



## GENERAL INFORMATION

Are you 22 years of age or older?  YES  NO

Are you a U.S. Citizen or do you otherwise have a legal right to work in this country?  YES  NO

Have you ever used another name (including maiden name if applicable)?  YES  NO If yes, show name used: \_\_\_\_\_

Have you ever been convicted or pleaded guilty or no contest (nolo contendere) with regard to a criminal offense other than a traffic violation?  YES  NO

If yes, state nature of offense(s), date(s), of conviction, and location(s) of court. \_\_\_\_\_

Have you ever been disciplined or discharged for theft, unauthorized removal of Company property, or any related offense?  YES  NO

Have you ever been disciplined or discharged for fighting, assault or related offenses?  YES  NO

Have you ever been disciplined or discharged for insubordination?  YES  NO

Have you ever been disciplined or discharged for violating a safety rule?  YES  NO

Have you ever been discharged or asked to leave a company?  YES  NO

Have you ever tested positive for drugs or alcohol?  YES  NO

If yes, state the company, address and phone number: \_\_\_\_\_

Were you discharged or disciplined?  YES  NO

Have you ever received a dishonorable discharge from the military service?  YES  NO

If yes, please explain in the "APPLICANT'S COMMENTS" section.

**Such convictions will not absolutely prohibit employment, but will only be considered in relation to specific job requirements.**

**If you've answered "Yes" to Questions 7 through 15, please EXPLAIN the circumstances (include city, state and company if applicable) in the "APPLICANT'S COMMENTS" section on the back.**

## EDUCATION

SCHOOL	NAME / ADDRESS OF SCHOOL	CITY / STATE	GRADUATED? (Y/N)	MAJOR / MINOR	DEGREE	GRADE AVERAGE
HIGH	_____	_____	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____	_____	_____
OTHER	_____	_____	_____	_____	_____	_____

## LICENSE INFORMATION

List all unexpired state motor vehicle operators license(s) or permit(s) you currently hold or have held in the past 12 months:

DRIVER LICENSE, CDL, OR CDL PERMIT NUMBER	ISSUING STATE	EXPIRATION DATE
_____	_____	_____
_____	_____	_____

Has your driver license or other permit or privilege to operate a motor vehicle ever been revoked, denied, suspended, or restricted (whether dismissed or reinstated)?  YES  NO If yes, State \_\_\_\_\_ Year \_\_\_\_\_

State in the "APPLICANT'S COMMENTS" section on the back, in detail the facts and circumstances of any denial, revocation or suspension, or restrictions (whether dismissed or reinstated) of any license, permit or privilege to operate a motor vehicle that has been issued to you.

Do you have a current DOT card?  YES  NO If yes, what is the expiration date? \_\_\_\_\_

