

Employing motor carrier: Grams Transport, LLC | 6637 S 108th Ave, Omaha, NE (verify address before publishing). Complete all applicable sections. Enter NONE where applicable; attach additional pages if necessary.

Full legal name

Application date (MM/DD/YYYY)

Current street address, city, state, ZIP

Telephone number

Email address

Date of birth (MM/DD/YYYY)

Social Security number (provide through secure submission only)

Residence history - preceding 3 years

Prior residence 1: address, city, state, ZIP, dates from/to (or NONE)

Prior residence 2: address, city, state, ZIP, dates from/to (or NONE)

Prior residence 3: address, city, state, ZIP, dates from/to (or NONE)

List every unexpired commercial motor vehicle operator license or permit issued to you. Attach additional entries if needed.

License / permit 1: issuing state or authority; number; class; expiration date (or NONE)

License / permit 2: issuing state or authority; number; class; expiration date (or NONE)

License / permit 3: issuing state or authority; number; class; expiration date (or NONE)

Motor vehicle operation experience

Straight trucks: type, approximate dates operated, extent of experience (or NONE)

Truck tractors and semitrailers: type, approximate dates operated, extent of experience (or NONE)

Full trailers / doubles / triples: type, approximate dates operated, extent of experience (or NONE)

Buses, pole trailers, or other equipment: type, approximate dates operated, extent of experience (or NONE)

Endorsements and restrictions (or NONE)

Report ALL motor vehicle accidents during the preceding 3 years. Include date, nature, fatalities and personal injuries. Attach additional pages if necessary.

Accident 1: date; description; fatalities; injuries (or NONE)

Accident 2: date; description; fatalities; injuries (or NONE)

Accident 3: date; description; fatalities; injuries (or NONE)

Accident 4: date; description; fatalities; injuries (or NONE)

Traffic convictions and forfeitures - preceding 3 years

List motor vehicle law or ordinance violations resulting in conviction or forfeiture of bond/collateral, excluding parking-only violations.

Violation 1: date; location; offense; disposition (or NONE)

Violation 2: date; location; offense; disposition (or NONE)

Violation 3: date; location; offense; disposition (or NONE)

Violation 4: date; location; offense; disposition (or NONE)

License denials, suspensions and revocations

Describe every denial, revocation or suspension of any driving license/permit/privilege, with dates and circumstances; or enter NONE

List ALL employers for the preceding 3 years, including non-driving jobs. Provide company name, full address, dates and reason for leaving. For each job, indicate whether you were subject to FMCSRs and whether it was a DOT safety-sensitive function subject to Part 40 drug/alcohol testing. Explain gaps on an attachment.

Employer 1 (most recent first)

Company name and complete address

Employment dates (from/to), position and reason for leaving

FMCSRs applicable? Yes/No; DOT safety-sensitive/Part 40 testing? Yes/No

Employer 2 (most recent first)

Company name and complete address

Employment dates (from/to), position and reason for leaving

FMCSRs applicable? Yes/No; DOT safety-sensitive/Part 40 testing? Yes/No

Employer 3 (most recent first)

Company name and complete address

Employment dates (from/to), position and reason for leaving

FMCSRs applicable? Yes/No; DOT safety-sensitive/Part 40 testing? Yes/No

Employer 4 (most recent first)

Company name and complete address

Employment dates (from/to), position and reason for leaving

FMCSRs applicable? Yes/No; DOT safety-sensitive/Part 40 testing? Yes/No

GRAMS TRANSPORT, LLC
Additional CDL employment history - years 4 through 10

For applicants to operate CMVs subject to 49 CFR Part 383: list all employers for which you operated a commercial motor vehicle in the 7 years BEFORE the most recent 3-year period. Include full employer addresses, dates and reasons for leaving. Attach pages if necessary.

CMV employer 1: company name and complete address (or NONE)

Employment dates (from/to) and reason for leaving

CMV employer 2: company name and complete address (or NONE)

Employment dates (from/to) and reason for leaving

CMV employer 3: company name and complete address (or NONE)

Employment dates (from/to) and reason for leaving

CMV employer 4: company name and complete address (or NONE)

Employment dates (from/to) and reason for leaving

CMV employer 5: company name and complete address (or NONE)

Employment dates (from/to) and reason for leaving

CMV employer 6: company name and complete address (or NONE)

Employment dates (from/to) and reason for leaving

NOTICE: Information supplied about your previous employment may be used, and previous employers may be contacted, to investigate safety performance history under 49 CFR 391.23(d) and (e).

Rights regarding previous employer safety-performance information

For previous DOT-regulated employment in the preceding 3 years, you have the right to review information provided by previous employers; to have erroneous information corrected by the previous employer and resent; and to attach a rebuttal statement if you and the previous employer disagree about its accuracy. A request to review may be made when applying or within 30 days after employment or notice of denial. See 49 CFR 391.23(i)-(j).

Applicant acknowledgement of notice (type initials)

Applicant certification

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.

Applicant signature (type name; employer must verify acceptable electronic signature method)

Date signed (MM/DD/YYYY)

IMPORTANT: Typing a name into this PDF is not by itself a validated compliant electronic signature process. Obtain a handwritten signature or use an appropriate electronic signature workflow before treating the application as signed.

For Grams Transport office use only

Date received / reviewer / missing items / attachments

This employment application is one component of driver qualification. Separate MVR inquiries, previous-employer investigations, Clearinghouse checks, medical qualification and other applicable onboarding steps remain necessary.