

# G-LINE TRUCKING, INC.

31849 Bries Drive, Dyersville, IA 52040  
Phone: (563) 875-8901; Fax: (866) 686-7198

## COMMERCIAL DRIVER EMPLOYMENT APPLICATION

Position being applied for \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

SSN \_\_\_\_\_ Birth Date (required for commercial drivers) \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address \_\_\_\_\_  
Street City State Zip Code How Long

**If at current address for less than three years, list below all residences for the past three years (use additional sheets if necessary).**

Prior Address \_\_\_\_\_  
Street City State Zip Code How Long

Prior Address \_\_\_\_\_  
Street City State Zip Code How Long

Are you legally eligible to be employed in the United States? YES ( ) NO ( )  
(Proof of identity and eligibility will be required upon employment)

**If any answer to A-D below is Yes, please provide a statement setting forth in detail the facts and circumstances, including details, locations, dates, etc. (use additional sheets if necessary).**

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ( ) NO ( )
- B. Has your motor vehicle operator's license, permit or privilege been suspended or revoked? YES ( ) NO ( )
- C. Have you ever been disqualified from driving a motor vehicle under D.O.T. regulations? YES ( ) NO ( )
- D. Have you ever been convicted of a crime other than a minor traffic infraction? YES ( ) NO ( )
- \*A conviction will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account.

### **Education**

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Last School Attended \_\_\_\_\_  
Name City State

List any other training, experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please also indicate any prior military service which you would like considered in connection with your application for employment.

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### EMPLOYMENT RECORD

The Federal Motor Carrier Safety Regulations (“FMCSR”) (49 C.F.R. § 391.21) require that all applicants wishing to operate a commercial motor vehicle list all employment for the last three (3) years. In addition, if you are applying to operate a commercial motor vehicle, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment must be explained. List employers in reverse order starting with the most recent. **Use additional sheets if necessary.**

EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CONTACT \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Leave Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

Were you subject to the FMCSRs rules? YES ( ) NO ( )  
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substances testing requirements as required by 49 CFR part 40? YES ( ) NO ( )

EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CONTACT \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Leave Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

Were you subject to the FMCSRs rules? YES ( ) NO ( )  
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substances testing requirements as required by 49 CFR part 40? YES ( ) NO ( )

EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CONTACT \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Leave Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

Were you subject to the FMCSRs rules? YES ( ) NO ( )  
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substances testing requirements as required by 49 CFR part 40? YES ( ) NO ( )

EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CONTACT \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Leave Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

Were you subject to the FMCSRs rules? YES ( ) NO ( )  
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substances testing requirements as required by 49 CFR part 40? YES ( ) NO ( )

EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CONTACT \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Leave Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

Were you subject to the FMCSRs rules? YES ( ) NO ( )  
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substances testing requirements as required by 49 CFR part 40? YES ( ) NO ( )

**Driver’s License Information:** List all operating licenses and permits held in the past three (3) years:

State \_\_\_\_\_ License No. \_\_\_\_\_ License Type \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
State \_\_\_\_\_ License No. \_\_\_\_\_ License Type \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
State \_\_\_\_\_ License No. \_\_\_\_\_ License Type \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

List states operated in for the last five (5) years: \_\_\_\_\_

List safe driving awards held, and who the awards were presented by: \_\_\_\_\_

**Vehicle Experience:** Attach a separate sheet if necessary. If none, write none.

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor-Two Trailers				
Motor Coach-School Bus				
Other				

**Accident History for the past three (3) years.** Attach a separate sheet if necessary. If none, write none.

Date	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Location	Number of Fatalities	Personal Injuries

**Traffic Convictions and/or Forfeitures of Bond/Collateral for the past three (3) years (other than parking violations).** Attach a separate sheet if necessary. If none, write none.

