

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

Please print plainly in ink and all blanks must be completed

Date of Application: ____/____/____ Home Phone #: (____) _____ Alt. Phone #: (____) _____

Position Applied for: Company Driver Contractor Driver for Contractor
 Full-time Part-time (Specify what days and hours) _____

Name: _____/_____
First Middle Last Previously Used Names

Address: _____
Street City State Zip How Long?

List all Previous addresses for past 5 years:

Street City State Zip How Long?

Street City State Zip How Long?

SS# ____/____/____ Drivers License # _____ State _____ Class _____

Date of Birth: ____/____/____, if you are applying for a job as a commercial truck driver.

In case of an emergency, whom should we contact?

Name Phone Number Relationship

Name Phone Number Relationship

Have you ever failed or refused a pre-employment drug/alcohol test given by a company where you never accepted employment? Yes _____ No _____

Have you worked for this company before? Yes _____ No _____ Dates _____

Reason for leaving: _____

Do you have any relatives working for this company? Yes _____ No _____ If yes to this answer:

Name: _____ Relationship: _____

EMPLOYMENT RECORD FOR THE PAST TEN (10) YEARS

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.

WE MUST HAVE TELEPHONE NUMBERS. INCLUDE PERIODS OF UNEMPLOYMENT

Are you presently employed? Yes No

May we contact your current Employer? Yes No

Previous Employer

Dates of Employment

To _____
(Month, Year)

From _____
(Month, Year)

Name: _____ Supervisor: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ Rate of Pay: _____

Driving Experience: All 48 Midwest South East West Northwest Mountains

Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump

Flatbed Tanker Autohauler Doubles Trailer Length: ___ Ft. Logbook required: _____

Approximate Total Number of Miles Driven for this Employer: _____

Reason for Leaving: Quit Fired Lay off Other Explain Circumstances: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? Yes No

Second Last Employer

Dates of Employment

To _____
(Month, Year)

From _____
(Month, Year)

Name: _____ Supervisor: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ Rate of Pay: _____

Driving Experience: All 48 Midwest South East West Northwest Mountains

Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump

Flatbed Tanker Autohauler Doubles Trailer Length: ___ Ft. Logbook required: _____

Approximate Total Number of Miles Driven for this Employer: _____

Reason for Leaving: Quit Fired Lay off Other Explain Circumstances: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? Yes No

Third Last Employer

Dates of Employment

To _____
(Month, Year)

From _____
(Month, Year)

Name: _____ Supervisor: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ Rate of Pay: _____

Driving Experience: All 48 Midwest South East West Northwest Mountains

Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump

Flatbed Tanker Autohauler Doubles Trailer Length: ___ Ft. Logbook required: _____

Approximate Total Number of Miles Driven for this Employer: _____

Reason for Leaving: Quit Fired Lay off Other Explain Circumstances: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? Yes No

Fourth Last Employer

Dates of Employment

To _____
(Month, Year)

From _____
(Month, Year)

Name: _____ **Supervisor:** _____

Address: _____ **Telephone:** _____

City: _____ **State:** _____ **Zip Code:** _____

Position Held: _____ **Rate of Pay:** _____

Driving Experience: All 48 Midwest South East West Northwest Mountains

Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump

Flatbed Tanker Autohauler Doubles Trailer Length: ___ Ft. Logbook required: _____

Approximate Total Number of Miles Driven for this Employer: _____

Reason for Leaving: Quit Fired Lay off Other **Explain Circumstances:** _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? Yes No

Fifth Last Employer

Dates of Employment

To _____
(Month, Year)

From _____
(Month, Year)

Name: _____ **Supervisor:** _____

Address: _____ **Telephone:** _____

City: _____ **State:** _____ **Zip Code:** _____

Position Held: _____ **Rate of Pay:** _____

Driving Experience: All 48 Midwest South East West Northwest Mountains

Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump

Flatbed Tanker Autohauler Doubles Trailer Length: ___ Ft. Logbook required: _____

Approximate Total Number of Miles Driven for this Employer: _____

Reason for Leaving: Quit Fired Lay off Other **Explain Circumstances:** _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? Yes No

Sixth Last Employer

Dates of Employment

To _____
(Month, Year)

From _____
(Month, Year)

Name: _____ **Supervisor:** _____

Address: _____ **Telephone:** _____

City: _____ **State:** _____ **Zip Code:** _____

Position Held: _____ **Rate of Pay:** _____

Driving Experience: All 48 Midwest South East West Northwest Mountains

Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump

Flatbed Tanker Autohauler Doubles Trailer Length: ___ Ft. Logbook required: _____

Approximate Total Number of Miles Driven for this Employer: _____

Reason for Leaving: Quit Fired Lay off Other **Explain Circumstances:** _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? Yes No

