

James Gath Trucking, Inc.
4880 S. Huron Road
Standish, MI 48658
Phone: (989)846-9224
Fax: (989)846-9238

Application for Employment

James Gath Trucking, Inc. does not discriminate in hiring or employ on the basis of race, color, religion, sex, national origin, age, disability, or any other legally protected status.
No question on this application is intended to secure information to be used for such discrimination.
Consideration of this application will be given. However, by receiving this document, James Gath Trucking, Inc. is under no obligation of employment to the applicant.

Position(s) Applied for: _____ Date of application: _____

Legal Name: _____ Social Security No: _____

List your addresses of residency for the past 3 years.

Current Address: _____

(Street, City, State and Zip)

(Street, City, State and Zip)

Phone Number: (____) _____ Cell Phone: (____) _____

Do you have the legal right to work in the United States? YES or NO

Date of Birth ____/____/____ Can you provide proof of age? YES or NO

Have you worked for this company before? YES or NO

When? _____

Reason for leaving: _____

Are you now employed? YES OR NO 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? _____

If yes, please explain _____

*Please attach a copy of your driver license and DOT medical card.

EMPLOYMENT HISTORY

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

(Note: List employers starting with most recent. Add another sheet if necessary)

EMPLOYERS DATE

Name _____ From ___/___ to ___/___

Address _____ Position held _____ Type of vehicle _____

City _____ State _____ Zip _____ Salary/wage _____

Contact Person _____ Phone _____ Reason for leaving _____

Name _____ From ___/___ to ___/___

Address _____ Position held _____ Type of vehicle _____

City _____ State _____ Zip _____ Salary/wage _____

Contact Person _____ Phone _____ Reason for leaving _____

Name _____ From ___/___ to ___/___

Address _____ Position held _____ Type of vehicle _____

City _____ State _____ Zip _____ Salary/wage _____

Contact Person _____ Phone _____ Reason for leaving _____

Name _____ From ___/___ to ___/___

Address _____ Position held _____ Type of vehicle _____

City _____ State _____ Zip _____ Salary/wage _____

Contact Person _____ Phone _____ Reason for leaving _____

Name _____ From ___/___ to ___/___

Address _____ Position held _____ Type of vehicle _____

City _____ State _____ Zip _____ Salary/wage _____

Contact Person _____ Phone _____ Reason for leaving _____

Name _____ From ___/___ to ___/___

Address _____ Position held _____ Type of vehicle _____

City _____ State _____ Zip _____ Salary/wage _____

Contact Person _____ Phone _____ Reason for leaving _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

FROM:

JAMES GATH TRUCKING, INC.
4880 S. Huron Road
Standish, MI 48658
Phone: (989) 846-9224
Fax: (989) 846 9238

To: _____
Fax: _____
Attn: _____

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I authorize, per 49 CFR Part 40, Section 40.25 the release of information from my DOT regulated drug and alcohol testing records by all carriers (company/ school) for the sole purpose of transmitting such records concerning DOT drug and alcohol testing, violations including pre-employment tests during the past three years and the name and phone number of my substance abuse professional who evaluated me during the past three years.

Applicant Signature _____ Date _____
Print Applicant Name _____ Social Security# _____

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

Please list correct dates of employment/ leased: _____ to _____
Position Held: Company Driver _____ Owner Operator _____ Student _____ Non – driving _____
Experience Type: Local _____ OTR _____ Canada _____ Regional/Dedicated Runs _____
Equipment Operated: Conventional _____ Cab over _____ Day Cab _____ Straight Trk _____ Dump Trk _____
Type of Trailer: Van _____ Flatbed _____ Reefer _____ Curtain _____ Tank _____ Oversize _____ Other _____
Commodities Hauled: _____
Subject to FMCSR's: Yes No _____ Subject to DOT D & A: Yes No _____
Reason for Leaving: Discharged _____ Laid off _____ Resigned _____ Retired _____ Other _____
If Discharged, why: _____
Available for rehire: Yes or No upon review

Accident/Incidents: Preventable _____ Non-Preventable _____ DOT Recordable _____

Please list each accident/incident details:	Date	Preventable		Non-preventable	
		Yes	No	Yes	No
1) _____	_____	Yes	No	Yes	No
2) _____	_____	Yes	No	Yes	No
3) _____	_____	Yes	No	Yes	No

Section 3: To be completed by previous employer if employee was employed in a safety sensitive position

- 1) Has this person ever tested positive for a controlled substance in past three years? Yes No
- 2) Has this person ever tested with a BAC of 0.04 or greater in the past three years? Yes No
- 3) Has this person refused a required test for drugs or alcohol in the past three years? Yes No
- 4) Has this individual violated other DOT drug/alcohol regulations in the past three years? Yes No
- 5) Have you ever received information from a previous employer that this individual violated other DOT drug alcohol regulations in the past three years? Yes No
- 6) Have you received documentation, if any, of completion of the RTD process following a rule violation? Yes No

Signature of Company Rep Print name Title Date

Please complete form and fax it to 989-846-9238
Any questions please call 989-846-9224

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

	DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT:	_____	_____	_____	_____
NEXT PREVIOUS:	_____	_____	_____	_____
NEXT PREVIOUS:	_____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

CIRCLE 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

EXPERIENCE AND QUALIFICATIONS- DRIVER

STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVERS _____	_____	_____	_____
LICENSE _____	_____	_____	_____

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___
2. Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___
IF THE ANSWER TO 1 OR 2 IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES	APPROX.NO. OF MILES
STRAIGHT TRUCK:	_____	_____	_____
TRACTOR TRAILER:	_____	_____	_____
TRACTOR-TWO TRAILERS:	_____	_____	_____
MOTORCOACH-BUS:	_____	_____	_____
OTHER _____:	_____	_____	_____

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

EXPERIENCE AND QUALIFICATIONS

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP YOU WORK FOR THIS COMPANY:

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH: _____

CERTIFICATE OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous material that require placarding.

