date \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Supervisor Phone \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Prior employer? \_\_\_\_\_ Starting Pay \_\_\_\_\_

Street Address \_\_\_\_\_ Ending Pay \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Start Date \_\_\_\_\_

Position held \_\_\_\_\_ End Date \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Supervisor Phone \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Prior employer? \_\_\_\_\_ Starting Pay \_\_\_\_\_  
 Street Address \_\_\_\_\_ Ending Pay \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Start Date \_\_\_\_\_  
 Position held \_\_\_\_\_ End Date \_\_\_\_\_  
 Supervosir Name \_\_\_\_\_ Supervisor Phone \_\_\_\_\_  
 Reason for leaving? \_\_\_\_\_

**Education**

High School Graduate? Yes  No  If no, last grade completed 8 9 10 11 12 GED? Yes  No   
 School Name \_\_\_\_\_ Years attended From \_\_\_\_\_ To \_\_\_\_\_  
 School Address \_\_\_\_\_

College Graduate? Yes  No  If yes, number of years? 2 yr 3 yr 4 yr 5 yrs + Major \_\_\_\_\_  
 University Name \_\_\_\_\_ Years attended From \_\_\_\_\_ To \_\_\_\_\_  
 University Address \_\_\_\_\_

Trade School Graduate? Yes  No  If yes, school Name? \_\_\_\_\_ Trade \_\_\_\_\_  
 Number of years Attended? 8 9 10 11 12 School Address? \_\_\_\_\_

List any applicable special skills, training or proficiencies - especially trucking related skills.	

Why do you believe you would be an effective dispatcher?	

**Personal References**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ May we contact this person? Yes  No   
 City, State, Zip \_\_\_\_\_ Relationship to this person \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Citty, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_  
May we contact this person? Yes  No   
Relationship to this person \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Citty, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_  
May we contact this person? Yes  No   
Relationship to this person \_\_\_\_\_

**Equipment**

Desktop Computer Yes  No  Computer Brand \_\_\_\_\_ How many monitors? \_\_\_\_\_  
Laptop Computer Yes  No  Computer Brand \_\_\_\_\_ Printer Yes  No   
Desk & Office Space to do work? Yes  No  Do you have Adobe Acrobat - or other PDF editor? Yes  No

*Disclaimer - by signing, I hereby certify that the above information, to the best of my knowledge, is true, I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired.*

Signature \_\_\_\_\_  
Date \_\_\_\_\_

**FOR OFFICE USE ONLY - Do not write in this section**

Application reviewed by: _____	Review date _____	Time _____
Initial thoughts _____		
Hire or Deny _____	Start Date _____	Starting Pay _____
	Ending Pay _____	End Date _____
Fired or Quit _____	Reason _____	