



**BROKERAGE AGENT APPLICATION**

(please print)

Date of application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Position(s) applied for: **AUTHORIZED BROKERAGE AGENT**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Have you ever pled "guilty" or "no-contest" to or been convicted of a crime? \_\_\_ yes \_\_\_ no

Date you can start? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Are you employed now \_\_\_ yes \_\_\_ no

If so may we contact your present employer? \_\_\_ yes \_\_\_ no

Are you currently a Brokerage Agent for another company? \_\_\_ yes \_\_\_ no

Are you currently contracted to that company? \_\_\_ yes \_\_\_ no

If yes, what company? \_\_\_\_\_

Do you have your own authority? \_\_\_ yes \_\_\_ no

Give the name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**BROKERAGE AGENT EXPERIENCE**

Start with your present Brokerage Agent position.

**Company**

1. Name: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

Agent Program Representative: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Name: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

Agent Program Representative: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. Name: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

Agent Program Representative: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include military service assignments and volunteer activities.

**Employer**

1. Name: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

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

Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Name: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

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

Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. Name: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

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

Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

4. Name: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

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

Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EDUCATION**

School Name \_\_\_\_\_ Years Completed \_\_\_\_\_ Major \_\_\_\_\_

High School \_\_\_\_\_

College / University \_\_\_\_\_

Honors received: \_\_\_\_\_

Degree(s) received: \_\_\_\_\_

Number of years in business or Brokerage experience: \_\_\_\_\_

What are the shipping lanes of your primary customers? \_\_\_\_\_

Anticipated gross revenue on the first 90 days business: \$ \_\_\_\_\_

Gross Yearly Sales: \$ \_\_\_\_\_

Net Yearly Profit: \$ \_\_\_\_\_ Profit in % \_\_\_\_\_

Number of moves per week: \_\_\_\_\_

Type of freight in % handled: \_\_\_\_\_

Dry Van \_\_\_\_\_ Flatbed \_\_\_\_\_ Grocery \_\_\_\_\_ High Value \_\_\_\_\_ Expedited \_\_\_\_\_

Air Freight \_\_\_\_\_ Over Dimensional \_\_\_\_\_ Department Of Defense \_\_\_\_\_

**How did you hear about this business opportunity?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **BACKGROUND INQUIRY AUTHORIZATION AND AGREEMENT**

Applicants are considered for Brokerage Agents without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

I certify that the answers given herein are true and complete to the best of my knowledge.

I understand that this application is not intended to be a contract or agreement to be an authorized Brokerage Agent for L.J. Rogers Logistics .

In the event of an executed contract, I understand that false or misleading information given in my application or interview(s) may result in the termination of the Brokerage Agency Agreement.

By filling out this Brokerage Agent Application, I authorize L.J. Rogers Logistics to obtain any and all past employment records regarding previous employment and other areas of my background such as past employer inquiries, retail credit inquiries, criminal record inquiries, driving history, educational records, and drug testing results. I agree to hold L.J. Rogers Logistics harmless regarding any information that is obtained during the background inquiry. I am aware that this report is prepared under the guidelines of the Fair Credit Reporting Act (FCRA) and I am eligible to receive, upon written request, a copy of the report if not hired.

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

Print Name: \_\_\_\_\_

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