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.

Date of Application:		Hom	e Phone #:	Alt. Pho	one #:
Position Ap	plied for: 🗌] Company Driver	Contractor	Driver for Contractor	
🗌 Full	-time	Part-tim	e (Specify what days	s and hours)	
Name:		Middle	///////		
	First	Middle	Last	Pr	eviously Used Names
Address:					
	Street	City	State	Zip	How Long?
List all Previo	ous addresses f	for past 5 years:			
_	Street	City	State	Zip	How Long?
-	Street	City	State	Zip	How Long?
		Drivers License #			
		, if you are ap acy, whom should we co		commercial truc	k driver.
Name			Phone Number		Relationship
Name			Phone Number		Relationship
Have you e	ever failed or	refused a pre-employmer	nt drug/alcohol test gi	iven by a company	where you never accepted
employme	<u>nt</u> ? Yes_	No			
Have you	worked for th	nis company before? Ye	s I	No	Dates
Reason for	leaving:				
Do you hav	ve any relativ	es working for this comp	any? Yes	No	If yes to this answer:
Name:			Rel	ationship:	
1					

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		
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ason for Leaving: Quit ere you subject to the Fee as this a safety sensitive f	☐ Fired ☐ Lay off ☐ Of deral Motor Carrier Safety F function as defined by the DO Name:	Regulations while employed by this employed OT subject to alcohol & drug testing? Supervisor:	er? 🗌 Yes 🗌 No es 🗌 No
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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
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	Name:	Supervisor:		
Dates of Employment	Address:	Telephone:		
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(Month, Year)	Equipment Driven: 🗌 Straight Truck 🔲 Cabover 🔲 C	onventional 🗌 Reef	er 🗌 Van 🗌 Dum	ıp
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Reason for Leaving: 🗌 Quit	🗌 Fired 🔲 Lay off 🗌 Other Explain Circumstan	ces:		
Vere you subject to the Fed	eral Motor Carrier Safety Regulations while emplo	yed by this employ	ver? 🗌 Yes 🗌 N	0
Was this a safety sensitive f	nction as defined by the DOT subject to alcohol &	drug testing? 🔲	Yes 🗌 No	
-		0 0 _		
•				
			Vac	
•	or otherwise lawfully authorized to work in the	nis country?	Yes	
2. Have you ever been co	onvicted of a felony?	·	Yes	No
2. Have you ever been co If Yes, WHEN _	·	ecessarily bar yo	Yes	No yment. Such
2. Have you ever been co If Yes, WHEN _ <i>factors as age and</i>	onvicted of a felony? A conviction records will not n	ecessarily bar yo of the violation	UYes Tou from emplo will be taken	── No ── No yment. Such into account
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License Information (You must have a valid CDL)

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
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

Highest grade completed:		Years of college:
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 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	e 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 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 Na	ame
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Social Security Number

Applicants Signature

Date