



APPLICATION FOR EMPLOYMENT

Garner Transportation Group
P.O. Box 1506
Findlay, Ohio 45839
419-422-5742
419-422-6142 (Fax)

APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, CREED, COLOR, SEX, RELIGION, AGE, NATIONAL ORIGIN OR DISABILITY.

DATE _____

NAME _____
(First) (Middle) (Last)

PHONE () _____ SSN _____
(For Licensing Purposes Only)

CELL () _____ E-MAIL _____

ADDRESS _____ HOW LONG _____

PREVIOUS ADDRESS _____ HOW LONG _____

DATE OF BIRTH ____/____/____ (For Licensing Purposes Only)
(Month) (Day) (Year)

HAVE YOU WORKED FOR THIS COMPANY BEFORE? YES NO POSITION _____

DATES: FROM _____ TO _____ REASON FOR LEAVING _____

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

ARE YOU CURRENTLY EMPLOYED? YES NO

IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT? _____

MILITARY STATUS

HAVE YOU SERVED IN THE ARMED FORCES WITHIN THE LAST 10 YEARS? YES NO

BRANCH _____ DATES: FROM _____ TO _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

NAME OF TRUCK DRIVING SCHOOL _____ GRADUATION DATE _____

EMPLOYMENT RECORD FOR THE PAST 10 YEARS

Begin with your present or most recent job and work backward in order, listing your employers for the past 10 years, including all full and part-time employment. All information must be provided. You must account for all time including all military service, self employment, and periods of unemployment. Use supplemental sheet if necessary.

PRESENT OR LAST EMPLOYER NAME _____

ADDRESS _____ OK to Contact? YES NO
(Street)

(City) (State) (Zip)

PHONE () _____ DATES: FROM _____ TO _____

POSITION _____ REASON FOR LEAVING _____

PRIOR EMPLOYER NAME _____

ADDRESS _____
(Street) (City) (State) (Zip)

PHONE () _____ DATES: FROM _____ TO _____

POSITION _____ REASON FOR LEAVING _____

PRIOR EMPLOYER NAME _____

ADDRESS _____
(Street) (City) (State) (Zip)

PHONE () _____ DATES: FROM _____ TO _____

POSITION _____ REASON FOR LEAVING _____

PRIOR EMPLOYER NAME _____

ADDRESS _____
(Street) (City) (State) (Zip)

PHONE () _____ DATES: FROM _____ TO _____

POSITION _____ REASON FOR LEAVING _____

ACCOUNTABILITY FOR LAPSES (GAPS) IN EMPLOYMENT HISTORY

All employment during the preceding 10 years must be listed to include any time periods you were not employed. If you have time periods you were unemployed, please complete the following:

I STATE I WAS UNEMPLOYED:

FROM _____ TO _____ For the following reason _____

FROM _____ TO _____ For the following reason _____

FROM _____ TO _____ For the following reason _____

EXPERIENCE AND QUALIFICATIONS

DO YOU CURRENTLY HOLD A VALID COMMERCIAL DRIVER'S LICENSE ISSUED BY THE STATE IN WHICH YOU RESIDE? YES NO STATE _____

DRIVER'S LICENSE NO. _____ STATE _____ CLASS: _____

ISSUE DATE ____/____/____ EXPIRATION DATE ____/____/____ RESTRICTIONS _____

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO

If YES, EXPLAIN _____ DATE(S) _____

I FURTHER STATE THAT I DO NOT HOLD OR POSSESS ANY OPERATORS OR COMMERCIAL DRIVER'S LICENSE EXCEPT THE ONE LISTED ABOVE.

SIGNATURE _____

LIST ALL OTHER LICENSES, VALID OR EXPIRED, THAT HAVE BEEN ISSUED TO YOU IN THE PREVIOUS THREE (3) YEARS.

