**K1 TRANSFREIGHT INC**

**280 9TH ST, WHEELING, IL 60090**

IF YOU ARE A PROFESSIONAL DRIVER WHO WANTS TO APPLY FOR A POSITION IN OUR COMPANY, HERE IS WHAT WE NEED TO KNOW:

1: FIRST, MIDDLE, LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. NICK NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. PHYSICAL ADDRESS( IF DIFFERENT FROM THE CDL) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. YEARS OF EXPERIENCE (USA only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. MANUAL OR AUTOMATIC TRANSMISSION?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, TRAILER TYPE :\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Any accidents in the last 3 years ?\_\_\_\_\_\_\_\_\_\_\_if the answer is YES, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. How is your driving record ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. ARE YOU WILLING TO DRIVE IN TEAM?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. DO YOU ALREADY HAVE A TEAM?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If the answer is YES, please type

NAME OF YOUR TEAM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and PHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. HOW MANY MILES CAN YOU DRIVE PER DAY?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. HOW DID YOU HEAR ABOUT US?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. NAME OF THE PERSON WHO REFERRED US: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. WHEN ARE YOU READY TO START?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Are you looking to : Lease Lease to purchase .

14. **LIST ALL THE COMPANIES YOU WORKED FOR IN THE PAST 10 YEARS:**

COMPANY NAME:

ADDRESS:

SAFETY MANAGER:

PHONE NUMBER/EMAIL ADDRESS:

POSITION HELD:

PERIOD OF EMPLOYMENT(from m/y to m/y):

COMPANY NAME:

ADDRESS:

SAFETY MANAGER:

PHONE NUMBER/EMAIL ADDRESS:

POSITION HELD:

PERIOD OF EMPLOYMENT(from m/y to m/y):

COMPANY NAME:

ADDRESS:

SAFETY MANAGER:

PHONE NUMBER/EMAIL ADDRESS:

POSITION HELD:

PERIOD OF EMPLOYMENT(from m/y to m/y):

COMPANY NAME:

ADDRESS:

SAFETY MANAGER:

PHONE NUMBER/EMAIL ADDRESS:

POSITION HELD:

PERIOD OF EMPLOYMENT(from m/y to m/y):

COMPANY NAME:

ADDRESS:

SAFETY MANAGER:

PHONE NUMBER/EMAIL ADDRESS:

POSITION HELD:

PERIOD OF EMPLOYMENT(from m/y to m/y):

**Please, answer these questions and send the form back to** **k1safety1@gmail.com** **along with the copies of your:**

* CDL
* SOCIAL SECURITY
* MEDICAL CARD
* BANK ACCOUNT ( PREFERABLY VOIDED CHECK)

**LIVIU - OWNER**

**PHONE: 773-501-2477**

**NADIA – SAFETY MANAGER**

**PHONE: 224-434-2119**