



McGuire Transportation Inc.

P.O. Box 184

Belton, TX 76513

Dear Prospective Driver,

Thank you for your interest in becoming part of a transportation company dedicated to being the best in the industry. It is our goal at McGuire Transportation to exceed industry standards in safety, on time deliveries, and professionalism. To meet this goal, we must employ drivers of the highest caliber. This means a good driving record, positive attitude, and a neat and professional appearance.

Whether you are interested in joining as a company driver or an owner-operator, you will be on a winning team. Texas Regional, or Long Haul, McGuire Transportation will be given as much home time as possible and still earn good pay with benefits.

Attached, you will find details on employment qualifications, compensation, benefits, and an application with instructions along with drug/alcohol and previous employment history release forms. Please complete the application entirely (only sign and date release forms) and return it, along with a photocopy of your driver's license, social security card, and D.O.T. Physical, in the self addressed stamped envelope.

Sincerely,
Phil L. McGuire
McGuire Transportation, Inc.
President

3820 North General Bruce Dr

Temple, TX 76501

(254) 791-1003

(800) 333-0794

Minimum Requirements

All Drivers are required to;

1. Have at least two years driving experience.
2. At least 23 years of age.
3. Be drug free.
4. Cannot have any convictions of violent offenses. (This is at the sole discrepancy of McGuire Transportations safety Department.)

Compensation

Driver Compensation

Per Mile Pay

For all dispatch miles run

Unloading Pay

Drivers rarely unload but it can be optional

Stop Pay

For any enroute stop after first pickup and before final stop

Layover Pay

These are rare but we do pay layovers when loads aren't ready

Guarantee Pay

Check with recruiting to see what how this works for you!

Benefits

Medical Insurance

Medical insurance is available for all employees after 90 days of employment.

- a. Major Medical
- b. Prescription



For an additional cost optical and dental are both available. See recruiting for details.

Retirement Program

After 90 days of employment all employees are eligible to participate in the Retirement plan. Contact Payroll Admin for Details on a Simple IRA plan.

Paid Vacation

Employees receive;

- a. 1 week paid vacation after 1 year of service
- b. 2 weeks paid vacation after 3 years of service

Uniforms

Drivers receive uniform shirts within 30 days of employment.

DRIVER'S APPLICATION FOR EMPLOYMENT

McGUIRE TRANSPORTATION, INC.
P.O. Box 184
Belton, TX 76513

(ANSWER ALL QUESTIONS - PLEASE PRINT OR TYPE)

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

Positions Applying For	
Regional (OTR)	4
Texas Only	
Shuttle (Local Temple, TX Area)	
Office/Clerical	
Other	

If other please describe _____

Date Of Application ____/____/____ Social Security No. ____-____-____

Name _____
Last First Middle-

List your addresses of residency for the past 10 years.

Current Address _____
Street City
State Zip Phone How Long

Previous Address _____
Street City State & Zip How Long

Street City State & Zip How Long
Street City State & Zip How Long
Street City State & Zip How Long

Do you have the legal right to work in the United States? _____

Date Of Birth ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for McGuire Transportation or any related companies before? _____

Where? _____ Dates: From _____ To _____

Position _____ Rate of Pay _____

Are you employed now? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

Is there any reason you might be unable to perform the functions of the Job for which you have applied [as described in the job description]? _____

If yes, explain if you wish. _____

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicant to drive a commercial motor vehicle (as described by the Federal Motor Carriers Safety Regulations) in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle, for a total of 10 years employment history.

Note: (List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer			Dates	
Name			From	To
Address			Month Year	Month Year
City	State	Zip	Salary	
Contact Person	Phone Number		Reason For Leaving	
Position Held				
Where you subject to the Federal Motor Safety Regulations ** while employed? Yes ____ No ____				
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 ____ No ____				
*Account For Period Between Jobs – Include dates (Month/Year) and reason _____				

Employer			Dates	
Name			From	To
Address			Month Year	Month Year
City	State	Zip	Salary	
Contact Person	Phone Number		Reason For Leaving	
Position Held				
Where you subject to the Federal Motor Safety Regulations ** while employed? Yes ____ No ____				
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 ____ No ____				
*Account For Period Between Jobs – Include dates (Month/Year) and reason _____				

