



5061 Covington Hwy.  
Decatur, GA 30035

## COMMERCIAL DRIVER APPLICATION FORM

DATE \_\_\_\_\_ Position applying for: Contractor  Driver  Contractor's Driver

NAME \_\_\_\_\_ SS# \_\_\_\_\_  
Last First M.I.

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GENDER: Male  Female  Other   
(G'S Hauling LLC does not discriminate in hiring on the basis of race, age, color, sex, religion, ethnicity or any other legal status)

PHYSICAL EXAM EXPIRATION DATE \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ EMERGENCY (\_\_\_\_) \_\_\_\_\_ NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_  
Street Apt / Suite

City State Zip / Postal Code  
From \_\_\_\_\_ To \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_  
Street Apt / Suite

City State Zip / Postal Code  
From \_\_\_\_\_ To \_\_\_\_\_

Are you legal to work in the U.S.? Yes  No

(Proof of legal document required, if hired)

Have you worked for this company before? YES  NO

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

### EDUCATION HISTORY

Please circle the highest grade completed:

High School: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Post Graduate: 1 2 3 4

## EMPLOYMENT HISTORY

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self-employment periods, and all commercial driving experience for the past ten (5) years.

Mo/Yr                      Mo/Yr                      Present or last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (\_\_\_\_) \_\_\_\_\_

Where you subject to the FMCRs while employed here? YES  NO

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES  NO

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company's phone (\_\_\_\_) \_\_\_\_\_

Where you subject to the FMCSRs while employed here? YES  NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES  NO

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company's phone (\_\_\_\_) \_\_\_\_\_

Were you subject to FMCSRs while employed here? YES  NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES  NO

Mo/Yr                      Mo/Yr                      Present to Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company's phone (\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? YES  NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES  NO

Mo/Yr                      Mo/Yr                      Present or last Employer  
 From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company's phone (    ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? YES  NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? YES  NO

(Attach additional sheets for 5-year history, if needed)

### DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate # of Miles
Straight Truck			
Tractor & Semi- trailer			
Tractor & Two trailers			
Tractor & Triple trailers			
Other			

List states operated in, for the last five years: \_\_\_\_\_

List special course/ training completed (PTD/DDC, HAZMAT, ETC) \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

**Accident Record for past three (3) years: (attach sheet if more space is needed)**

Date of Accident	Nature of Accidents (Head-on, rear end)	Location of the Accident	Number of fatalities	Number of People Injured

**Traffic Conviction and Forfeitures for date of past (3) years (other than parking violations):**

Date	Location	Charge	Penalty

**Driver's License (List each driver's license held in the past three (3) years):**

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES  NO

Has any license, permit or privilege has ever been suspended or revoked? YES  NO

Is there any reason you might be unable to perform function of the job for which you applied (as described in the job description)? YES  NO

Have you ever been convicted of a felony? YES  NO

If you answer to any of questions listed above is "YES", give complete detail \_\_\_\_\_

\_\_\_\_\_

**Job References**

List three (3) persons for references, other than family members, who have knowledge of your safety habits:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**To Be Read and Signed by Applicant:**

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I Have been told that this investigation may include any investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete examinations as may be required to complete my application file.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without resource.

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.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Remarks: (For office use only)**

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