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.

Date of Application: _____Home Phone #: _____Alt. Phone #: _____
Position Applied for: ☐ Company Driver ☐ Local Driver ☐ OTR Driver
☐ 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**

Seventh 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**

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

1. Are you a U.S Citizen or otherwise lawfully authorized to work in this country? ☐ Yes ☐ No
2. 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.***

3. ***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; _____

4. Have you been convicted for driving while intoxicated or driving while under the influence of drugs within the last five (5) years? ☐ Yes ☐ No
5. Are you familiar with the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No
6. Have you ever been denied a bond? ☐ Yes ☐ No
7. 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 <u>any</u> 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

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:

_____

_____

_____

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 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**

_____

Applicants Signature **Date**

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