## **G&H Motor Freight Lines**

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

Phone: 641-343-7980 Fax: 641-316-7004

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:					ne #:
		Company Driver			
Full-	-time	<b>☐</b> Part-time	(Specify what days	s and hours)	
_					
Name:	First	Middle	// //////	Pre	viously Used Names
ddress:					
	Street	City	State	Zip	How Long?
		_			
st all Previo	ous addresses for	r past 5 years:			
_					
	Street	City	State	Zip	How Long?
_	Street	City	State	Zip	How Long?
na II		D: 1: "		G	CI
		ey, whom should we con		. commercial truck	direct.
	g	<i>J</i> ,			
Name		]	Phone Number		Relationship
Name			Phone Number		Relationship
Have you e	<u>ver failed or r</u>	efused a pre-employment	drug/alcohol test gi	iven by a company	where you never accepted
employmer	nt? Yes	No			
Have vou v	worked for this	s company before? Yes	ľ	No	Dates
		r			
-	· leaving·				
Reason for	_			No	If was 40 4his american
Reason for Do you hav	ve any relative	es working for this compa	ny? Yes		If yes to this answer:

## 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	<del></del>
		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)		8  Midwest South East West No tht Truck Cabover Conventional Reefe	
		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?
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 OT subject to alcohol & drug testing?	er?
Apson for Leaving:  Quit re you subject to the Fed as this a safety sensitive for	oproximate Total Number of Mile  Fired Lay off Otheral Motor Carrier Safety Founction as defined by the DO	ther Explain Circumstances:  Regulations while employed by this employ OT subject to alcohol & drug testing?   Supervisor:	er?
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?
Apson for Leaving: ☐ Quit re you subject to the Fed as this a safety sensitive for the Last Employer	pproximate Total Number of Mile    Fired   Lay off   Ot   deral Motor Carrier Safety Founction as defined by the DO   Name:   Address:   City:	cs Driven for this Employer: ther Explain Circumstances: Regulations while employed by this employ OT subject to alcohol & drug testing?	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  To	pproximate Total Number of Mile    Fired   Lay off   Ot   Carrier Safety Founction as defined by the DO   Name:   Address:   City:   Position Held:   Driving Experience:   All 48	ss Driven for this Employer: ther Explain Circumstances: Regulations while employed by this employ OT subject to alcohol & drug testing?	er?
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:		
<b>Dates of Employment</b>	Address:	<del>-</del>	72- C-1-
To(Month, Year)		State:	
(Month, 1ear)		Rate of Pay:	
From(Month, Year)		11 48 Midwest South East West No	<del></del>
		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:	
<b>Dates of Employment</b>	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	<del>-</del>	
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	
re you subject to the Fe	deral Motor Carrier Safety	y Regulations while employed by this employe	
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:
Sixth Last Employer  Dates of Employment  To	Name: Address: City: Driving Experience: All Equipment Driven: Stra	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:  Zip Code:  rthwest
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 ight 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

Ast any Truck Driving Schools you have at	ttended, dates of completion, an	d other safety training	ng:
Military Status			
Have you served in the United States Arme	d Forces?	☐ Yes	□ No
Branch of Service	Dates: From	to	
Reason for Leaving;			
Ionorable Discharge?	No, Explain		
are you currently involved in the National	Guard or Reserves?	☐ Yes	□ No
Iow long are you willing to be away from h	nome?		
low much home time will you need when y	ou return?		
low many miles or hours are you expecting	g per week?		
low much do you expect to make per week	x, (gross)?		
When are you available to start work for th	nis Company?		
•			
READ CAREFULLY BEFORE SIGNING			
I hearby acknowledge that prior to submitting this ap conduct current and previous employer's references			n may be used to
I hearby authorize my current and previous employe past or present information requested, including but information from any liability stemming from release	not limited to past drug and alcohol test		
In connection with my application for employment wi information obtained from former employers request		re the right to review, corre	ect or rebut any
I understand that any false, misleading, or incomplet termination of employment and/or authorization to di		dered sufficient cause for c	lenial or
I understand that nothing contained in this application employment contract between this Company and my benefits. No promises regarding employment or authorized specifically made by this Company in writing. If an enhave the right to terminate my employment at any time.	yself, for either employment, authorization horization to drive have been made to mo employment relationship is established, I	n to drive, or for the provice, and no such promises e understand that, as an em	ding of any exist unless
I agree that any claim, charge or lawsuit related to m companies must be filed no more that six (6) months lawsuit. I hereby expressly and knowingly waive any	s after the date of the employment action		

\*\*IMPORTANT: IF LOCAL, HAND-DELIVERING APPLICATION IS THE BEST OPTION. OTHERWISE, PLEASE E-MAIL COMPLETED APPLICATION TO KMCKIBBIN@GHMOTORFREIGHT.COM. WE STRONGLY RECOMMEND DELETING YOUR SENT EMAIL FOR SECURITY REASONS. AFTER 90 DAYS, WE WILL DELETE YOUR SENSITIVE INFORMATION FROM OUR SERVERS\*\*

Applicants Signature

Date