

Tourette's Trucking Inc.

PO. Box 1580 Dallas, GA 30132 • 912-230-1452

Contact@tourettes-trucking.com

DRIVER'S APPLICATION FOR EMPLOYMENT

Information required on this form complies with U.S. Department of Transportation Regulations 49 CFR §391.21. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status. Your opportunity for employment with M. Gibson Trucking depends solely upon your qualifications.

PLEASE PRINT ANSWERS TO ALL QUESTIONS

Date of Application: ____/____/20____

Date Available for Work: ____/____/20____

Job Applied For: _____
Please specify company driver or owner operator.

SSN: ____ - ____ - ____

Name: _____
First Middle Last

Date of Birth: ____/____/____
Required for Commercial Drivers

Mobile Phone No. (____) ____ - ____ Other Phone No. (____) ____ - ____

Email Address: _____

Present Address _____ Years at this address? ____
Street City County State Zip Code

If at present address less than 3 years, list below most recent addresses for the past 3 years.

Previous Address _____ How long? ____/____
Street City State Zip Code Yr/Mo

Previous Address _____ How long? ____/____
Street City State Zip Code Yr/Mo

Previous Address _____ How long? ____/____
Street City State Zip Code Yr/Mo

IMPORTANT: EMERGENCY CONTACTS – IN CASE OF EMERGENCY, NOTIFY:

NAME	ADDRESS	PHONE NUMBER(S)	RELATIONSHIP

Have you worked for Tourette's Trucking before? Yes ___ No ___ From ___/___/20___ To ___/___/20___

Position _____

Reason for leaving _____

Did anyone refer you? If yes, who? _____

Are you employed now? Yes ___ No ___

If not, how long since leaving last employment? _____

Please explain any reason(s) you may be unable to perform the functions of the job for which you have applied?

COMMERCIAL DRIVER'S LICENSE

49 CFR §383.21. No person who operates a commercial motor vehicle shall at any time have more than one driver's license. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

Driver licenses or permits held in the past 3 years.	State	License Number	Class	Endorsements	Restrictions	Expiration
	PREVIOUSLY HELD LICENSES					

Name – Exactly as it appears on your license _____

Maiden (or any other name(s)) used _____

- A. Has any license, permit or privilege ever been suspended, revoked, or denied? Yes ___ No ___
- B. Do you have a pending charge or past conviction for driving while under the Influence of drugs and/or alcohol? Yes ___ No ___
- C. **Question "C" fulfills the requirement of 49 CFR §40.25(j), which states that an employer must ask the driver whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the driver applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 2 years.**

During the past 2 years, have you **tested positive** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the DOT drug and alcohol testing rules? Yes ___ No ___

During the past 2 years, have you **refused** to test on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the DOT drug and alcohol testing rules? Yes ___ No ___

- D. Have you ever been convicted of a felony or misdemeanor? Yes ___ No ___

Please explain any "yes" answers to questions A, B, C, and/or D above. Attach extra sheet, if needed.

DRIVING/HAULING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	YEARS OF EXPERIENCE	APPROX NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR – TWO TRAILERS			
TRACTOR – THREE TRAILERS			
OTHER _____			

ACCIDENT RECORD FOR PAST 5 YEARS

____ NO ACCIDENTS TO REPORT

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR END, OVERTURN, ETC.)	FATALITIES	INJURIES	H/M SPILL/LEAKAGE	PERSONAL OR COMMERCIAL VEHICLE

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 5 YEARS

____ NO TRAFFIC CONVICTIONS OR FORFEITURES TO REPORT

DATE	LOCATION	CHARGE (OTHER THAN PARKING VIOLATIONS)	PENALTY

List states operated in for past five (5) years:

EDUCATION

	NAME/ LOCATION OF SCHOOL	YEARS ATTENDED	DIPLOMA/CERTIFICATION/DEGREE
High School			
College			
Trade/Business School			

List any trucking, transportation, or other experience/training that will help you as a driver:

List any driving awards held and who presented them:

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR §391.21) require that all applicants wishing to drive a commercial motor vehicle* list all employment for the last 3 years. ***In addition, if you have driven a commercial motor vehicle previously, you must provide employment history for an additional 7 years (for a total of 10 years). Any gaps in employment in excess of 1 month must be explained.***

List employers in **reverse** order starting with your current or most recent employer. Please include military experience. Attach the supplied second sheet for employment history, if needed. **You are required to list the complete mailing address.**

CURRENT/MOST RECENT EMPLOYER			
NAME	FROM MO	YR	TO MO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON			
PHONE			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED HERE?			
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
REASON FOR LEAVING			
EXPLAIN ANY GAPS IN EMPLOYMENT – INCLUDE MONTH/YEAR & REASON			

SECOND MOST RECENT EMPLOYER			
NAME	FROM MO	YR	TO MO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON			
PHONE			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED HERE?			
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
REASON FOR LEAVING			
EXPLAIN ANY GAPS IN EMPLOYMENT – INCLUDE MONTH/YEAR & REASON			

EMPLOYMENT HISTORY (continued)

THIRD MOST RECENT EMPLOYER			
NAME	FROM MO	YR	TO MO
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	
CONTACT PERSON		SALARY/WAGE	
PHONE			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED HERE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
REASON FOR LEAVING			
EXPLAIN ANY GAPS IN EMPLOYMENT – INCLUDE MONTH/YEAR & REASON			

FOURTH MOST RECENT EMPLOYER			
NAME	FROM MO	YR	TO MO
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	
CONTACT PERSON		SALARY/WAGE	
PHONE			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED HERE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
REASON FOR LEAVING			
EXPLAIN ANY GAPS IN EMPLOYMENT – INCLUDE MONTH/YEAR & REASON			

FIFTH MOST RECENT EMPLOYER			
NAME	FROM MO	YR	TO MO
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	
CONTACT PERSON		SALARY/WAGE	
PHONE			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED HERE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
REASON FOR LEAVING			
EXPLAIN ANY GAPS IN EMPLOYMENT – INCLUDE MONTH/YEAR & REASON			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**The FMCSR's apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT INFORMATION
(Please continue in reverse order)

EMPLOYER			
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON			
PHONE			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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REASON FOR LEAVING			
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ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON			
PHONE			
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CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON			
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USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION (continued)

EMPLOYER			
NAME	FROM MO	YR	TO MO
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	
CONTACT PERSON		SALARY/WAGE	
PHONE			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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CITY	STATE	ZIP	
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TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and previous employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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. I also understand that I am required to abide by all rules and regulations of M. Gibson Trucking.

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 current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend 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.

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

Note: A motor carrier may require an applicant to provide more information than what is required by the Federal Motor Carrier Safety Regulations.

Applicant's Signature _____

Date ____/____/20____