G&H Motor Freight Lines

116 NW Town Line Road, PO Box 239 Greenfield, IA 50849-0239

Phone: 641-343-7980 Fax: 641-343-7162

Applications are held for 90 days. Applications are considered for position without regard to race, creed, color, sex, religion, age (other than minimum requirements), disability, marital status, or national origin

Application for Authorization to Drive

All blanks must be completed.

	ate of Application:		Phone #:	Alt. Phon	ie #:
si <u>tio</u> n Ap	pplied for:	Company Driver	Contractor	Driver f	or Contractor
Ful	ll-time	Part-time	(Specify what days	s and hours)	
Vame:			/		
	First	Middle	Last	Prev	iously Used Names
\ddress: _					
_	Street	City	State	Zip	How Long?
ict all Prov	rious addresses fo	er nast 5 voars			
ist att 1 tev	uun esses jo	r pasi 3 years:			
-	Street	City	State	Zip	How Long?
		- v		x	
	Ctot	City	State	7:	How Long?
	Street	City	State	Zip	How Long:
		Drivers License #		State	Class
		Drivers License #			
Date of B	Birth:	Drivers License #, if you are app	olying for a job as a		
Date of B	Birth:	, if you are app	olying for a job as a		
Date of B	Birth:	, if you are app	olying for a job as a		
Date of B In case of	Birth:	, if you are app	olying for a job as a tact?		driver.
Date of B In case of	Birth:	, if you are app cy, whom should we con	olying for a job as a tact?		driver.
Date of B In case of Name Name	Sirth:	, if you are app cy, whom should we con	olying for a job as a tact? Thone Number Phone Number	commercial truck	driver. Relationship Relationship
Date of B In case of Name Name	Sirth: f an emergence ever failed or 1	, if you are app	olying for a job as a tact? Thone Number Phone Number	commercial truck	driver. Relationship Relationship
Name Name Have you	Sirth: f an emergence ever failed or 1 ent? Yes	, if you are app	olying for a job as a tact? Thone Number Phone Number drug/alcohol test gi	commercial truck	Relationship Relationship where you never accepted
Name Name Have you Have you	Sirth: f an emergence ever failed or 1 ent? Yes worked for thi	refused a pre-employment	olying for a job as a tact? Thone Number Phone Number drug/alcohol test gi	iven by a company	driver. Relationship Relationship
Name Name Have you employme Have you Reason fo	ever failed or pent? Yes_ worked for this or leaving:	refused a pre-employment No s company before? Yes_	olying for a job as a tact? Thone Number Phone Number drug/alcohol test gi	iven by a company	Relationship Relationship where you never accepted

EMPLOYMENT RECORD FOR THE PAST TEN (10) YEARS

WE MUST HAVE TELEPHONE NUMBERS.

Begin with your present or most recent job and work backward in order, listing your employers for at least 10 years including all full and part time employment. All times must be accounted for including military service, self-employment, and periods of unemployment. Use supplementary sheet if necessary.

INCLUDE PERIODS OF UNEMPLOYMENT

Previous Employer	Name:	Supervisor:				
Dates of Employment	Address:	_				
То	City:	State:	Zip Code:			
(Month, Year)	Position Held:	Rate of Pay:				
From(Month, Year)		8 Midwest South East West No				
		uler Doubles Trailer Length: Ft. Logi	-			
-	· -	s Driven for this Employer:				
son for Leaving:	☐ Fired ☐ Lay off ☐ Ot	ther Explain Circumstances:				
Second Last Employer	 7	OT subject to alcohol & drug testing? Supervisors				
	Name:	_				
Dates of Employment	Address:					
To(Month, Year)		State:	_			
(Month, 1ear)		Rate of Pay:				
From(Month, Year)	Driving Experience: All 48 Midwest South East West Northwest Mountains Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump					
		uler Doubles Trailer Length: Ft. Logl	-			
Ap	pproximate Total Number of Mile	es Driven for this Employer:				
$A_{ m F}$ ason for Leaving: $\ \ \square$ Quit	oproximate Total Number of Mile	es Driven for this Employer: ther Explain Circumstances:				
Ap nson for Leaving: ☐ Quit are you subject to the Fed	oproximate Total Number of Mile Fired Lay off Otheral Motor Carrier Safety F	ther Explain Circumstances: Regulations while employed by this employ	er?			
Apnson for Leaving: ☐ Quitere you subject to the Fed	oproximate Total Number of Mile Fired Lay off Otheral Motor Carrier Safety F	es Driven for this Employer: ther Explain Circumstances:	er?			
Apnson for Leaving: ☐ Quitere you subject to the Fed	oproximate Total Number of Mile Fired Lay off Otheral Motor Carrier Safety F	ther Explain Circumstances: Regulations while employed by this employ	er?			
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Apson for Leaving: ☐ Quit re you subject to the Fed s this a safety sensitive for Third Last Employer Dates of Employment	oproximate Total Number of Mile Fired Lay off Oteleral Motor Carrier Safety Function as defined by the DC Name: Address:	ther Explain Circumstances: Regulations while employed by this employ OT subject to alcohol & drug testing? Supervisor:	er?			
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Appason for Leaving: Quit are you subject to the Fed as this a safety sensitive for the sensitive for	Priving Experience: All 48 Equipment Driven: Straig	Supervisor: State: Rate of Pay: Midwest South East West No.	er?			
Appason for Leaving: Quit ere you subject to the Fed as this a safety sensitive for the sensitive for	Proximate Total Number of Mile Fired Lay off Off Gleral Motor Carrier Safety Frunction as defined by the DC Name: Address: City: Position Held: Driving Experience: All 48 Equipment Driven: Straig Flatbed Tanker Autohan	Supervisor: State: Rate of Pay: Rate of Pay: Chart Truck Cabover Conventional Reefer Resplain Circumstances: Supervisor: Telephone: Rate of Pay: Chart Truck Cabover Conventional Reefer	er?			