If you have a CDL, do you have passenger endorsement?  YES  NO

## EMPLOYMENT HISTORY - CONT.

Employer 5.)	Name & Title of Immediate Supervisor	Your Position	Reason for Leaving
Address		Your Hourly / Yearly Salary Start:                      End:	
City/State                      Zip	Phone	Employed From:                      To:	
Position subject to FMCSR? <input type="checkbox"/> YES <input type="checkbox"/> NO Was position designated as a safety sensitive function subject to alcohol and controlled substances testing as required by 19 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer 6.)	Name & Title of Immediate Supervisor	Your Position	Reason for Leaving
Address		Your Hourly / Yearly Salary Start:                      End:	
City/State                      Zip	Phone	Employed From:                      To:	
Position subject to FMCSR? <input type="checkbox"/> YES <input type="checkbox"/> NO Was position designated as a safety sensitive function subject to alcohol and controlled substances testing as required by 19 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer 8.)	Name & Title of Immediate Supervisor	Your Position	Reason for Leaving
Address		Your Hourly / Yearly Salary Start:                      End:	
City/State                      Zip	Phone	Employed From:                      To:	
Position subject to FMCSR? <input type="checkbox"/> YES <input type="checkbox"/> NO Was position designated as a safety sensitive function subject to alcohol and controlled substances testing as required by 19 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer 9.)	Name & Title of Immediate Supervisor	Your Position	Reason for Leaving
Address		Your Hourly / Yearly Salary Start:                      End:	
City/State                      Zip	Phone	Employed From:                      To:	
Position subject to FMCSR? <input type="checkbox"/> YES <input type="checkbox"/> NO Was position designated as a safety sensitive function subject to alcohol and controlled substances testing as required by 19 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer 7.)	Name & Title of Immediate Supervisor	Your Position	Reason for Leaving
Address		Your Hourly / Yearly Salary Start:                      End:	
City/State                      Zip	Phone	Employed From:                      To:	
Position subject to FMCSR? <input type="checkbox"/> YES <input type="checkbox"/> NO Was position designated as a safety sensitive function subject to alcohol and controlled substances testing as required by 19 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer 8.)	Name & Title of Immediate Supervisor	Your Position	Reason for Leaving
Address		Your Hourly / Yearly Salary Start:                      End:	
City/State                      Zip	Phone	Employed From:                      To:	
Position subject to FMCSR? <input type="checkbox"/> YES <input type="checkbox"/> NO Was position designated as a safety sensitive function subject to alcohol and controlled substances testing as required by 19 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer 10.)	Name & Title of Immediate Supervisor	Your Position	Reason for Leaving
Address		Your Hourly / Yearly Salary Start:                      End:	
City/State                      Zip	Phone	Employed From:                      To:	
Position subject to FMCSR? <input type="checkbox"/> YES <input type="checkbox"/> NO Was position designated as a safety sensitive function subject to alcohol and controlled substances testing as required by 19 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer 11.)	Name & Title of Immediate Supervisor	Your Position	Reason for Leaving
Address		Your Hourly / Yearly Salary Start:                      End:	
City/State                      Zip	Phone	Employed From:                      To:	
Position subject to FMCSR? <input type="checkbox"/> YES <input type="checkbox"/> NO Was position designated as a safety sensitive function subject to alcohol and controlled substances testing as required by 19 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**MAY WE CONTACT YOUR CURRENT PLACE OF EMPLOYMENT?**  YES  NO

If no, please supply the name/title of a current work reference other than your immediate supervisor / manager.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**SEE BACK FOR APPLICANT'S COMMENTS**

## CHECK THE TYPE OF VEHICLE OPERATED AND HOW LONG

CAR \_\_\_\_\_ YEARS     
  TRUCK \_\_\_\_\_ YEARS     
  TRUCK/TRACTOR \_\_\_\_\_ YEARS     
  BUS \_\_\_\_\_ YEARS

List violations of motor vehicle laws or ordinances ("traffic citations") other than parking, in the last 5 years where you were convicted, pled guilty, or forfeited bond or collateral. Continue in "APPLICANT'S COMMENTS" on the back.

### LIST TRAFFIC CITATIONS (NOT PARKING) IN THE LAST 5 YEARS - CONTINUE ON A SEPARATE SHEET IF NECESSARY

MONTH / YEAR	TYPE OF CITATION	CITY / STATE	PLED GUILTY / CONVICTED		DISPOSITION (Pen. Suspended Sm., Etc.)
			YES	NO	

### LIST ALL ACCIDENTS INVOLVED IN AS A DRIVER - CONTINUE ON A SEPARATE SHEET IF NECESSARY

MONTH / YEAR	NATURE OF ACCIDENT	CITY / STATE	VEHICLES INVOLVED	NUMBER OF FATALITIES	WERE YOU CITED?

## EMPLOYMENT HISTORY

You **MUST** account for all activities, including past employment (part-time and/or full-time), schooling, military service or periods of unemployment for the **past 10 years**. List your previous employers beginning with the current or most recent. Please print.

The Department of Transportation, Federal Motor Carrier Safety Regulations require that any person applying for a job as a commercial vehicle driver must inform the prospective of all previous employment as a driver of a commercial vehicle for the past 10 years, in addition to other required information about the applicant's employment history.

Employer 1.)	Name & Title of Immediate Supervisor	Your Position	Reason for Leaving
Address	Phone	Your Hourly / Yearly Salary Start:                      End:	
City/State                      Zip		Employed From:                      To:	
Position subject to FMCSR? <input type="checkbox"/> YES <input type="checkbox"/> NO Was position designated as a safety sensitive function subject to alcohol and controlled substances testing as required by 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer 2.)	Name & Title of Immediate Supervisor	Your Position	Reason for Leaving
Address	Phone	Your Hourly / Yearly Salary Start:                      End:	
City/State                      Zip		Employed From:                      To:	
Position subject to FMCSR? <input type="checkbox"/> YES <input type="checkbox"/> NO Was position designated as a safety sensitive function subject to alcohol and controlled substances testing as required by 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			



**IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING**

An inquiry will be made by a third party working on behalf of Ground Travel Specialist to verify the accuracy and truthfulness of the information you have provided. Present and prior employers may be contacted for the purpose of investigating your qualifications, to include but not limited to employment verification, motor vehicle record and safety performance history, and drug & alcohol testing history.

