

G.C.U. TRUCKING INC.
APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE: _____
S.S.I. # XXX-XX-_____

NAME: _____
FIRST MIDDLE LAST

ADDRESS _____ E-MAIL ADDRESS _____
STREET CITY STATE / ZIP CODE

PHONE # (____) _____ LICENCE # _____ ARE YOU OVER THE AGE OF 18? YES OR NO

HAVE YOU EVER WORKED OR APPLIED FOR A JOB WITH OUR COMPANY? YES OR NO

EMERGENCY CONTACT _____ PHONE NUMBER (____) _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____ YEARS EXPERIENCED _____

EDUCATION

HIGH SCHOOL (NAME) _____ HOW MANY YEARS _____

COLLEGE (NAME) _____ HOW MANY YEARS _____

TRADE SCHOOL (NAME) _____ HOW MANY YEARS _____

SPECIAL SKILLS _____

EMPLOYMENT HISTORY

Furnish the following information regarding all of your employers during the past (3) years including any time you were self-employed or unemployed.

DATES OF EMPLOYMENT

FROM: _____ COMPANY NAME: _____
Month / Year ADDRESS: _____ CITY: _____ STATE / ZIP: _____
TO: _____ PHONE # (____) _____ FAX # (____) _____
Month / Year TITLE: _____ REASON FOR LEAVING: _____

FROM: _____ COMPANY NAME: _____
Month / Year ADDRESS: _____ CITY: _____ STATE / ZIP: _____
TO: _____ PHONE # (____) _____ FAX # (____) _____
Month / Year TITLE: _____ REASON FOR LEAVING: _____

FROM: _____ COMPANY NAME: _____
Month / Year ADDRESS: _____ CITY: _____ STATE / ZIP: _____
TO: _____ PHONE # (____) _____ FAX # (____) _____
Month / Year TITLE: _____ REASON FOR LEAVING: _____

FROM: _____ COMPANY NAME: _____
Month / Year ADDRESS: _____ CITY: _____ STATE / ZIP: _____
TO: _____ PHONE # (____) _____ FAX # (____) _____
Month / Year TITLE: _____ REASON FOR LEAVING: _____

FROM: _____ COMPANY NAME: _____
Month / Year ADDRESS: _____ CITY: _____ STATE / ZIP: _____
TO: _____ PHONE # (____) _____ FAX # (____) _____
Month / Year TITLE: _____ REASON FOR LEAVING: _____

IF NECESSARY, ATTACH AN ADDITIONAL SHEET TO SHOW EMPLOYMENT FOR THE PAST 3 YEARS

REFERENCES

Please give the names of three persons not related to you, whom you have known at least one year

NAME	ADDRESS	BUSINESS	YEARS
1.			
2.			
3.			

APPLICANT

It is agreed and understood that any misrepresentations of information given shall be considered as falsification and grounds for immediate disqualification.

It is agreed and understood that G.C.U. Trucking Inc. or its agents may investigate my background to find out any and all information of concern to my record, and I release G.C.U. Trucking Inc. and its agents from all liability for any damages for furnishing such information. I agree to furnish any additional information deemed necessary to complete this application for qualification.

Its is agreed and understood that this application for qualification in no way obligates G.C.U. Trucking Inc. to qualify me. I further understand that this application is for the purpose of determining my qualification only.

SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ **DATE** _____

REMARKS _____

HIRED **YES** _____ **NO** _____ **POSITION** _____

SALARY/WAGE _____

RELEASED DATE

DATE _____

REASON _____

GCU TRUCKING INC.

Po Box 1423 Oakdale, CA. 95361

Ph: (209) 845-2117

Fax: (209) 845-2153

Release of Information-- 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by the prospective employee:

Employee Print Name: _____

Employee SS #: _____ License Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

Previous Employer Name: _____

Phone #: _____ Fax#: _____

To release information to:

G.C.U. Trucking Inc, PO Box 1423 Oakdale, Ca. 95361

Attn: Terri Arcos - Safety Administration

Section II. To be completed by the previous employer and mail or fax to the new employer:

In the two years prior to the date of the employee's signature (in Section I), 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).

TERMINATION: Voluntary _____ Involuntary _____

PERFORMANCE: Excellent _____ Satisfactory _____ Poor _____

Name of authorized representative providing information in Section II:

Signature

Print Name / Title

Date

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PREVIOUS PRE-EMPLOYMENT AUTHORIZATION FOR RELEASE OF INFORMATION

DOT 49 C.F.R. PART 40 REGULATIONS:

Prospective Employee Name: _____
Print Name

The prospective employee listed above is required by Section 40.25 (j) to respond to the following questions.

1. Have you tested positive, or refused to test on **any** pre-employment drug or alcohol test administered by a previous employer to which you applied for, but did not obtain safety sensitive transportation work covered by D.O.T. agency drug and alcohol testing rules during the past two years?

Please check one: Yes _____ or No _____

2. If you answered yes, please provide and submit proof that you have successfully completed the D.O.T. return –to-duty requirements.

Prospective Employee:

Signature: _____ Date: _____

License #: _____ D.O.B: _____

Section 40.25 (j) As the employer, you must also ask the employee 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, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).