

DRIVER QUALIFICATION APPLICATION Please print in ink in your own handwriting.

	-	·		i nanuwitung.		
Applicant's N	ame: Last		First		Middle	
				Stat	-	
	How Long There? Years	Month	Hom	e Phone Number: ()		
Cellular Phone Num	ber:	Email Address			,	
ocial Security Nu	mber: -	-		Date of Birth:		
mergency Co	ntact: NameAddress:			one Number:Relat		
		PLEASE READ	CAREFULLY			
Have you EVER b	een denied a license, permit, or privileg	e to operate a motor vehicle.			Ye	s No
Have your motor v	ehicle operator's license, permit, or priv	ilege been suspended or revo	oked?		Т	es 🔲 1
Have you EVER b	een disqualified from driving a motor ve	ehicle under the D.O.T regul	ation?		Y	es 🔲 1
Have you EVER b	een convicted for driving under the influ	nence of alcohol or drugs?			У	Tes 🔲 1
Have you EVER o	onvicted of possession, sale, or use of a	controlled substance? [Date.]		v	res 🔲 1
Have you EVER b	een convicted of a serious traffic violati	on, such as careless or reckle	ess driving or will	ful reckless driving, etc?		Yes 🔲
Have you EVER b	een convicted of, found not guilty by re-	ason of insanity, plead guilty	, or plead no cont	est for, or been released from pri	ison and / or jail for a felony	, –
(As defined by any l	U.S. or state law) at any time during the	ten (10) years before the dat	e of this applicati	on?	У	res 🔲 1
Are you under indi	ictment or charged for felony or are you	required to register as a sex	offender (as defir	ned by any U.S. or state law)?	У	es 🔲 1
*Note: A felony co	onvictions will not automatically disqual	lify you from employment.				
Pursuant to D.O.T.	regulations have you, within the three	(3) years preceding the date of	of this application	ı.		
 Undergone a 	n alcohol test in which a concentration of	of 0.04 or greater has been in	dicated?		Т	es 🔲 1
Undergone a	controlled substance test in which a pos	sitive result has been verified	i?			es 🔲 1
	ndergo either an alcohol or drug test or l				_	_
4. Had any other	er violations of Federal Motor Carrier Sa	afety Administration drug or	alcohol regulatio	ns?		es 🔲 1
Successfully	completed return-to-duty requirements	following violation of a D.O	.T drug or alcoho	l regulation?	Y	es 🔲 N
* This	includes all D.O.T. regulated alcohol ar	ad drug testing including any	pre- employmen	t testing.	-	_
	IF YOU ANSWERED "YES" 7	O ANY THESE QUESTION	S, PLEASE PROV	VIDE DETAIL, INCLUDING DAT	TES.	

EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with you current or most recent job and work backwards in order, listing your employers and any periods of unemployment for at least 10 years

Including all full and part-time employment. All time must be accounted for, including military service, school, self-employment, and periods of unemployment.

Use supplementary sheet if necessary.

Current Employer:						
Company Name:			Month	Year 1	Month Y	Ze
Address:City:	State	ZipFro	om:	To:		
Phone Number ()		Satellite Com	munication	Yes	☐ No	
Type of Equipment had driven	Area	s In which you drove				
Reason for Leaving:						
Were you subject to DOT regulations while working for this employer?	Yes No	•				
Were you required to perform safety sensitive functions (such as driving) subj	ject to DOT drug and	alcohol testing?	Yes	□No		
SECOND LAST EMPLOYER	-		_	_		
Company Name:			Month	Year M	fonth Y	ea
Address:City:	State	ZipFro	m:	To:		
Phone Number ()		Satellite Com	munication	Yes	☐ No	
Type of Equipment had driven	Area	s In which you drove		<u> </u>	<u> </u>	
Reason for Leaving:						
Were you subject to DOT regulations while working for this employer?	Yes No					
Were you required to perform safety sensitive functions (such as driving) subjective	ect to DOT drug and a	alcohol testing?	Yes	□No		
THIRD LAST EMPLOYER	Č	· ·	_	_		
Company Name:		Month	Year	Month	Year	
Phone Number (). Position Held:	•		1	_	□No	
Type of Equipment had driven				_	_	
Reason for Leaving:						
Were you subject to DOT regulations while working for this employer?	Yes No					
Were you required to perform safety sensitive functions (such as driving) subject to DO	OT drug and alcohol tes	ting?	Yes	No		
FOURTH LAST EMPLOYER			_	_		
Company Name:		Month	Year	Month	Year	
Address:City:	State Zip	From:	To:			
Phone Number ()	S	atellite Communication		Yes	No No	
Type of Equipment had driven	Areas In which	you drove				
Reason for Leaving:						
Were you subject to DOT regulations while working for this employer?	Yes No			_		
Were you required to perform safety sensitive functions (such as driving) subject to DO	OT drug and alcohol tes	ting?	Yes Yes	☐ No		

USE SEPARATE SHEET FOR ADDITIONAL EMPLOYMENT HISTORY, IF NECESSARY.