<i>Seventh Last Employer</i>	
Dates of Employment	
To _____ (Month, Year)	
From _____ (Month, Year)	

Name: _____ Supervisor: _____
 Address: _____ Telephone: _____
 City: _____ State: _____ Zip Code: _____
 Position Held: _____ Rate of Pay: _____
 Driving Experience: All 48 Midwest South East West Northwest Mountains
 Equipment Driven: Straight Truck Cabover Conventional Reefer Van Dump
 Flatbed Tanker Autohauler Doubles Trailer Length: ___ Ft. Logbook required: _____
 Approximate Total Number of Miles Driven for this Employer: _____

Reason for Leaving: Quit Fired Lay off Other Explain Circumstances: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? Yes No

Please answer the following questions with a "YES" or "NO"

- Are you a U.S Citizen or otherwise lawfully authorized to work in this country? Yes No
- Have you ever been convicted of a felony? Yes No

If Yes, WHEN ____/____/____ *A conviction records will not necessarily bar you from employment. Such factors as age and time of the offense, seriousness, and nature of the violation will be taken into account.*

- Is there any reason that you might be unable to perform the functions of the job, for which you have applied, (Truck Driver), i.e.: but not limited to lifting, loading, unloading, minor maintenance, tarping and securement of loads, Fueling, and driving? Yes No

If yes, explain; _____

- Have you been convicted for driving while intoxicated or driving while under the influence of drugs within the last five (5) years? Yes No
- Are you familiar with the Federal Motor Carrier Safety Regulations? Yes No
- Have you ever been denied a bond? Yes No
- Have you ever had your drivers' license suspended or revoked? Yes No

License Information (You must have a valid CDL)

List all licenses held the past 5 years

Issuing State	License Number	Type	Expiration Date	Restrictions	Turned In?

Driving Record

Have you been convicted of any traffic violations in the past 4 years? Yes No

List all traffic violations except for parking tickets the last 4 years. If none, write "None".

Month/Year	Violation	Type of Vehicle	Location, City, State	Penalty/Fine	Points Assessed

Accidents

Have you been involved in any accident in the past 4 years? Yes No

List all accidents, preventable, non-preventable, regardless of \$\$ amount or fault in the past 4 years. If none, write "None"

Month/Year	Type of accident	Type of Vehicle	Location, City/State	\$\$ amount of Damage	Number of Fatalities	Number of Injuries	Were you ticketed	Were you at Fault

Cargo Claims

Have you had any cargo claims in the past 4 years? Yes No

List all claims, preventable, non-preventable, regardless of \$\$ amount or fault in the past 4 years. If none, write "None"

Month/Year	Type of Claim	\$\$ Amount of Claim	Type of Cargo	Were you charged for the claim?

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Check the following that apply: High School Diploma G.E.D. College Degree None of These

College: 1 2 3 4 5 6 7 8

List any Truck Driving Schools you have attended, dates of completion, and other safety training:

Military Status

Have you served in the United States Armed Forces? Yes No

Branch of Service _____ Dates: From ____/____/____ to ____/____/____

Reason for Leaving; _____

Honorable Discharge? Yes No, Explain _____

Are you currently involved in the National Guard or Reserves? Yes No

How long are you willing to be away from home? _____

How much home time will you need when you return? _____

How many miles or hours are you expecting per week? _____

How much do you expect to make per week, (gross)? _____

When are you available to start work for this Company? _____



READ CAREFULLY BEFORE SIGNING

I hereby acknowledge that prior to submitting this application, I have been informed that the information provided herein may be used to conduct current and previous employer's references or any other individuals this Company considers necessary.

I hereby authorize my current and previous employers, references, and any other individuals contacted by this company to release any past or present information requested, including but not limited to past drug and alcohol test results, and I release all providers of said information from any liability stemming from release of same information.

In connection with my application for employment with this Company, I understand that I have the right to review, correct or rebut any information obtained from former employers requested by this Company

I understand that any false, misleading, or incomplete answers or statements shall be considered sufficient cause for denial or termination of employment and/or authorization to drive.

I understand that nothing contained in this application or in the granting of an interview or a road test is intended to create an employment contract between this Company and myself, for either employment, authorization to drive, or for the providing of any benefits. No promises regarding employment or authorization to drive have been made to me, and no such promises exist unless specifically made by this Company in writing. If an employment relationship is established, I understand that, as an employee at will, I have the right to terminate my employment at any time, and this Company has the same right.

I agree that any claim, charge or lawsuit related to my service with G&H Motor Freight Lines, Inc., or any of it's subsidiaries or affiliated companies must be filed no more that six (6) months after the date of the employment action that is the subject of the claim, charge or lawsuit. I hereby expressly and knowingly waive any limitations periods to the contrary.

Print Name Social Security Number

Applicants Signature Date