G&H Motor Freight Lines 116 NW Town Line Road, PO Box 239

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 <u>print</u> plainly in <u>ink</u> and <u>all blanks must</u> be completed

osition Aj	pplied for: 🗌 (//Hon Company Driver	Contractor	Driver f	or Contractor
Fu	ll-time	Part-tim	e (Specify what days	s and hours)	
Name:	First	Middle	///	Prev	iously Used Names
			2		
Address:					
-	Street	City	State	Zip	How Long?
ist all Prev	vious addresses for	· past 5 years:			
-	Street	City	State	Zip	How Long?
	Street	City	State	Zip	How Long?
		Drivers License #			
Date of B	Birth:/	Drivers License # /, if you are a y, whom should we con	pplying for a job as		
Date of B	Birth:/	, if you are a y, whom should we con	pplying for a job as		
Date of B In case o	Birth:/	, if you are a y, whom should we con	applying for a job as ntact?		c driver.
Date of B In case o Name Name	Birth:/ f an emergenc	, if you are a y, whom should we con	pplying for a job as ntact? Phone Number Phone Number	a commercial truch	c driver. Relationship
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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

<u>Previous Employer</u>	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. Logb	
		es Driven for this Employer:	
	-	ther Explain Circumstances:	
	-	Regulations while employed by this employed	
s this a safety sensitive f	function as defined by the DC	OT subject to alcohol & drug testing? 🗌 Ye	es 🗌 No
Second Last Employer	Name:	Supervisor:	
Dates of Employment	Address:	Telephone:	
То	City:	State:	
(Month, Year)		Rate of Pay:	_
From(Month, Year)		8 Midwest South East West No	
Ľ] Flatbed 🗌 Tanker 🗌 Autoha	uler 🗌 Doubles 🔲 Trailer Length: Ft. Logb	book required:
	pproximate Total Number of Mile	es Driven for this Employer:	
Ap	r r		
		ther Explain Circumstances:	
son for Leaving: 🗌 Quit	Fired Lay off Of	ther Explain Circumstances: Regulations while employed by this employe	
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ason for Leaving: Quit ere you subject to the Fee as this a safety sensitive f <u>Third Last Employer</u> Dates of Employment	Fired Lay off Of deral Motor Carrier Safety F function as defined by the DC Name:	Regulations while employed by this employed OT subject to alcohol & drug testing? Supervisor: Telephone:	er? 🗌 Yes 🗌 No es 🗌 No
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Position Held: Position Held: Autohauler Conventional Refer Mountain: CMonth, Year) Plated Tanker Autohauler Doubles Trailer Length: Ft. Logbook required: Approximate Total Number of Miles Driven for this Employer:	Го	City:	State:	Zip Code: _
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Approximate Total Number of Miles Driven for this Employer:	Г			
: you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? [_Yes]_ No this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? [_Yes]_ No Fifth Last Employer Dates of Employment ro (Month, Year) Position Held: Driving Experience: Alt rake: Quit Fifth Last Employment rom (Month, Year) Position Held: Position Held: Quit Fifted Total Number of Miles Driven for this Employer: Approximate Total Number of Miles Driven for this Employer: Address: cy ou subject to the Federal Motor Carrier Safety Regulations while employed by this employer? [] Yes] Name: City: Sitch Last Employer Name: City: Supervisor: City: Supervisor: City: Supervisor: City: Supervisor: City: Supervisor: City: State: <			0	•
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this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? Yes No Fifth Last Employer Name:	e you subject to the Fed	deral Motor Carrier Safety R	Regulations while employed by this employer	? 🗌 Yes 🗌 No
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Dates of Employment Name:				
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Dates of Employment Address:	on for Leaving: 🗌 Quit e you subject to the Fed	deral Motor Carrier Safety R	Regulations while employed by this employer	? 🗌 Yes 🗌 No
Dates of Employment Address:	on for Leaving: 🗌 Quit e you subject to the Fed	deral Motor Carrier Safety R	Regulations while employed by this employer	? 🗌 Yes 🗌 No
Dates of Employment Address:	on for Leaving: 🗌 Quit e you subject to the Fed	deral Motor Carrier Safety R	Regulations while employed by this employer	? 🗌 Yes 🗌 No
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Dates of Employment		pervisor:	
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(Month, Year)	Equipment Driven: 🗌 Straight Truck 🔲 Cabover 🔲 Conver	ntional 🗌 Reefer 🗌 Van 🗌 Dum	р
	Flatbed 🗌 Tanker 🗌 Autohauler 🗌 Doubles 🔲 Trailer Leng	gth: Ft. Logbook required:	
App	proximate Total Number of Miles Driven for this Employer:		
Reason for Leaving: 🗌 Quit	☐ Fired ☐ Lay off ☐ Other Explain Circumstances:		
Were you subject to the Fede	eral Motor Carrier Safety Regulations while employed b	y this employer? 🗌 Yes 🗌 N	0
Was this a safety sensitive fu	nction as defined by the DOT subject to alcohol & drug	testing? 🗌 Yes 🗌 No	
4			
I. Are you a U.S Citizen	or otherwise lawfully authorized to work in this c	ountry? Yes	🗌 No
2. Have you ever been co	nvicted of a felony?	Yes	🗌 No
	· · · · · · · · · · · · · · · · · · ·		
	//A conviction records will not nece time of the offense, seriousness, and nature of t		
factors as age and 3. Is there any reas		the violation will be taken for the functions of	into account.
factors as age and 3. <u>Is there any reas</u> <u>the job, for whic</u> <u>lifting, loading</u>	time of the offense, seriousness, and nature of t son that you might be unable to perfo ch you have applied, (Truck Driver), , unloading, minor maintenance, tarp	the violation will be taken in orm the functions of i.e.: but not limited ing and securement of	into account. <u>d to</u> <u>f</u>
factors as age and 3. <u>Is there any reas</u> <u>the job, for whic</u>	time of the offense, seriousness, and nature of t son that you might be unable to perfo ch you have applied, (Truck Driver), , unloading, minor maintenance, tarp	the violation will be taken to form the functions of i.e.: but not limited	into account. <u>d to</u>
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<u>License Information</u> (<u>You must have a valid CDL</u>)

List all licenses held the past 5 years

Issuing State	License Number	Туре	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, w	rite "None".	

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

Accidents

Have you been involved in <u>any</u> accident in the past 4 years? 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 No
List all claims, preventable, non-preventable, regardless of \$\$ amount or fault in the past	t 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		College: 1 2 3 4 5 6 7 8
Check the following that apply: High School Diploma	G.E.D.	College Degree None of These

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

<u>Military Status</u>					
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 No
How long are you willing to be	e away from hon	ne?			
How much home time will you	ı need when you	return?			
How many miles or hours are	you expecting p	er week?			
How much do you expect to m	ake per week, (§	gross)?			
When are you available to sta	rt work for this	Company?			

READ CAREFULLY BEFORE SIGNING

I hearby 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 hearby 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