WARRIOR
TECHNOLOGIES, LLC

APPLICATION FOR EMPLOYMENT

Please complete all applicable fields. Providing complete and accurate information helps us evaluate your application.

PERSONAL INFORMATION

Full Name	
Address	
City, State, ZIP	
Phone	
Email	
Date of Application	
Referred By	

POSITION & AVAILABILITY

Position Desired		Preferred Location	
Date Available		Hourly Rate / Salary Desired	
Employment Type	☐ Full-Time ☐ Part-Time ☐ Temporary	Shift	☐ Day ☐ Night ☐ Any
Availability	☐ Any Shift ☐ Overtime ☐ Weekends ☐ Nights		

APPLICANT REQUIREMENTS

Are you at least 18 years old?	☐ Yes ☐ No	Legally authorized to work in the U.S.?	☐ Yes ☐ No
Valid driver's license?	☐ Yes ☐ No	Can perform essential job functions?	☐ Yes ☐ No
Able to work overtime when required?	☐ Yes ☐ No	Able to work weekends/nights if required?	☐ Yes ☐ No

DRIVER / SAFETY INFORMATION

License State		License Expiration	
CDL	☐ Yes ☐ No	Medical Card	☐ Yes ☐ No
DOT/FMCSA regulated work in prior employment	☐ Yes ☐ No	DOT drug/alcohol testing in prior employment	☐ Yes ☐ No

SKILLS / EXPERIENCE

List any licenses, certifications, equipment experience, technical skills, safety training, or other qualifications relevant to the position.

Employment offers may be contingent upon successful completion of applicable background, motor vehicle, drug/alcohol, physical, or other job-related requirements.

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EMPLOYMENT HISTORY

List your three most recent employers, beginning with your current or most recent employer. Include periods of unemployment in the date range. Additional employment history may be requested if needed.

EMPLOYER 1

Employer Name		Phone	
Address / City / State / ZIP		Dates Employed	From _____ To _____
Job Title		Supervisor	
Primary Duties / Scope of Work		Reason for Leaving	☐ Resigned ☐ Laid Off ☐ Fired ☐ Other
May we contact this employer?	☐ Yes ☐ No	Subject to DOT/FMCSA requirements?	☐ Yes ☐ No

EMPLOYER 2

Employer Name		Phone	
Address / City / State / ZIP		Dates Employed	From _____ To _____
Job Title		Supervisor	
Primary Duties / Scope of Work		Reason for Leaving	☐ Resigned ☐ Laid Off ☐ Fired ☐ Other
May we contact this employer?	☐ Yes ☐ No	Subject to DOT/FMCSA requirements?	☐ Yes ☐ No

EMPLOYER 3

Employer Name		Phone	
Address / City / State / ZIP		Dates Employed	From _____ To _____
Job Title		Supervisor	
Primary Duties / Scope of Work		Reason for Leaving	☐ Resigned ☐ Laid Off ☐ Fired ☐ Other
May we contact this employer?	☐ Yes ☐ No	Subject to DOT/FMCSA requirements?	☐ Yes ☐ No

EDUCATION & TRAINING

Level / Program	School or Training Provider	Years / Dates	Degree, License or Certification
High School / GED			
College / University			
Trade School / Other Training			

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REFERENCES & APPLICANT ACKNOWLEDGEMENT

Provide three professional or personal references who are not related to you and who have known you for at least three years.

Name	Relationship	Phone	Years Known

CERTIFICATIONS / ADDITIONAL INFORMATION

List any additional licenses, certifications, safety training, equipment qualifications, or other information relevant to the position.

APPLICANT ACKNOWLEDGEMENT

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false, incomplete, or misleading information may result in disqualification from employment or termination if employed. I authorize Warrior Technologies, LLC to contact the employers and references listed on this application for employment-related verification. I understand that completion of this application does not create a contract of employment. If employed, employment is at will, meaning either the employee or Warrior Technologies, LLC may terminate employment at any time, with or without cause or prior notice, subject to applicable law.

