



Celerity Logistics Short Form

HUB

Instructions: Please provide the requested information and fax all pages to Human Resources at 1-888-416-9353.

1) Driver's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home # _____ Cell # _____

2) Date of Birth ____/____/____ (MM/DD/YYYY)

3) Social Security Number: _____

4) Driver's License Number: _____ Class: _____ Expires: _____

State of License: _____

5) Male or Female: _____ Male _____ Female

6) Nationality: _____ White _____ Hispanic _____ African American _____ Other

7) Type of position applying for:

_____ DOT _____ Non-DOT _____ DOT operating Non-DOT vehicle (under 26,000 lbs

Vehicle Description: _____ above 26,000 _____ below 26,000

In addition, please attach the following reports and/or copies:

- 1) Fair Credit Reporting Act Disclosure & Authorization (FCRA)
- 2) Consent for Drug and Alcohol Testing
- 3) Copy of Driver's License and Social Security Card
- 4) DOT Medical Exam Report (long form) and Medical Card (if applicable)
- 5) Copy of Vehicle Insurance Certificate (Commerical)