I hereby authorize education institutions, law enforcement authorities, companies, any other organizations and individuals to release such information and documents as deemed appropriate or necessary by Ground Travel Specialist. I release all parties providing information from all liability connected with providing the information. NOTE: You have the right to be provided a copy of the safety performance history data provided Ground Travel Specialist by your previous employer/s. If you want to receive a copy of the safety performance history provided by your previous employer/s, you must request the copy in writing. If you want the previous employer to correct the data, you must request the previous employer to correct the data, or you may provide a written rebuttal.

Should any omissions or discrepancies arise in this application, your employment history, medical history, and motor vehicle record, due to incorrect or incomplete information furnished by you, the Company reserves the right to cease any further consideration of you for employment. Omissions or discrepancies discovered after employment will be grounds for termination.

Except as set forth in the Company's collective bargaining agreements, or as otherwise required by law, employment can be terminated at any time by the Company or the employee with or without prior notice. Only the President and his executive staff can modify this policy in individual cases. Any modifications must be in writing and signed by the authorizing officer to be enforceable.

Should any information deemed negative by the Company be discovered in the course of your background investigation, the Company reserves the right to cease any further consideration of you for employment. Any such negative information discovered in the course of your background investigation after employment will be grounds for termination.

Company policy prohibits the unlawful manufacture, distribution, dispensation, possession, or use of drugs or alcohol on Company property or while in Company uniform or any room or facility paid for or provided by the Company. Being under the influence or testing positive of any alcoholic beverage or illegal drug while on Company property or on duty, is cause for termination. For the purpose of this policy, "drugs" are defined as any drug which is not legally obtainable and/or any drug which is legally obtainable, such as prescription drugs, but which is not legally obtained, and is not being used for prescribed purposes, and/or is not being taken according to prescribed dosages.

Compliance with the drug and alcohol policy is a condition of original and continued employment. Consequently, a violation of any aspect of our policies will render Company employees subject to disciplinary action up to and including termination. This policy supplements other Company directives and policies on the issues. A urine sample will be collected and tested for controlled substances and a breath alcohol test (BAT) will be conducted for the detection of alcohol. I hereby agree to submit to a urine drug screen analysis and BAT.

All offers of employment are conditioned on the applicant's providing proper proof of eligibility to be employed in the United States. In addition, all offers of employment are conditioned upon meeting all Department of Transportation and Ground Travel Specialist, requirements for commercial drivers and successful completion of GLI's Driver Training Program.

This application is valid for six months from the date submitted. If you have not been hired within that time period, you must submit a new application to be considered.

By signing below, you acknowledge you have read and understood all the information provided above. This certifies that this application was completed by you, and that all entries on it and information in it are true and complete to the best of your knowledge.

Date Submitted \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_

**EMERGENCY INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ Home Address \_\_\_\_\_

Insurance company (if any) \_\_\_\_\_ Policy number \_\_\_\_\_

Dr's. Name \_\_\_\_\_ Doctors phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

In an emergency notify:

Name(s) \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name(s) \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name(s) \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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List any physical problems of which a doctor(s) should be made aware of.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Indicate any allergies that you have which may necessitate treatment, the type of treatment and nature of reaction, if any.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Indicate any medication that you will be taking with you on a trip and the purpose of the medication.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Ground Travel Specialist, Inc. will use its best judgment in whom they let what information be known. I give my permission for Ground Travel Specialist, Inc. to notify any of the above phone numbers and talk to whomever about my condition if they feel compelled to do so, and let this information be known to all relevant parties. I give permission to any hospital, doctor or EMT to treat myself in case of illness or injury.

Signature \_\_\_\_\_



# PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY

Pursuant to a request for Previous Employee Safety Performance History, Dated \_\_\_\_\_, this response is being provided to the Prospective Employer noted below in compliance with the Department of Transportation regulations, §391.23(g)(1) and §40.321(b).

