

*G.V.T. Services, Inc.*

6060 Brooklake Rd NE  
Salem, OR 97305  
503-390-3970

**APPLICATION FOR EMPLOYMENT**

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Please print all information clearly

**GENERAL INFORMATION:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Last) (MM/DD/YYYY)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

SSN: \_\_\_\_\_

**LICENSE/PERMIT INFORMATION:**

Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**PREVIOUS ADDRESSES (LAST 3 YEARS):**

Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

**EXPERIENCE:**

(e.g.: busses, trucks, tractor trailers, semi trailers, tankers, doubles/triples)

Date: \_\_\_\_\_ Type of Equipment Driven: \_\_\_\_\_

Date: \_\_\_\_\_ Type of Equipment Driven: \_\_\_\_\_

Date: \_\_\_\_\_ Type of Equipment Driven: \_\_\_\_\_

Date: \_\_\_\_\_ Type of Equipment Driven: \_\_\_\_\_

(use back of application if more space needed)

**ACCIDENTS:**

List all accidents during the previous three years.

Date: \_\_\_\_\_ Nature of accident: \_\_\_\_\_

Fatalities: YES / NO      If yes: Number of fatalities: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of accident: \_\_\_\_\_

Fatalities: YES / NO      If yes: Number of fatalities: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of accident: \_\_\_\_\_

Fatalities: YES / NO      If yes: Number of fatalities: \_\_\_\_\_

**MOTOR VEHICLE VIOLATIONS:**

(other than parking violations) for the past three years:

Violation: \_\_\_\_\_ Date: \_\_\_\_\_

Violation: \_\_\_\_\_ Date: \_\_\_\_\_

Violation: \_\_\_\_\_ Date: \_\_\_\_\_

Has your license, permit or privilege to operate a motor vehicle ever been denied, revoked, or suspended in any way? YES / NO

If yes: Describe the details and circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMPLOYMENT: (3 years)**

List, beginning with the most current. (use back of application if more room is needed)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subjected to the FMCSR's (Federal Motor Carrier Safety Regulations) by this employer? YES / NO

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subjected to the FMCSR's (Federal Motor Carrier Safety Regulations) by this employer? YES / NO

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subjected to the FMCSR's (Federal Motor Carrier Safety Regulations) by this employer? YES / NO

**PREVIOUS EMPLOYMENT: (10 years) while operating a commercial vehicle:**

List, beginning with the most current. (use back of application if more room is needed)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All information provided in this application may be used, and previous employers will be contacted for the purpose of investigating the applicant's safety performance history.

Applicant has the right to review information by previous employers;

Applicant has the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 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-business days 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 his/her request to review the records.

### DRIVER'S LICENSES REQUIREMENTS

G.V.T. Services, Inc and our Insurance carrier have set certain guidelines for driver license requirements. When a driver(s) fails to meet the minimum requirements, his/her employment will be terminated at that time. Following is a list of guidelines we use to determine the eligibility of a new driver or driver(s) currently employed.

1. Must meet all Federal Motor Carrier and State qualifications.
2. Must have a valid Commercial Drivers License with proper endorsements, in the state of residence and has no current license suspension or revocation. A work permit is never acceptable.
3. Has no conviction for a "serious or disqualifying traffic violation" within the last three (3) years. A "serious or disqualifying traffic violation" includes the following:
  - a. Excessive speeding, involving a single offense for any speed of 15 M.P.H. or more over the posted speed limit.
  - b. Reckless or careless driving, as defined by state or local law or regulation, including but not limited to the offense of driving a motor vehicle in willful or wanton disregard for the safety of persons or property.
  - c. Improper or erratic lane changes.
  - d. Following the vehicle ahead too closely.
  - e. Hit and Run, leaving the scene of an accident, or failure to report an accident.
  - f. Violating a State or local law or ordinance prohibiting texting while driving a motor vehicle.
  - g. Violating a State or local law or ordinance restricting or prohibiting the use of a hand-held mobile device while driving.
  - h. **Personal and professional (CDL) driving record is considered to be the same.**
4. Has no conviction for driving while intoxicated or under the influence of drugs violation within the past five (5) years.
5. Has no more than four (4) moving violations in the previous 36 months, and no more than two (2) moving violations in the previous 12 months.
6. No preventable accidents involving a fatality, bodily injuries treated away from the scene, or disabling damage to a motor vehicle within three (3) years. (Disabling damage means damage that precludes departure of any motor vehicle from the scene of an accident in its usual manner in the

daylight after simple repairs. This includes damaged vehicles that are drivable, but would incur further damage, if so driven.)

7. A minimum of two (2) years verifiable experience in the operation of tractor/semi-trailer.
8. Must be at least 23 years old. (Drivers 25 years old or older are encouraged.)

All drivers, current and new, are **encouraged** to operate their vehicles in a safe and professional manner.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER  
INFORMATION UNDER REGULATION 391.23**

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period, which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every state in which the driver held a motor vehicle operator's license or permit during those three years;
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the drivers' safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information data elements as specified in 390.15 for accidents involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review the information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request corrections of erroneous information in records must send the request for the correction to the previous employer that provided the records. The previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

*I acknowledge that I have read and understand the contents of this document.*

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's Name (Printed): \_\_\_\_\_



**DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT**

*CFR Part 40.25 (j) requires the employer to ask any applicant, 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 rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See Section 40.25 (b) (5) and (e).*

APPLICANT NAME: \_\_\_\_\_ CDL#: \_\_\_\_\_  
(Please print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 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 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 \_\_\_\_\_

2. If you answered yes to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

YES \_\_\_\_\_

NO \_\_\_\_\_

My signature below certifies that the information provided is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION**  
**ACKNOWLEDGEMENT / CONSENT FORM**

As a condition of employment with G.V.T. Services Inc., Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver to be eligible for employment.

**If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:**

Post-Accident - Section 382.303

Random -Section 382.305

Reasonable Suspicion - Section 382.307

Return to Duty - Section 382.309

Follow-up - Section 382.311

A Driver who tests positive to a controlled substance(s) and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR,

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I \_\_\_\_\_ have read the above controlled substances and alcohol testing requirements and understand them.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_