Date	Location	Charge	Penalty

**Personal References:** Please provide five (5) references that are not related to you by blood or marriage.

Name	Address	Phone	Relationship to Applicant

Have you ever been employed by G-Line Trucking, Inc. or its affiliates before? YES ( ) NO ( )

If Yes, please complete the following :

Dates employed \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor \_\_\_\_\_

Reason for termination of employment \_\_\_\_\_

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**Equal Employment Opportunity**

*G-Line Trucking, Inc. is an equal employment opportunity employer and will not discriminate against any applicant or employee on grounds protected under federal, state, or local law, including race, color, creed, religion, age, sex, national origin, ancestry, marital status, disability, including those related to pregnancy or childbirth, or any other characteristic protected under federal, state, or local law.*

**APPLICANT'S STATEMENT (PLEASE READ)**

In connection with my application for employment with G-Line Trucking, Inc. ("G-Line"), I fully understand that this release acknowledges that G-Line may, prior to or after an offer of employment is made to me, or at any time while I am employed, conduct a public record/research report containing information for verification of prior employment, academic achievement, medical and financial history, use of a motor vehicle, general background and personal character. This release shall not be limited in its scope or purpose.

I authorize and request all persons, schools, businesses, corporations, courts, law enforcement, health care providers, armed forces, employment commissions and government agencies to release said information without restriction or qualifications. I authorize a photo copy of this release to be considered as effective and valid as the original. All results will be proprietary and kept confidential, and will not be provided to any parties other than G-Line or its legal representatives. I am aware that I have the right to request the nature and scope of the results as reported from G-Line, its affiliates and subsidiaries. I voluntarily waive all recourse and release the requested parties from liability for complying with this request/release.

I agree that I will submit to a physical, urinalysis or other examinations requested by G-Line at any time prior to or subsequent to my employment. I authorize any medical provider or drug screening company to provide G-Line with such information as reasonably requested, prior to or subsequent to an offer of employment.

I understand that this application does not create a contract for employment. I further understand that if hired, my employment will be for no fixed time and may be discontinued with or without cause or notice by G-Line or myself. I understand that no employee, officer or agent of G-Line may bind my employment by oral or printed statements, including handbooks, benefit books or bulletins, contrary to the above.

I authorize G-Line to supply my employment record in whole or part and in confidence to any employer, insurance agency, or other party with a legal and proper interest, and I hereby release the company from any liability and agree to hold harmless any employee of G-Line who furnishes such information.

I understand that the information that I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR § 391.23(d) and (e). I understand that I have the right to review information provided by previous employers; have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I understand that if I wish to review previous employer-provided investigative information, I must submit a written request to G-Line, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. G-Line must provide this information to me within five (5) business days of receiving the written request. If G-Line has not yet received the requested information from the previous employer(s), then the five business days deadline will begin when G-Line receives the requested safety performance history information.

I understand that if I have not arranged to pick up or receive the requested records within thirty (30) days of G-Line making them available, G-Line will consider me to have waived my request to review the records.

I have carefully read the information on this form and realize that I had the opportunity to ask questions about it. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of G-Line if hired.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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**Date**

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**Applicant's Signature**

**BACKGROUND VERIFICATION DISCLOSURE**

As part of the employment process, G-Line Trucking, Inc. (the "Company"), may obtain a Consumer Report and/or an Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 and the Fair and Accurate Credit Transactions Act of 2003 requires that we advise you that for purposes of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided, in the event the Report contains information regarding your character, general reputation, personal characteristics, or mode of living.

Upon written request to the Company, I have the right to be informed as to the nature and scope of an Investigative Consumer Report, the name and address of the consumer reporting agency providing the report, and a written summary of my rights. According to the Fair Credit Reporting Act, I am entitled, before any adverse action is taken based on information obtained by the Company, to receive a copy of the consumer report and a description of my rights as a consumer.

### AUTHORIZATION & RELEASE

I authorize the Company to procure a Consumer Report on me that is prepared by a consumer reporting agency. I understand the Consumer Report may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I further understand that, if I am hired, the Company may rely on this authorization to procure additional Consumer Reports during and throughout my employment without asking for my authorization again.

I also authorize the following entities to disclose to the consumer reporting agency and its agents all information about or concerning me, including, but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and, any other person, organization or agency with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, drug test results, military service, professional credentials, and all other information requested by the consumer reporting agency or its agents.

I am willing that a photocopy and/or electronic copy of this authorization be accepted with the same authority as the original.

Print Name \_\_\_\_\_ Sex: Male ( ) Female ( )

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth (for identification purposes only) \_\_\_\_\_

Social Security Number (for identification purposes only) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

If name changed (e.g., through marriage) print former name here \_\_\_\_\_

For California applicants only, if you would like to receive a copy of the credit report or investigative consumer report, if one is obtained, please check this box . For Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box .