Datas of E	Name:		
Dates of Employment	Address:	-	72- C-1-
To(Month, Year)		State:	
(Month, 1ear)		Rate of Pay:	
From(Month, Year)		11 48 Midwest South East West No	
		raight Truck Cabover Conventional Reefe	_
		bhauler Doubles Trailer Length: Ft. Logb	-
	• •	files Driven for this Employer:	
		Other Explain Circumstances:	
•	•	y Regulations while employed by this employe	
this a safety sensitive	function as defined by the l	DOT subject to alcohol & drug testing? \Box Ye	es No
Fifth Last Employer	Name:	Supervisor:	
Dates of Employment	Address:		
		State:	
To(Month, Year)		Rate of Pay:	
From		ll 48	
(Month, Year)		raight Truck Cabover Conventional Reefe	
Г		bhauler Doubles Trailer Length: Ft. Logb	-
		files Driven for this Employer: rt. Logo	-
		• •	<u> </u>
	i i i fireu i i Lavoii i i		
_	-	Other Explain Circumstances:	w2 □Vog □ No
re you subject to the Fe	deral Motor Carrier Safety	y Regulations while employed by this employe	
re you subject to the Fe	deral Motor Carrier Safety	-	
re you subject to the Fe	deral Motor Carrier Safety	y Regulations while employed by this employe	
re you subject to the Fe	deral Motor Carrier Safety	y Regulations while employed by this employe	
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e you subject to the Fe	deral Motor Carrier Safety	y Regulations while employed by this employed DOT subject to alcohol & drug testing? Ye	s No
re you subject to the Fe s this a safety sensitive	deral Motor Carrier Safety function as defined by the I	y Regulations while employed by this employed DOT subject to alcohol & drug testing? Ye	
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re you subject to the Fe s this a safety sensitive s this a safety sensitive	Name: Address: City:	y Regulations while employed by this employed DOT subject to alcohol & drug testing? Supervisor: Telephone: State:	Zip Code:
Sixth Last Employer Dates of Employment To(Month, Year)	Name: City: Position Held:	y Regulations while employed by this employed DOT subject to alcohol & drug testing? Supervisor: Telephone: State: Rate of Pay:	Zip Code:
re you subject to the Fe s this a safety sensitive s Sixth Last Employer Dates of Employment	Name: Address: City: Driving Experience: All	Y Regulations while employed by this employed DOT subject to alcohol & drug testing? \Begin{array}{c c c c c c c c c c c c c c c c c c c	Zip Code:
Sixth Last Employer Dates of Employment To	Name: Address: City: Driving Experience: All Equipment Driven: Stra	Supervisor: Supervisor: Telephone: State: Rate of Pay: Supervisor: Rate of Pay: Cal 48 Midwest South East West Note a graight Truck Cabover Conventional Reefer	Zip Code:
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Sixth Last Employer Dates of Employment To	Name: Address: City: Driving Experience: All Equipment Driven: Stra Flatbed Tanker Auto	Supervisor: Telephone: Rate of Pay: Rate of Pay: Cabover Conventional Reefer Shauler Doubles Trailer Length: Telephone: Refer State: Refer Shauler Doubles Trailer Length: Ft. Logbor Siles Driven for this Employer:	Zip Code: "thwest Mountains
Sixth Last Employer Dates of Employment To	Name: Address: City: Driving Experience: All Equipment Driven: Strage Flatbed Tanker Autoopproximate Total Number of Market Fired Lay off	Supervisor: State: Rate of Pay: Rate of Pay: Calculations while employed by this employed by the following by the properties and the following by the follo	Zip Code:

D	Name:		_	,	
Dates of Employment	Address:		_		
To(Month, Year)			_ State:	_	Code:
			Rate of Pay:		
From(Month, Year)			South East West		
		_	lbover □ Conventional □ s □ Trailer Length: Ft		-
			s Employer:	-	
			Circumstances:		
	-	_	hile employed by this en		
s this a safety sensitive f	unction as defined by th	he DOT subject to a	alcohol & drug testing?	☐ Yes ☐ No	
•					
Ple	ease answer the f	following ques	stions with a "YE	S" or "NO"	
Are vou a U.S Citizen	or otherwise lawfull	ly authorized to	work in this country?	Yes	□No
Have you ever been co		•		Yes	□No
Tave you ever been co	onvicted of a felony.	•		1 es	
					. ~
			vill not necessarily be		
factors as age and	d time of the offense	e, seriousness, ar	nd nature of the viola	ition will be takei	n into accou
factors as age and sthere any rea	d time of the offense son that you mi	e, seriousness, an Eght be unabl	nd nature of the viola e to perform the	ution will be taken e functions c	n into accou <u>of</u>
factors as age and is there any reather job, for whi	d time of the offense son that you mi ch you have app	e, seriousness, an Eght be unabl plied, (Truck	nd nature of the viola	ntion will be taken e functions c but not limit	n into accou o <u>f</u> ted to
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Month/Year	r l	Violation	Type of V	ehicle 1	Location, Cit	v State	Penalty/Fi	ne	Points
Wionth/ i ear		Violation	Type of v	enicie	Location, Cit	y, State	r enaity/Fi		Assessed
ccidents									
		in <u>any</u> accide able, non-preve				r fault in		Yes ears. If none	No , write
Month/Year	Type of accident	Type of Vehicle	Location, City/State	\$\$ amoun Damage		nber of alities	Number of Injuries	Were you ticketed	Were you at Fault
argo Clain	<u>ns</u>								
ave you had	– any cargo	claims in the			nount or fa	ault in th		Yes s. If none, w	□ No
ave you had st all claims, p	any cargo preventable	e, non-preventa	ble, regard				e past 4 years	s. If none, w	rite "Non
ave you had	any cargo preventable		ble, regard	less of \$\$ ar				s. If none, w	
ave you had st all claims, p	any cargo preventable	e, non-preventa	ble, regard	less of \$\$ ar			e past 4 years	s. If none, w	rite "Nor
ave you had st all claims, p	any cargo preventable	e, non-preventa	ble, regard	less of \$\$ ar			e past 4 years	s. If none, w	rite "Nor

List any Truck Driving Schools you have attended, dates of completion, and other safety training:							
<u> Military Status</u>							
Have you served in the U	Inited States Armed	Forces?	Yes	□ No			
Branch of Service		Dates: From	to				
Reason for Leaving;							
Honorable Discharge?	☐ Yes	No, Explain					
Are you currently involv	ed in the National G		☐ Yes				
Iow long are you willing	g to be away from ho	me?					
Iow much home time wi	ll you need when yo	u return?					
Iow many miles or hour	s are you expecting	per week?					
Iow much do you expec	t to make per week,	(gross)?					
When are you available (to start work for this	Company?					
I hearby authorize my currer past or present information rinformation from any liability. In connection with my applic information obtained from formation obtained from formation obtained from formation of employment at a lunderstand that nothing comployment contract between the c	prior to submitting this application for employers requested and previous employers requested, including but no stemming from release of the stemming or incomplete and/or authorization to drive the stemming of this company and mysting employment or authorization in writing. If an employment at any time the stemming of the stemming of the stemming of the stemming in writing. If an employment at any time the stemming of the ste	this Company, I understand that I had by this Company answers or statements shall be consi	s contacted by this compart results, and I release all power that represent the right to review, correctly the right to review the sufficient cause for correctly the road test is intended to create and the right to remain the review of the remainders and the right.	ny to release any roviders of said ect or rebut any lenial or ate an ding of any exist unless ployee at will, I aries or affiliated			
rint Name			Social Security Number				