Warrior Technologies, LLC is an equal opportunity employer. Employment decisions are made without regard to legally protected characteristics.

Applicant Signature	Date
_____	_____
Printed Name	
_____	

Warrior Technologies, LLC participates in E-Verify where applicable.

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MOTOR VEHICLE RECORD (MVR) AUTHORIZATION

Complete this form if the position involves driving a company vehicle or otherwise requires a motor vehicle record review.

Date		Date of Birth	
First Name		Middle Name	☐ None
Last Name		Driver License Number	
License State / Expiration		SSN	

I authorize Warrior Technologies, LLC and its designated agents to obtain my Motor Vehicle Record (MVR) for purposes related to employment, insurability, and operation of company vehicles. I understand that MVR information may be obtained as part of the hiring process and periodically during employment when permitted by law and company policy.

I understand that if my driver's license becomes suspended, invalid, or otherwise makes me ineligible to operate a company vehicle, I may be prohibited from driving company vehicles and may be subject to employment action consistent with company policy and applicable law.

MVR AUTHORIZATION

Printed Name	Date
_____	_____
Signature	Date
_____	_____

DRUG & ALCOHOL POLICY ACKNOWLEDGEMENT

I acknowledge that I have been provided access to Warrior Technologies, LLC's drug and alcohol policy and understand that violations of the policy may result in disciplinary action, up to and including termination, consistent with company policy and applicable law.

I authorize Warrior Technologies, LLC and its authorized agents, including applicable testing providers, to obtain and use drug and alcohol testing results as permitted by law and company policy for legitimate employment purposes.

Employee Signature	Date
_____	_____
Printed Name	
_____	

IMPORTANT: This application is intended for non-DOT employment unless a separate DOT-compliant process is required for the position. DOT-regulated applicants must complete all forms and procedures required by applicable DOT regulations.

WARRIOR TECHNOLOGIES, LLC
MOTOR VEHICLE RECORD (MVR) DISCLOSURE AND AUTHORIZATION

Disclosure. Warrior Technologies, LLC may obtain one or more motor vehicle records (driving records) about you for employment-related purposes, including evaluating your qualifications to drive a company or customer vehicle and your insurability. An MVR may be obtained directly from a governmental motor vehicle agency or through a third-party consumer reporting agency, such as DISA, where applicable.

Authorization. I authorize Warrior Technologies, LLC and its authorized agents or service providers to obtain and review my MVR for the purposes described above. I further authorize periodic MVR checks during my employment when reasonably related to driving duties, insurability, or company policy and where permitted by applicable law. I understand that this authorization does not waive any rights I may have under federal or state law.

APPLICANT / EMPLOYEE INFORMATION

Full Legal Name _____ **Date of Birth** _____

Current Address _____ **City / State / ZIP** _____

Driver License Number _____ **State of Issue** _____

License Class / Type _____ **Expiration Date** _____

IDENTIFYING INFORMATION FOR RECORD MATCHING

Social Security Number (if requested by the MVR provider): ___ ___ ___ - ___ ___ - ___ ___ ___ ___

CERTIFICATION AND ACKNOWLEDGMENT

- I certify that the identifying and driver-license information I have provided is true and complete.
- I understand that a suspended, revoked, expired, invalid, or otherwise unacceptable driving status may affect my eligibility to operate a vehicle on behalf of Warrior Technologies, LLC.
- I understand that, if a third-party consumer reporting agency is used, additional notices and rights may apply under the Fair Credit Reporting Act and applicable state law.

Printed Name _____ **Date** _____

Signature _____ **Date** _____

EMPLOYER USE ONLY

Requested By _____ **Date Requested** _____

MVR Provider / Source _____ **Date Reviewed** _____

Retain this authorization with the applicable hiring or driver qualification records in accordance with company policy and applicable law.