STATE	LICENSE NO.	DATE ISSUED	EXPIRATION DATE	RESTRICTIONS

DRIVING EXPERIENCE

TYPE OF EQUIPMENT	YEARS OF EXPERIENCE	FROM	TO	APPROX. # OF MILES
TRACTOR/TRAILER				
STRAIGHT TRUCK				
REEFER				
DRY VAN				
TANKER				
FLATBED				

IN WHAT STATES HAVE YOU DRIVEN REGULARLY? _____

LIST ANY SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (Other than those already listed) _____

SHOW ANY TRUCKING, TRANSPORTATION, OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK WITH THIS COMPANY (Other than those already listed) _____

LIST COURSES AND TRAINING (Other than those already listed) _____

ACCIDENT RECORD

LIST ALL TRAFFIC ACCIDENTS WHICH YOU HAVE BEEN INVOLVED FOR THE PAST 5 YEARS.
(Include chargeable and non-chargeable)

DATE	TYPE VEHICLE	NATURE OF ACCIDENT	PREVENTABLE OR NON-PREVENTABLE	FATALITIES	INJURIES

TRAFFIC CONVICTIONS

LIST ALL TRAFFIC CONVICTION FOR THE PAST 5 YEARS (Other than parking violations)

DATE	LOCATION (STATE & CITY)	CHARGE	PENALTY

CRIMINAL CONVICTIONS

Have you ever been convicted of, or are charges currently pending for any of the following:

- FelonyYES NO If yes, when _____
 - MisdemeanorYES NO If yes, when _____
 - Driving a vehicle under the influence of alcohol (.02 or more) or controlled substancesYES NO If yes, when _____
 - Careless or reckless drivingYES NO If yes, when _____
 - Possession, sale or use of controlled substance including marijuana.....YES NO If yes, when _____
 - Leaving the scene of an accidentYES NO If yes, when _____
 - Have you ever violated any DOT prohibitions on drug or alcohol use? (refused to take a test, used drugs/alcohol during or before work, worked while impaired by alcohol or drugs)YES NO If yes, when _____
 - Have you ever tested positive or refused to test on any pre-employment drug or alcohol test given by an employer or contracting company to which you applied for, but did not obtain work?YES NO If yes, when _____
 - Have you ever been told you tested positive for drugs or alcohol?YES NO If yes, when _____
 - Is there any reason you might be unable to perform the functions of the job?YES NO If yes, when _____
- If you are unsure of your answer, please request and review the job description!

Please note: A conviction is not an automatic bar to employment. All circumstances will be considered including: the time since the offense, evidence of rehabilitation and the nature of the offense and its relationship to the Company's business.

AGREEMENT

Please read this Agreement and sign below, if you understand and agree to its terms.

If you have any questions or need any explanation, please ask now.

It is agreed and understood that any misrepresentation of information shall be considered an act of dishonesty.

I understand that the information in this application will be used and that past or present employers will be contacted for purposes of investigation as required by the Federal Department of Transportation Regulations.

You are hereby notified of your due process rights as specified in 391.23i(1) of the Federal Motor Carrier Safety Regulations. 1: The right to review 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.

It is agreed and understood that Garner Transportation Group (GTG) or its Agents may investigate my background to ascertain any and all information of concern to my record, whether that information is of record or not, and I release all former employers, driving schools, and persons named in the employment record section of this document from all liability for any damage caused by the release of such information

I further understand that as a result of making this application for employment my criminal record may be examined by GTG or its Agents, I hereby authorize GTG or its designated Agents to make any lawful examination of my criminal record.

I understand that at any time in the future, whether actively employed by GTG or not, that upon the request of any party or any surety, GTG may furnish reports and information relative to my record and service with GTG. I agree that this information may be furnished without liability or damages on behalf of GTG.

As part of the pre-employment process, a medical examination, including drug testing, will be required after a conditional offer of employment. I further agree to provide access to previous medical records if required.

I understand and agree that the DOT physical examination shall include substance screening.

I understand and agree that GTG reserves the right to use substance tests 1) at random, 2) for reasonable cause, 3) after any accident.

I agree to furnish any additional information and complete any examinations that may be required to complete my employment application.

Withholding, omitting or falsifying any information used in the consideration of my application may result in the rejection of my application or the termination of my employment.

I understand that during the term of my at-will employment, I will comply with the guidelines set forth in GTG policies, rules, regulations and procedures, which shall be amended from time to time. I also agree that my at-will employment and compensation can be terminated with or without cause and without notice or liability whatsoever, at any time, at the option of either GTG or myself.

I understand and agree that this application for employment in no way obligates GTG to employ me.

I consent to the procurement of any consumer reports, including reports from DAC Services, Inc., deemed necessary by GTG or its subsidiaries in their consideration of my employment.

This application was completed by me, and all entries on it and the information that I have provided in the application are true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials submitted to GTG or during my interviews (pre- and post-offers of employment) may result in denial of employment or discharge.

I have read and I understand all of this Agreement.

Printed Name

Social Security Number

Signature

Date