

COMMERCIAL MOTOR VEHICLE DRIVER APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regards to race, color, religion, sex, national origin, age, marital status, or non-job-related disability.

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Social Security #: _____

Phone: _____

CURRENT ADDRESS

Street City State/Zip

How long at current address? _____

PREVIOUS ADDRESS

Street City State/Zip

How long at address? _____

Street City State/Zip

How long at address? _____

Street City State/Zip

Rate of pay expecting? _____

Do you have legal right to work in the united states? (circle one) YES | NO

Can you provide proof of age? (circle one) YES | NO

Have you worked for this company before? (circle one) YES | NO

If yes, FROM _____ TO _____ RATE OF PAY _____

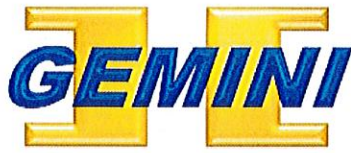
Reason for leaving _____

Are you currently employed? (circle one) YES | NO

If no, How long since your last employment? _____

Were you referred? YES | NO If yes, by who? _____

Email address: _____



COMMERCIAL MOTOR VEHICLE EXPERIENCE & QUALIFICATIONS

Is there any reason you might be unable to perform the functions of the job in which you are applying for, as described in the job description? (Circle one) **YES** | **NO**

If yes, please explain if you wish:

List any trucking, transportation, or other experience that may help in your work for the company in which you are applying at:

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, or that all the entries on it and information are true and completed to the best of my knowledge.

I authorize you to make such investigations and inquiries 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 are 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 the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge of employment. I understand, also, that I am required by all rules and regulations of the company and the department of transportation while employed with the company.

Applicants Signature

Date



COMMERCIAL MOTOR VEHICLE EXPERIENCE & QUALIFICATIONS

DRIVING EXPERIENCE (If none, write none)

Straight Truck: _____

Tractor Trailer: _____

Dates: _____

Dates: _____

Approx. Number of mile driven: _____

Approx. Number of miles Driven: _____

Bus: _____

Other: _____

Dates: _____

Dates: _____

Approx. Number of miles driven: _____

Approx. Number of miles: _____

LIST STATES YOU HAVE OPERATED IN FOR THE LAST FIVE YEARS

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHICH CARRIER:

EDUCATION

CIRCLE THE HIGHEST GRADE COMPLETED:

General Education: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6 7 8 9 10 11 12

Last School attended:

Name

Address

List any special courses, classes or programs that will help you as a driver or office staff:



COMMERCIAL MOTOR VEHICLE EXPERIENCE & QUALIFICATIONS

DRIVER LICENSES

STATE ISSUED	LICENSE NUMBER	CLASS / TYPE	EXPERATION DATE

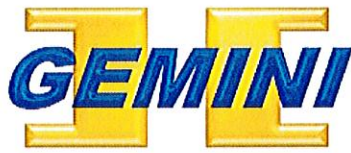
- A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES NO
- B. HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO
- C. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES NO

IF YOU ANSWERED YES TO A, B, OR C, PLEASE EXPLAIN IN DETAIL:

This certifies that the above-mentioned license(s) information was completed by me, and that all entries on it and information in it are true and completed to the best of my knowledge.

Applicants Signature

Date



COMMERCIAL MOTOR VEHICLE EXPERIENCE & QUALIFICATIONS

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all during the **preceding 10 years**. List complete mailing address, street number, city, state, zip and contact information.

List all employers in order, with the most recent employer on top, please add another sheet in necessary.

1) **Employer Name:** _____

Street Address: _____

City: _____ State: _____

Dates Employed: _____

Position Held: _____ Contact: _____

Phone: _____ Fax: _____

2) **Employer Name:** _____

Street Address: _____

City: _____ State: _____

Dates Employed: _____

Position Held: _____ Contact: _____

Phone: _____ Fax: _____

3) **Employer Name:** _____

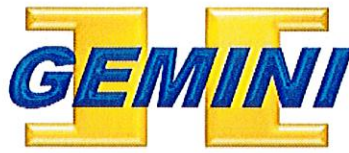
Street Address: _____

City: _____ State: _____

Dates Employed: _____

Position Held: _____ Contact: _____

Phone: _____ Fax: _____



COMMERCIAL MOTOR VEHICLE EXPERIENCE & QUALIFICATIONS

EMPLOYMENT HISTORY CONTINUED

4) **Employer Name:** _____

Street Address: _____

City: _____ State: _____

Dates Employed: _____

Position Held: _____ Contact: _____

Phone: _____ Fax: _____

5) **Employer Name:** _____

Street Address: _____

City: _____ State: _____

Dates Employed: _____

Position Held: _____ Contact: _____

Phone: _____ Fax: _____

6) **Employer Name:** _____

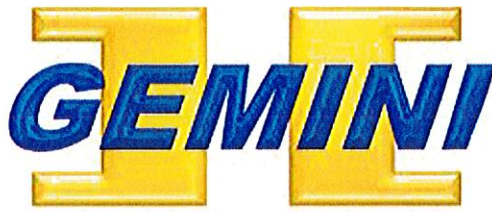
Street Address: _____

City: _____ State: _____

Dates Employed: _____

Position Held: _____ Contact: _____

Phone: _____ Fax: _____



REQUEST FOR AUTHORIZATION FORM "DRIVING RECORD"

AS REQUIRED BY U.S. DEPARTMENT OF TRANSPORTATION MOTOR CARRIERS SAFETY PROGRAM PURSUANT TO 49 CFR 391.23

Applicant Name: _____

Applicant Driver License Number: _____

Applicant Social Security Number: _____

Applicant Signature: _____

Date: _____

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operators license or permit has been issued by your state to applicant and that it is in good standing.