**G-LINE TRUCKING, INC.**  
**31849 BRIES DRIVE**  
**DYERSVILLE, IA 52040**  
**PH. (563) 875-8901 FAX (563) 875-2005**

**REQUEST FOR DRIVER'S SAFETY PERFORMANCE HISTORY  
INFORMATION FROM DOT REGULATED PREVIOUS EMPLOYER(S)**

**DRIVER TO COMPLETE THIS SECTION**

As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSR), Part 391.21, the following information will be requested from all previous Employers for which I operated a CMV, subject to the FMCSR Parts 390 and /or 40, 832 & 383, within the past three years, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut and errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I \_\_\_\_\_, hereby authorize this Company to release all records of employment, including assessments of my job performance, ability and fitness (including dates of any and all alcohol or drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) from any and all liability of any type as a result of providing information to the above mentioned person and/or company.

Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I worked for this Company from the dates of \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

_____	_____	_____	_____
<b>Applicant's Signature</b>	<b>SSN or ID Number</b>	<b>D.O.B.</b>	<b>Today's</b>
<b>Date</b>			

**SECTION 1 - Past Employer to complete >> DRUG & ALCOHOL INFORMATION**

Please provide the following Drug and Alcohol information as required by FMCSR part 391.23 & 40.25

If no Drug and Alcohol information is available on above named applicant check here. \_\_\_\_\_

	<u>YES</u>	<u>NO</u>
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	_____	_____
2. Any verified positive drug test?	_____	_____
3. Any refusals to be tested (including verified adulterated or substituted Drug test results?)	_____	_____
4. Any other violations of DOT agency drug & alcohol testing regulations? (Part 382 or Part 40)	_____	_____
5. If this Driver did successfully complete a SAP's rehabilitation referral And remained in your employ, did he/she have any subsequent violations for; An Alcohol test result of 0.04 or greater, a verified positive drug test or a refusal To test (including a verified adulterated/substituted drug test result)?	_____	_____

If yes to any of the above questions please provide documentation of successful completion of a SAP's evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ

**Section II - Past Employer to Complete >> ACCIDENT INFORMATION**

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 390.15) which the above named Driver/Applicant was involved within the three previous years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

**If there is no accident information for this driver, please check here. \_\_\_**

<b>DATE</b>	<b>LOCATION</b>	<b>ANY VEHICLES TOWED</b>	<b>HAZMAT SPILL</b>	<b>#OF FATALITIES</b>	<b># OF INJURIES</b>

**SECTION III – Past Employer to Complete >> WORK HISTORY INFORMATION**

**Please Provide the following information on the above named Driver/Applicant;**

**He/She was employed for you as a:** \_\_\_\_\_ **From:** \_\_\_/\_\_\_/\_\_\_ **To:** \_\_\_/\_\_\_/\_\_\_

**If Employed as a Driver, what type of equipment did he/she operate?**

**Straight Trucks** \_\_\_ **Tractor/Trailer** \_\_\_ **Doubles** \_\_\_ **Triples** \_\_\_ **Other** \_\_\_

**Explain:** \_\_\_\_\_

**Type of Trailer(s) pulled:** \_\_\_\_\_

**Was he/she a: Company Driver? Yes** \_\_\_ **No** \_\_\_ **Contractor? Yes** \_\_\_ **No** \_\_\_

**Other? Yes** \_\_\_ **No** \_\_\_

**General area traveled:** \_\_\_\_\_ **Commodities transported:** \_\_\_\_\_

**While under your employment was he/she:**

- a. **Bonded: Yes** \_\_\_ **No** \_\_\_
- b. **Convicted of any traffic violations: Yes** \_\_\_ **No** \_\_\_
- c. **License(s) suspended, revoked or denied: Yes** \_\_\_ **No** \_\_\_
- d. **Reason for leaving:** \_\_\_\_\_
- e. **Would you re – employ this person: Yes** \_\_\_ **No** \_\_\_

**Additional Comments:** \_\_\_\_\_

**Previous Employer Representative Supplying Information:**

\_\_\_\_\_

\_\_\_\_\_

**Print Name**

**Title**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**