Corrected Copy, Replaces Response Dated: \_\_\_\_\_

## TO BE COMPLETED BY THE PREVIOUS EMPLOYER DRIVER IDENTIFICATION

Name of Previous Employee: \_\_\_\_\_  DOT Regulated Driver  
 Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Non-DOT Regulated Driver  
 Employed from \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_

## PREVIOUS EMPLOYER INFORMATION

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

## PROSPECTIVE EMPLOYER INFORMATION

Company Name: \_\_\_\_\_ THIS FORM WAS (check appropriate box).  
 Attention: \_\_\_\_\_  Mailed, Date: \_\_\_\_\_  
 Street: \_\_\_\_\_  Faxed, Date: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  Emailed, Date: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  Relayed by Phone, Date: \_\_\_\_\_  
 Name of Person Contacted: \_\_\_\_\_

## SAFETY PERFORMANCE HISTORY

There is no safety performance history to report.  
 Driver operated a:  Straight Truck  Tractor-Semitrailer  Bus  Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_  
 Driver did not operate a motor vehicle.  
 Reason for leaving employ:  Discharged  Resignation  Lay Off  Military Duty

### ACCIDENTS:

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Material Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

No accident register data for this driver.  
 Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (§391.23(d)(2)(ii)).

### DRUG/ALCOHOL TESTING:

Prospective employer did not provide signed release from driver (§40.321(b)). Therefore, drug/alcohol information cannot be provided.

Under DOT drug and alcohol testing requirements for the past 3 years:	Yes	No
1. This person was employed in a safety-sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40 (if NO, skip this section).	<input type="checkbox"/>	<input type="checkbox"/>
2. This person had an alcohol test with a result of 0.04 or higher alcohol concentration.	<input type="checkbox"/>	<input type="checkbox"/>
3. This person tested positive or adulterated or substituted a test specimen for controlled substances.	<input type="checkbox"/>	<input type="checkbox"/>
4. This person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test.	<input type="checkbox"/>	<input type="checkbox"/>
5. This person committed other violations of Subpart B of Part 382, or Part 40.	<input type="checkbox"/>	<input type="checkbox"/>
6. This person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program in our employ, including return-to-duty and follow-up tests. If yes, documentation is enclosed.	<input type="checkbox"/>	<input type="checkbox"/>
7. This person, after successfully completing a SAP's rehabilitation referral, remained in our employ but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested.	<input type="checkbox"/>	<input type="checkbox"/>

In providing this information, any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT regulations is included.

Any other remarks: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

FOR PREVIOUS EMPLOYER'S RECORD — KEEP A RECORD OF EACH REQUEST AND THE RESPONSE FOR ONE YEAR INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED.

## Drug & Alcohol Testing/Policy

This document is to confirm the employees understanding of Ground Travel Specialist, Inc (GTS) alcohol and drug testing policy. The outline provided below will summarize the key points of this policy. If you have any questions at all it imperative that you ask before signing this acknowledgment. By signing this document, it will represent that you comprehend the drug and alcohol testing and our policy of enforcement. This is to ensure you understand how and why GTS is working towards a safe, reliable, and healthy workforce for our customers and business. You do have the opportunity to ask for the complete "Safety Management Plan" that outlines more of how the Drug & Alcohol Testing will be conducted. Changes may be made at any time to stay in compliance with all FMCSA and DOT laws and guidelines.

- Before being hired the driver will take a physical including a drug test at our MRO.
  - No other facility is allowed to substitute for our DTW area MRO
  - All paperwork must be filled out completely and honestly, including the Chain of Custody for your drug results.
  - The results will be sent "confidentially" to only the staff at GTS directly involved in the compliance of Federal and State regulations.
- You will be placed in GTS's Drug and Alcohol Consortium for the entire time of your employment with GTS, Inc.
  - A minimum of 4 times a year a random will be pulled in compliance with Federal and State Regulations.
  - At the time GTS or any of it's staff inform you to report to our DTW MRO it will be required that you immediately report with any given documents to take any test, drug or alcohol with out any stops or interruption.
  - Failure to comply will lead to automatic termination of employment and documentation in your file stating why.
  - Any employer that asks for information on any results that we received for your drug or alcohol testing program will be informed of their results.
- GTS can add any random pulls, or test all or part of the staff at any time, without notice or require a driver to be tested because of reasonable suspicion.
- GTS, Inc. reserves the right to modify this Policy at any time without any notice to the employee.

GTS, Inc. and its entire staff find it very important to keep a drug free workplace and keep everyone free from concern of any safety issues that may come from improper alcohol use. If you understand all that has been stated in this document please sign, print, and date below. Again...If you have any questions please ask now!

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_