In accordance with section 391.23 (a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiries into the driving record during the preceding three years of every state in which an applicant-driver has held a motor vehicle operators license or permit during those three years.

Therefore, please certify to us what the individual's driving record is for the preceding three years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquires, please send us forms that you require for us to complete our inquiry into the driving record of the individual that has applied within our company as a driver.

Respectfully yours,

Signature of individual making inquiry

Printed Name of Person Making Inquiry

Title of person making inquiry

Date

Motor Carrier: Gemini Transport, LLC
Address: 9680 Eagle Street, Dearborn, MI 48120
Phone: 313-842-1980
Fax: 313-842-0262

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP *Online Service*

In connection with your application for employment with GEMINI TRANSPORT, LLC (“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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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

I authorize GEMINI TRANSPORT, LLC (“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 authorizing 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.

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 challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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 NIC 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 contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

INQUIRY INTO SAFETY PERFORMANCE HISTORY DATA

AUTHORIZATION/SPECIFIC WRITTEN CONSENT

I, (print name) _____ Social Security Number: _____
(First, middle, last) Date of Birth: _____

hereby authorize:

Previous employer: _____
Street: _____
City, State, Zip: _____ Email: _____
Telephone: _____ Fax number: _____

to release and forward information requested within this document concerning my Alcohol & Drug Testing records under 49 CFR Part 40 within 3 years from _____
(date of employment application)

To:
Prospective employer: _____
Attention: _____ Telephone: _____
Street: _____
City, State, Zip _____

In compliance with §40.25(g) and §391.23(h), release of this information must be made in a written form that ensures confidentiality (i.e., fax, email, or letter).

Prospective employer's confidential fax number: _____
Prospective employer's confidential email address: _____

Applicant's Signature Date

SAFETY PERFORMANCE HISTORY DATA

Previous employers must complete the following three (3) areas and return within 30 days of receipt in accordance with 49 CFR §391.23(g).

If there is no Safety Performance History to report, check here ___ and return.

I. EMPLOYMENT VERIFICATION

Was or is the above-mentioned applicant employed* with your motor carrier? Yes ___ No ___
(*Employed may be taken to mean utilized under your USDOT number, even though he/she was not an employee under other agency definitions such as IRS or DOL.)

Job title: _____ Dates employed: From (m/y) _____ to (m/y) _____.
Did he/she operate a commercial motor vehicle for you? Yes ___ No ___ If yes, indicate type(s):
Straight truck ___ Tractor-Semitrailer ___ Bus ___ Cargo Tank ___ Doubles/Triples ___
Other (list) _____

Completed by: _____
Company: _____
Street: _____
City, State, Zip: _____ Telephone: _____
Signature: _____ Date: _____

II. ACCIDENT HISTORY

Please list any accidents included on your motor carrier's accident register (§390.15(b)) that involved the applicant. They must reflect all accidents three (3) years prior to the date of application indicated in the AUTHORIZATION/SPECIFIC WRITTEN CONSENT portion of this form on PAGE 1.

Date	Location	No. of Injuries	No. of fatalities	Hazmat spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning other accidents not appearing on your accident register involving a commercial motor vehicle that were reported to government agencies or insurers or retained under company policies: _____

III. DOT DRUG & ALCOHOL TESTING HISTORY

If the applicant was not subject to DOT testing requirements under 49 CFR Part 40 while employed with you, check here ___ and return.

In the three (3) years prior to the date of the employee's signature (see AUTHORIZATION/SPECIFIC WRITTEN CONSENT), for DOT-regulated testing:

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ___ NO ___
- 2. Did the employee have verified positive drug tests? YES ___ NO ___
- 3. Did the employee refuse to be tested? YES ___ NO ___
- 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ___ NO ___
- 5. Did a previous employer report a drug and alcohol rule violation to you? YES ___ NO ___
- 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A ___ YES ___ NO ___

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

PROSPECTIVE EMPLOYER DOCUMENTATION

Date sent to former DOT-regulated employer: _____

Method: _____ Faxed _____ Emailed _____ Other _____

Sent by whom? _____

Title: _____

Subsequent attempts as a good faith effort: (explain) _____

Was the information returned by the former employer? Yes ___ No ___ If yes, date received: _____

Method: _____ Faxed _____ Mailed _____ Emailed _____ Other _____



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP *Employer Completes Next Page* **STOP**



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Safety - Human Resources	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name Gemini Transport, LLC	
Employer's Business or Organization Address (Street Number and Name) 9680 Eagle St		City or Town Dearborn	State MI	ZIP Code 48120

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---