

# Driver Application for Employment

\_\_\_\_\_ **Date**

Company Name: Gaines Motor Lines, Inc. or Gaines Express, Inc.

Street Address: 2349 13th Avenue SW

City, State, Zip: Hickory, North Carolina 28602

Applicant Name \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Last First Middle Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

\* Current Address \_\_\_\_\_  
Street City State Zip Code

\* If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip Code

Street City State Zip Code

Position Applying for \_\_\_\_\_ Temporary \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

Who Referred You? \_\_\_\_\_ Rate of Pay Expected? \_\_\_\_\_

Have you ever worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_  
month/year month/year

Where? \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

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

Names of any relatives employed by this company \_\_\_\_\_

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

Do you have the legal right to work in the United States?    yes    no

## EDUCATION

Highest grade completed:

Last school attended

Name

Address

Is there any reason you might be unable to perform the functions of the job for which you have applied?    yes    no

If yes, explain if you wish

## GENERAL

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain below. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

**DRIVER EXPERIENCE AND QUALIFICATIONS**

The Federal Motor Carrier Safety Regulations (49CFR391.21 (b) (2) requires that driver applicants state their date of birth and SS #.

Date of Birth \_\_\_\_\_  
month/day/year

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PHYSICAL HISTORY**

The Federal Motor Carrier Safety Regulations (49CFR391 Subpart E) requires that all driver applicants pass certain physical tests before they are hired to drive a motor vehicle.

Date of last Department of Transportation prescribed examination \_\_\_\_\_ Can you provide a copy \_\_\_\_\_

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? Yes No

**ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT**

The Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons with applying for a driving position requiring a commercial drivers license to answer the following questions:

- 1) Within the last two years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work?  
yes no
- 2) Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you preformed safety-sensitive transportation work?  
yes no
- 3) If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements?  
yes no

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

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_

**DRIVER'S LICENSE INFORMATION**

Driver Licenses held in past 3 years must be shown	State	License Number	Type	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes" to A, B, or C, attach a statement giving details.

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates From To	Approximate No. of Miles
Straight Truck			
Tractor and Semi-Trailer			
Tractor - Two Trailers			
Tractor - Three Trailers			
Motorcoach - School Bus			
Motorcoach - School Bus			
Other			

List states operated in during the last five years: List special courses or training that will help you as a driver:

List special courses or training that will help you as a driver:

List safe driving awards held and who awards were presented by:

**DRIVER EXPERIENCE AND QUALIFICATION** (continued)

**ACCIDENT HISTORY**

**Accident Review for the past 3 years** (attach a separate sheet of paper if more space is needed).

Date	Nature of Accident (Head-On, Rear-End, Upset, etc)	# Fatalities	# Injuries	# Vehicles Towed	Citation Issued?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**MOTOR VEHICLE DRIVING RECORD (MVR)**

**Traffic Convictions and Forfeitures for the past 3 years other than parking violations.**

Date	Location	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT RECORD**

The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment must be explained.

Start with the **last** or **current** position, including any military experience, and work back (Attach separate sheet if necessary.) You are required to list the complete mailing address: street number, city, state and zip code.

Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
 Mo. /Yr. Mo. /Yr.

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

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
 Mo. /Yr. Mo. /Yr.

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

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
 Mo. /Yr. Mo. /Yr.

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

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
 Mo. /Yr. Mo. /Yr.

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

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
 Mo. /Yr. Mo. /Yr.

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

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
 Mo. /Yr. Mo. /Yr.

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

## APPLICANT MUST READ AND SIGN

I authorize you to make such investigations and inquiries of my personal, employment, financial or medial 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 personal from all liability in responding to inquiries and releasing information in connection with my application. In the 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 the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) 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(s) and I cannot agree on the accuracy of the information.

\_\_\_\_\_ Date

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

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### FOR OFFICE USE - DO NOT WRITE IN THIS SPACE PROCESS RECORD

Applicant Hired? \_\_\_\_\_ Yes \_\_\_\_\_ No Date of Birth \_\_\_\_\_ (month/day/year)

Date Employed \_\_\_\_\_ Point Employed \_\_\_\_\_

Department \_\_\_\_\_ Classification \_\_\_\_\_  
(If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_

### THIS SECTION TO BE FILLED IN BY OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Physical Exam *						
4. Past Employment						
5. Written Exam						
6. Policy & Traffic Record						
* driver applicants only						

Signature of Interviewing Officer \_\_\_\_\_ Date \_\_\_\_\_

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### Termination of Employment

Date Terminated \_\_\_\_\_ Department Released From \_\_\_\_\_  
Dismissed \_\_\_\_\_ Voluntary Quit \_\_\_\_\_ Other \_\_\_\_\_

Termination Report Placed in File \_\_\_\_\_ Supervisor \_\_\_\_\_

# Request for Information from Previous Employer

## Former Employer Alcohol & Drug Testing Record Request Form

**Company**  
**To:**  
**Driver Name:**  
**Date of Hire:** From

**Date**  
**Fax**  
**SS#**  
To

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I hereby authorize Gaines Motor Lines to obtain from the above listed company, the results of all DOT required drug and alcohol tests, including any refused, adulterated or substituted drug tests. I also authorize the Company to release all information concerning my employment, including oral assessments of my job performance, ability, and fitness to each and every company which may request such information connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information in the above named company.

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

\_\_\_\_\_  
Date

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Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here.

YES    NO

1. Has this person ever had an alcohol test with a BAC 0.04 or greater in the last 3 years?
2. Has this person ever tested positive for a controlled substance in the last 3 years?
3. Has this person ever refused a required test for drugs or alcohol in the last 3 years?
4. Has this person ever refused a required test for drugs or alcohol in the last 3 years, including verified adulterated or substituted drug test?
5. In compliance with DOT part 40 Regulations, Has this person answered yes to any of the questions with previous DOT-regulated employers, prior to being employed by you?
6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.\*

Explain:

7. Has this person committed other violations of Part 382 subpart B or Part 40?
8. If Yes to any of the above drug/alcohol questions, please give the name, address and phone number of the Substance Abuse professional for further reference. Did this person: successfully complete an SAP Program?

Name:  
Address:

Phone:

**Equipment Operated**

Straight Truck	Tractor/Trailer	Doubles	Bus
Container	Liquid Tanker	Dry Bulk Tanker	Van/Reefer
Flat Bed	Drop Deck	Low Boy	

**Type of Freight Hauled**

General Commodities	Lumber/Building Materials	Pipe
Machinery	Over-dimensional	Other
Hazmat	Steel	

**Position:** Company Driver? Yes No      Owner Operator? Yes No  
 Contractor Driver? Yes No      Other? Yes No

**Area of Operation** Over the Road      Regional      Local

Did the driver have any chargeable accidents? Yes No

Any non-chargeable accidents? Yes No

Cargo claims? Yes No

Was this employee in a safety sensitive position requiring drug & alcohol testing under Part 40 of the 49 code of Federal Regulations? Yes No

Reason for leaving: \_\_\_\_\_

Would you re-employ this person: Yes No Upon Review

Please explain: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person releasing information

\_\_\_\_\_  
Date

MANDATORY USE FOR ALL ACCOUNT HOLDERS  
IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with \_\_\_\_\_ ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize \_\_\_\_\_ ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date:

Signature

Name (Please print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.  
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