



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

State Zip Code Home Phone: _____ How Long: _____
 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			
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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	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				
Tractor Semi-Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO				
Tractor-two trailers <input type="checkbox"/> YES <input type="checkbox"/> NO				
Tractor- three trailers <input type="checkbox"/> YES <input type="checkbox"/> NO				
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: _____