



# DRIVER'S APPLICATION FOR EMPLOYMENT



Date of Application \_\_\_\_\_

Applicant Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(PRINT)

**COMPANY NAME: Gilco Trucking/Gillbuilt Transportation**

ADDRESS: P.O. BOX 112  
CITY: LA FARGEVILLE, NY 13656  
PHONE: (315) 658-9916  
FAX: (315) 658-4736

In Compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

**TO BE READ AND SIGNED BY THE APPLICANT**

I authorize you to make such investigations and inquires of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In 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 Gilco Trucking/Gillbuilt Transportation. I understand that information I provide regarding current and/or previous employers may be used, and those employers 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 and I cannot agree on the accuracy of the information.

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

**DOT DRUG AND ALCOHOL RELEASE**

I authorize, per 49 CFR, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to DAC for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years (i) alcohol tests with a result of .04 or higher (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized DAC to review involves test required by the DOT. If any carrier (company/school) listed below furnishes DAC with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish dates to my negative drug and/or alcohol tests and/or test with results below 0.04 during the tree year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## APPLICANT TO COMPLETE

(Answer **ALL** questions- please print)

Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last      First      Middle

List your addresses of residency for the past 3 years.

Current Address: \_\_\_\_\_  
Street      City  
 \_\_\_\_\_ Home Phone: \_\_\_\_\_ How Long: \_\_\_\_\_  
State      Zip Code      Cell Phone: \_\_\_\_\_

Previous Addresses \_\_\_\_\_ How Long: \_\_\_\_\_  
Street      City      State & Zip code      yr./ mo  
 \_\_\_\_\_ How Long: \_\_\_\_\_  
Street      City      State & Zip code      yr./ mo  
 \_\_\_\_\_ How Long: \_\_\_\_\_  
Street      City      State & Zip code      yr./ mo

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ What Division \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since last employment? \_\_\_\_\_

Referred By: \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you applied? \_\_\_\_\_

If yes, explain if you wish. \_\_\_\_\_

### EMPLOYMENT HISTORY

All drivers, in order to drive interstate commerce must provide the following information on all employers during the preceding 3 years. **List complete mailing address, street number, city, state, and zip code.**

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO      MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

### EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
NAME		FROM MO.          YR.	TO MO.          YR.
ADDRESS		POSITION HELD	
CITY	STATE          ZIP		
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO      MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO.          YR.	TO MO.          YR.
ADDRESS		POSITION HELD	
CITY	STATE          ZIP		
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO      MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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EMPLOYER		DATE	
NAME		FROM MO.          YR.	TO MO.          YR.
ADDRESS		POSITION HELD	
CITY	STATE          ZIP		
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

- \* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designated to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.
- \*\* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designated or used to transport 9 or more passengers. OR (3) is of any size and is used in the transport of hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE WRITE NONE:**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE.**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH A SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS- DRIVER**

List all drivers' licenses and permits held in the past 3 years.

DRIVER LICENCES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privileges to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Has any license or permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_
- C. Have you ever been disqualified to drive by Federal Requirements? Yes \_\_\_\_\_ No \_\_\_\_\_
- D. Have you ever tested positive for a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_
- E. Have you ever had an alcohol test with a Breathe Alcohol Concentrate of 0.04 or greater? Yes \_\_\_\_\_ No \_\_\_\_\_
- F. Have you ever refused a required test for drug or alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to A, B, C, D, E, OR F is yes give details: \_\_\_\_\_  
 \_\_\_\_\_

**DRIVING EXPERIENCE (CHECK YES OR NO)**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/YR)	TO (M/YR)	
Straight truck <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
Tractor Semi-Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
Tractor-two trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
Tractor- three trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
OTR OR LOCAL?				
Type of Material hauled?				
Other?				

LIST STATES OPERATED IN FROM THE LAST FIVE YEARS: \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION AND OTHER QUALIFICATIONS**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4  
 LAST SCHOOL ATTENDED (NAME) \_\_\_\_\_ LOCATION \_\_\_\_\_

HAVE YOU EVER SERVED IN THE ARMED FORCES? IF SO, WHAT BRANCH? \_\_\_\_\_ WHEN? \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH: \_\_\_\_\_  
 \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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

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