

DOT EMPLOYMENT APPLICATION

(THIS APPLICATION EXPIRES AFTER 30 DAYS)

GST TRANSPORT SYSTEMS

We are an Equal Opportunity Employer. Race, color, religion, age, sex, marital status, veteran status, non job related disability, national origin or any other protected group are not factors in decisions relating to employment, promotion, compensation or working conditions. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Dear Applicant: Per FMCSR 391.21(d) Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment history may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. The prospective employer must also notify the driver in writing of his/her due process rights as specified in FMCSR 391.23(i) regarding information received as a result of these investigations. You have the following rights: (i) review information provided by previous employers: (ii) have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer: (iii) have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and driver cannot agree on the accuracy of the information.

Please Print

Application Information

Date: _____ Social Security Number: _____

Name: _____ Home Phone #: () _____
Last First Middle Initial

Address: _____ Alternate Phone #: () _____
Street Apt. #

City/State: _____ Zip Code: _____

(Previous Address if current residence is less than 3 years):

Address: _____
Street Apt. #

City/State: _____ Zip Code: _____

Email Address: _____

Have you ever been employed by The Company or its affiliated companies? Yes No If so, when? _____

Do you have any friends or relatives working for The Company or its affiliated companies? Yes No

If yes, state name and relationship: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Telephone #: () _____
Street City, State, Zip Code

Do you have a valid commercial driver's license? Yes No

Issuing State: _____ License #: _____

Date of Birth: _____ (Required for Commercial Drivers)

Have you ever been bonded? _____ Name of the bonding company: _____

General Information About Employment Desired

Position you are applying for: _____ Full-time or Part-time (*circle one*)

Days of the week you are available to work: _____

Hours you are available to work: _____ Are you available to work weekends and/or holidays? _____

If not, why? _____

If part-time, number of hours per week desired: _____ Are you available to be on-call? Yes No

Are you available to work evenings and nights? Yes No Are you available to work overtime? Yes No

What date could you start work? _____ Are you able to travel on company business? Yes No

Hourly rate of pay or monthly salary desired: _____ Are you open to relocation? Yes No

Source of referral: Employee _____ Agency _____
(Employee Name)

Advertisement _____ Other _____
(Please Specify)

Have you ever been convicted of or pled guilty or no contest to any crime other than a minor traffic violation or as a youthful offender? Yes No

Are you currently on probation under the terms of deferred adjudication? Yes No

Mere conviction of a crime is not an automatic bar to employment. All factors will be considered.

If yes, explain giving relevant dates and details: _____

Education & Training (Including On-the-Job Training)

	Name of School or Seminar Sponsor	City, State	Course of Study	Did You Graduate?		Type of Degree Received
High School				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Community College				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
College/ University				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Advanced Degrees				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Seminars/ Other				N/A		

Computer Skills	Dates Used	Level of Proficiency <small>(1 = lowest to 10 = highest)</small>
Hardware:		
Software:		

Special Skills

Describe any other experience, training, qualifications, special equipment, technical materials or skills which will enhance your contribution to the work environment: _____

Professional Society Memberships: _____

Licenses (including issuing states): _____

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

Employment History

List below all previous employers starting with your present or most recent position (last 10 years is sufficient).

May we contact your PRESENT employer for references? Yes No

Employer #1:

Name of Company: _____

Address: _____

Telephone #: (Street) _____ - _____ City State Zip Code

Name of Supervisor: _____

Position and Duties: _____

Date of Employment: _____
Start Date (Month/Year) End Date (Month/Year)

Starting rate of Pay: _____ Ending rate of pay: _____
Base Pay Bonus Potential Base Pay Bonus Received

Reason for Leaving: _____

Were you subject to the FMCSRs† 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

†The Federal Motor Carrier Safety Regulations (FMCSRs) 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 pounds or more, (2) is designed or used to transport 8 or more passengers(including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employer #2:

Name of Company: _____

Address: _____
Street City State Zip Code

Telephone #: () _____ - _____

Name of Supervisor: _____

Position and Duties: _____

Date of Employment: _____
Start Date (Month/Year) End Date (Month/Year)

Starting rate of Pay: _____ Ending rate of pay: _____
Base Pay Bonus Potential Base Pay Bonus Received

Reason for Leaving: _____

Were you subject to the FMCSRs† 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

Employer #3:

Name of Company: _____

Address: _____
Street City State Zip Code

Telephone #: () _____ - _____

Name of Supervisor: _____

Position and Duties: _____

Date of Employment: _____
Start Date (Month/Year) End Date (Month/Year)

Starting rate of Pay: _____ Ending rate of pay: _____
Base Pay Bonus Potential Base Pay Bonus Received

Reason for Leaving: _____

Were you subject to the FMCSRs† 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

†The Federal Motor Carrier Safety Regulations (FMCSRs) 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 pounds or more, (2) is designed or used to transport 8 or more passengers(including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employer #4:

Name of Company: _____

Address: _____
Street City State Zip Code

Telephone #: () _____ - _____

Name of Supervisor: _____

Position and Duties: _____

Date of Employment: _____
Start Date (Month/Year) End Date (Month/Year)

Starting rate of Pay: _____ Ending rate of pay: _____
Base Pay Bonus Potential Base Pay Bonus Received

Reason for Leaving: _____

Were you subject to the FMCSRs† 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

†The Federal Motor Carrier Safety Regulations (FMCSRs) 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 pounds or more, (2) is designed or used to transport 8 or more passengers(including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Accident record for past 3 years or more (Attach sheet if more space is needed). If none, write none.

	Dates	Nature of Accident: (Head-On, Rear-End, Upset etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident					
Next Previous					
Next Previous					

Traffic convictions and forfeitures for the past 3 years (other than parking violations). If none, write none.

Location	Date	Charge	Penalty

Experience and Qualifications (Licenses held in the last 3 years):

State Issued	License Number	Type	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Has any license, permit, or privilege ever been suspended or revoked? Yes No

If answered "Yes" to any of the above, please give details.

Driving Experience:

Class of Equipment	Type of Equipment	Dates		Approximate Number of Miles (Total)
Car Hauler				
Straight Truck				
Tractor & Semi Trailer				
Tractor – Two Trailer				
Tractor – Three Trailers				
Motor coach				
Other				

List all the states operated in during the last 3 years: _____

Please read each paragraph below carefully. If there is any part of this page you do not understand, please ask for clarification.

I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and The Company. In addition, I understand and agree that if I am employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or The Company, and that no promises or representations modifying this at will employment relationship are binding on The Company unless made in writing and signed jointly by an authorized agent of The Company and myself.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the responses to this application (including any attachments) given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Friedkin Companies, Inc. (FCI) and/or The Company to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to FCI and/or The Company any and all letters, reports, and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release FCI and/or The Company, my current and former employers, all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I understand that employment is contingent on my passing a pre-employment drug screen and post-offer physical examination (if a physical is relevant to the position for which I am applying). By signing this application, I voluntarily agree to submit to a pre-employment drug screen and post-offer physical examination. I understand that failure to pass either will result in withdrawal or denial of an offer for employment.

If hired, I also agree to submit to random drug testing as a condition of employment. I agree that FCI and/or The Company may conduct drug screenings at its sole discretion with or without notice, with or without cause or reason. I also understand that refusal to submit to a random alcohol/drug screen will be considered a voluntary resignation of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid driver's license and understand that I may be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by The Company's insurance policy if required for my position.

My signature below certifies that I have read and understand the paragraph above, and agree to the terms and conditions outlined in the document.

Applicant's Signature

Date