



 EMPLOYMENT APPLICATION

3080 Park Pond Way #112, Kissimmee, FL 34741

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Phone: 321.320.4491

Applicant Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last 4 Digits SS#: \_\_\_\_\_

Emergency Contact (Name & Phone): \_\_\_\_\_

Position Applying For

Driver – W-2 Employee (Florida-Only Operations)

(From uploaded document: “We operate exclusively within the State of Florida...” )

Available Start Date: \_\_\_\_\_

Desired Employment:  Full-Time

Driver Qualifications

CDL Class Held:  A  B  Other: \_\_\_\_\_

Years of CDL Experience: \_\_\_\_\_

Endorsements: \_\_\_\_\_

TWIC Card:  Yes  No

DOT Medical Card Valid Until: \_\_\_\_\_

Driving Record

Have you had any accidents in the last 3 years?

Yes  No

If yes, explain: \_\_\_\_\_

Any moving violations in the last 3 years?

Yes  No

If yes, explain: \_\_\_\_\_

Have you ever been terminated for safety or compliance reasons?

Yes  No

If yes, explain: \_\_\_\_\_

Employment History (Last 3 Years)

Employer 1: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer 2: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Professional Standards

(From uploaded document: "Drivers must consistently demonstrate respectful communication, zero ego, professional appearance...")

Please initial each line:

\_\_\_\_\_ I agree to maintain professional communication at all times.

\_\_\_\_\_ I agree to follow all DOT, state, and company regulations.

\_\_\_\_\_ I agree to maintain accurate logs and documentation.

\_\_\_\_\_ I agree to report maintenance needs immediately.

\_\_\_\_\_ I agree to operate equipment safely and responsibly.

Performance Bond Acknowledgment

(From uploaded document: "Each driver maintains a \$1,000 bond... deducted at \$100 per week...")

\_\_\_\_\_ I understand a \$1,000 performance bond is required and deducted at \$100/week until funded.

\_\_\_\_\_ I understand the bond must be replenished after any deduction.

Certification

I certify that all information provided is true and complete. Any false statements may result in disqualification or termination.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_