The requirements in Part 391 apply to every driver who operates commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1997. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You as a commercial vehicle driver may not possess more than one motor vehicle operator's license. If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. **Destroying** a license does not close the record in the state that issued it, you must notify that state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:**
Sections 391.15 (b) (2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the **next business day** of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1. your employing motor carrier, and 2. the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date ____/____/____

Driver Certification: I certify that I have read and understood the above requirements.

Driver's Name Printed: _____

Driver's Signature: _____ Date: _____

REQUEST FOR DRIVING RECORD

I hereby authorize you to release the following information to James Gath Trucking, Inc., for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant's Signature

Print Name

Date

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 382.301, Pre-Employment Testing Requirements, apply to driver applicants of this company.

- 382.301 Pre-Employment Testing Requirements:
- (a) A Motor Carrier shall require a driver-applicant, who the motor carrier intends to hire, to be tested for the use of controlled substances as a pre-qualification condition.
 - (b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
 - (c) Prior to collection of urine sample under 382.113 of this subpart a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

AS A PRE-CONDITION OF MY EMPLOYMENT, I HEREBY AGREE TO THE CONTROLLED SUBSTANCE TESTING

I understand that a positive test for any of the following controlled substances or their metabolites, based upon the urinalysis test, will medically disqualify me from the operations of a commercial vehicle for this company: Marijuana, Cocaine, Opiates, Amphetamines, Phencyclidine (PCP).

This controlled substances testing agreement applies to all required types of testing inclusive of pre-hire, reasonable suspicion, post-accident, random, follow-up and returning to duty testing. I understand my written authorization is required for the results of the tests to be given to other parties.

I have read and understand the above conditions for pre-hire testing notification for controlled substances testing as well as testing conditions which may apply while I am employed or under contract with this company.

Driver's Name Printed: _____

Driver's Signature: _____ Date: _____

Company Rep. Signature: _____ Date: _____

NOTICE TO APPLICANT

1. All information submitted will be considered in reviewing my application and is subject to investigation. I hereby authorize James Gath Trucking Inc. to investigate all statements applicable, except as indicted.
2. I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of the fact called for is cause for dismissal upon discovery of such information.
3. If accepted for employment, I hereby to comply with the rules, regulations and policies of James Gath Trucking Inc.
4. I understand that James Gath Trucking, Inc. follows an employment-at-will policy, in that I or James Gath Trucking, Inc. may terminate my employment at any time, for any reason consistent with applicable State or Federal Law.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other 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 others 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 the company.

This certifies 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.

Applicant's Signature

Date

I understand that I am responsible for the cost of my pre-employment drug screen in the amount of \$50.00. Upon being hired, I will be reimbursed with my first paycheck. I understand that if I do not continue my employment beyond 90 days this amount will be deducted from my final paycheck.

I also understand that if I do not continue my employment beyond 90 days, I am responsible to pay for my pre-employment training fees in the amount of \$25.00 per day.

Print Name _____

Signature _____ Date _____

To be completed after training:

By signing below, I am agreeing to authorize James Gath Trucking Inc. to deduct \$50.00 for my pre-employment drug screen, and \$_____ for my pre-employment training fees I acquired while being with the trainer for _____ days, out of my final paycheck. I understand that I am only responsible for these fees if I do not continue employment with James Gath Trucking Inc. beyond 90 days.

Print Name _____

Signature _____ Date _____



TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 257-8069

HireRight Customer:	
Company Name:	<u>James Gath Trucking Inc</u>
Company Contact Name:	_____
Fax #:	<u>(989) 846 - 9238</u>
HireRight Account Code:	<u>JAMESG</u>

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

**PART II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)**

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, HireRight may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), safety performance including accident history and inspection history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, HireRight clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all Information in HireRight's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within the **two (2) year** period preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74143 or by phone at 800-381-0645.

- Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by HireRight. Pursuant to the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting HireRight in person or by mail. HireRight is required to have personnel available to explain you file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.
- Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assemble by HireRight.
- Check this box if you are applying for employment in **Minnesota** and/or you are an Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assemble by HireRight.

PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize HireRight to receive information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize HireRight and the HireRight customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release HireRight and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in HireRight's possession and my employment history with Customer if I am hired, may be supplied by HireRight to other HireRight customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for HireRight to share such information.

By signing below, I certify that: (i) all information provided within is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize HireRight and any person or entity contacted by HireRight to furnish the above-mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE – THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.

Print Applicant Name: _____ Social Security Number: _____

Applicant Signature: _____ Date: _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with James Gath Trucking Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize James Gath Trucking Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**