Employer			Dates	
Name			From	To
Address			Month Year	Month Year
City	State	Zip	Salary	
Contact Person	Phone Number		Reason For Leaving	
Position Held				
Where you subject to the Federal Motor Safety Regulations ** while employed? Yes ____ No ____				
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 ____ No ____				
*Account For Period Between Jobs – Include dates (Month/Year) and reason _____				

Employer			Dates	
Name			From	To
Address			Month Year	Month Year
City	State	Zip	Salary	
Contact Person	Phone Number		Reason For Leaving	
Position Held				
Where you subject to the Federal Motor Safety Regulations ** while employed? Yes ____ No ____				
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 ____ No ____				
*Account For Period Between Jobs – Include dates (Month/Year) and reason _____				

* All gaps in employment dates must be explained

** The FMSCR 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 over 10,000 lbs. (2) Is designed or used to transport over 9 passengers or (3) Is any size and is used to transport hazardous materials in a quantity requiring placarding.

Accident Record

(Past 3 years)

If none you must enter NONE

Date	Nature Of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries

Traffic Convictions

(Moving Violations)

If none you must enter NONE

Location	Date	Charge	Penalty

(Attach Sheet If More Space Is Needed)

Education

Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended _____
Name City State

Drivers License Qualifications

List all licenses held within last 3 years

Drivers License Number	State	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

B. Has any license, permit or privilege ever been suspended or revoked? _____

(If the answer to either A or B is yes, attach statement-giving details)

Driving Experience

Class Of Equipment	Type OF Equipment (Van, Tank, Flat, Etc.)	Dates		Approx Miles
		From	To	
Straight Truck				
Tractor And Semi-Trailer				
Tractor - Two Trailer				
Motor coach - School Bus				
Other				

List states operated in for last 5 years _____

Show special courses or training _____

Which safe driving awards do you hold and from whom? _____

Other Experience And Qualifications

Show any other experience that may help in your work for McGuire Transportation. _____

List courses and training other than shown elsewhere in this application. _____

List special equipment or technical material you can work with (other than those already shown) _____

To be read and signed by applicant

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. 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 will be made 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. I understand, also, that I am required to abide by all rules and regulations of McGuire Transportation.

Date

Applicants Signature

For driver applicants of commercial motor vehicles that require a Commercial Drivers License (CDL) the applicant must disclose their controlled Substance and alcohol status per the requirements of CFR Part 40.25(j)

As a prospective driver employee, you have the right to review information provided by employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) re-send the information corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information and if the previous employer and the driver cannot agree to the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review the previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

“I certify 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.”

Applicants signature

Date Signed

To Be Completed By The Employer

Application Received By

Application Reviewed for Completeness By

Name

Name

Title

Date

Name

Date

Significant Dates

Date of Hire: _____

Time and Date of Pre-Employment CST: _____

Time and Date of Pre-Employment CST Results Received: _____

Date Used in First Safety Sensitive Position: _____

Date of Termination: _____

McGuire Transportation, Inc.

P.O. Box 184

Belton, TX 76513

(254) 791-1003

Commercial Vehicle Driver Applicant.

Controlled Substance and Alcohol Questionnaire

Pursuant to 49 CFR part 40.25(j)

Application Date _____

Name _____
 First Middle Last

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

49 CFR 40.25(j)

Have you ever tested positive, or refused to test, on any 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 DOT agency drug and alcohol testing rules during the past two years?		YES	NO
If Yes	Have you successfully completed the return-to-duty process?	YES	NO
If Yes	Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.		

Applicants Signature

Date

This Section to be completed by McGuire Transportation's Safety Department

Received by

Reviewed by

Title

Date

Title

Date

I, _____, hereby grant McGuire Transportation, Inc. the authority to obtain any personal information pertaining to my previous employment; up to and including Alcohol tests results, Drug Screen tests, Refusals to be tested, Other Violations of DOT agency drug & alcohol testing regulations, Documentation of any successful completion of DOT return to duty requirements (if applicable). In conjunction with this background check, I authorize you to release all information regarding my services, character, and conduct while in your employment as a CDL driver and you are released from any and all liability may result from furnishing such information.

Applicant's Name Printed

Applicant's Signature

Date Signed