Include		DNVICTIONS AN I -Duty and while in e	IST FOR	R PAS	T THREE YI	EARS			
morudes	Date	City State	ntrier a co		rge – If Spee				nalty
ACCIDENT RECORD List all accidents within the past three years regardless of whether it involved a commercial or Personal vehicle. Include preventable and non-preventable accidents and any that involved property damage. If none, must write "NONE".									
Date	Type of vehicle	Preventable	Non Prevent	table	Fatalities Yes No	Injuries Yes No	Amount of Property Damage	City / State	Employer
List 3 Personal References (other than relatives or past employers):									
		Address							
				OccupatíonPhone: ()					
"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."									
	Date_	S	ignature_						

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PREVIOUS PRE-CONTRACT CONTRACTOR ALCOHOL AND DRUG TEST STATEMENT

Reference Sec. 40.25(j) GDA Freight Corp., must ask the Contractor whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, GDA Freight Corp. must not use the Contractor to perform safety-sensitive functions, until and unless the Contractor documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section



Prospective Contractor Name:	
The prospective employee is required by S	Sec. 40.25(j) to respond to the following questions
administered by any emplo	efused to test, on any pre-employment drug or alcohol test yer to which you applied for, but did not obtain safety-sensitive d by DAOT agency drug and alcohol testing rules during the past
Check One Yes	No 🗌
2 If you answered Yes, can you return-to-duty requirements	provide/obtain proof that you've successfully completed the DOT s?
Check One Yes	No 🗌
Prospective Contractor Signature: _	Date:
Witnessed by:_	Date:



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1	AUTHORIZATION		
I, (Print Name)			, hereby authorize:
SSN:	(First, M.I., Las	st)	
Previous Employer:		Email:	
Street Address:		Phone	:
City, State, Zip:		Fax:	
to release and forward th	he information requested by section 3 of		ng my Alcohol and Controlled
Substance Testing recor	rds within the previous 3 years from		
4		(Date of	Employment Application)
to: Prospective Employer:	SOCAL EXPRESS	Attn.:	JULIO CASAS
Street Address:		Phone:	909.838.1620
City, State, Zip:			
	FR §§40.25(g) and 391.23(h), release of such as fax, email, or letter.	f this information must b	e made in a written form that
Prospective employer's	confidential fax number:		
Prospective employer's	confidential email:		
Applicant's Signature			Date
This information is being re	quested in compliance with 49 CFR §§ 40.25	and 391.23.	
SECTION 2	ACCIDENT HISTO	RY	
The applicant named ab	ove was employed by us.	No	
Employed as	from (mm/yy)	to	o (mm/yy)
Did he/she drive motor v	vehicle for you? 🗌 Yes 🔲 No If yes, w	vhat type? ☐ Straight T	ruck Tractor/Semitrailer
☐ Bus ☐ Cargo Ta	nk Doubles/Triples Other (Spe	cify)	
ACCIDENTS: Complete the applicant in the 3 year register data for this driv	the following for any accidents included ars prior to the application date shown a er.	on your accident registration is a consider the constant of th	rar (§390.15(b)) that involved if there is no accident
Date	Location	No. of Injuries N	o. of Fatalities Hazmat Spill
1			
2			
3			
	ion concerning any other accidents involvetained under internal company policies		vere reported to government
	Signa	uture:	
	Title:		Date:

Form (Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		·				
	2 Business name/disregarded entity name, if different from above						
n page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check following seven boxes. Individual/sole proprietor or	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
oe.	single-member LLC	☐ Trust/estate	Exempt payee code (if any)				
r typ uctio	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne Note: Check the appropriate box in the line above for the tax classification of the single-member or	.,	Competion from EATCA reporting				
Print or type. Specific Instructions on	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner should check the appropriate box for the tax classification of its own	owner of the LLC is gle-member LLC th	code (if any)				
ecif	Other (see instructions) ▶		(Applies to accounts maintained outside the U.S.)				
See Sp	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name	e and address (optional)				
0,	6 City, state, and ZIP code						
	7 List account number(s) here (optional)						
Par	Taxpayer Identification Number (TIN)						
backu reside	rour TIN in the appropriate box. The TIN provided must match the name given on line 1 to avec withholding. For individuals, this is generally your social security number (SSN). However, for alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other is, it is your employer identification number (EIN). If you do not have a number, see <i>How to getter</i> .	or a	ecurity number				
	If the account is in more than one name, see the instructions for line 1. Also see What Name	and Employ	ridentification number				
Numb	er To Give the Requester for guidelines on whose number to enter.	-					
Part	II Certification						
Under	penalties of perjury, I certify that:						
 The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 							
3. I an	a U.S. citizen or other U.S. person (defined below); and						
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.							
you ha acquis	cation instructions. You must cross out item 2 above if you have been notified by the IRS that you we failed to report all interest and dividends on your tax return. For real estate transactions, item 2 tion or abandonment of secured property, cancellation of debt, contributions to an individual retinant interest and dividends, you are not required to sign the certification, but you must provide you	? does not apply. ement arrangeme	For mortgage interest paid, ent (IRA), and generally, payments				
Sign Here	Signature of U.S. person ►	Date ►					

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.