



27416 Ecorse Road
Romulus, MI 48174

Voice: (313) 551-3021
Fax: (313) 551-3037

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ **Date of Application** _____

In compliance with Federal equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

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 related 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 other 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. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

*****Signature** _____ **Date** _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(answer all questions-please print)

Position(s) Applied for _____

Name _____ S.S.N. _____

Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____

Street City

State Postal Code Phone _____ How Long? _____
yr./mo.

Previous

Addresses

Street City State & Postal Code How Long? _____
yr./mo.

Street City State & Postal Code How Long? _____
yr./mo.

Street City State & Postal Code How Long? _____
yr./mo.

Do you have the legal right to work in the U.S.? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____

(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To: _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

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

(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered. _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]? _____

If yes, explain why if you wish _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle* in interstate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.

EMPLOYER		DATE	
NAME		From MO YR	To MO YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP CODE	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING?			
WERE YOU SUBJECT TO THE FMCSRs? WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYER		DATE	
NAME		From MO YR	To MO YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP CODE	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING?			
WERE YOU SUBJECT TO THE FMCSRs? WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYER		DATE	
NAME		From MO YR	To MO YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP CODE	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING?			
WERE YOU SUBJECT TO THE FMCSRs? WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYER		DATE	
NAME		From MO YR	To MO YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP CODE	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING?			
WERE YOU SUBJECT TO THE FMCSRs? WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME	From	To		
	MO YR	MO YR		
ADDRESS			POSITION HELD	
CITY	STATE	ZIP CODE	SALARY WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING?	
WERE YOU SUBJECT TO THE FMCSRS? WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

*Includes vehicles having a GVWR of 26, 001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver) or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

*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 more than 8 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

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS—DRIVER

List all driver licenses or permits held in the last 3 years.

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSE				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Have any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM M/Y	TO M/Y	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR- TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR- THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
MOTORCOACH- SCHOOLBUS (MORE THAN 8 PASSENGERS) <input type="checkbox"/> YES <input type="checkbox"/> NO				
MOTORCOACH SCHOOLBUS (MORE THAN 15 PASSENGERS) <input type="checkbox"/> YES <input type="checkbox"/> NO				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

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

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM: _____

EXPERIENCE AND QUALIFICATIONS – OTHERS

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

LIST COURSES AND TRAINING OTHER THEN AS SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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) _____

TO BE READ AND SIGNED BY APPLICANT

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.

*****SIGNATURE:** _____ **DATE:** _____

Release of Liability for Investigative Inquiries

I authorize Greatway Transportation to make such investigations and inquiries of my personal, employment, drug and alcohol testing or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other 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.

I understand the information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers,
- Have errors in the information corrected to previous employers and for those previous employers to re-send the corrected information to the prospective employers; and,
- Have a mutual statement attached to the alleged erroneous information. If the previous employer(s) and I cannot agree on the accuracy of the information.

Applicant - Print Name

Social Security Number

*******Applicant Signature**

Date

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

PREVIOUS EMPLOYER INFORMATION

Company Name: _____ Phone Number: _____

Contact Name: _____ Street: _____ City, State, Zip: _____

PROSPECTIVE EMPLOYER INFORMATION

THIS FORM WAS (check appropriate box) Mailed - Date: _____ Faxed - Date: _____

Phoned - Date: _____ Spoke to: _____

Company Name: Greatway Transportation, Inc. Contact Name: Safety Department

Street: 27416 Ecorse Road City, State, Zip: Romulus, MI 48174

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) _____

Company Owner Operator O/O Driver Full time Part Time

Driver did not operate a motor vehicle.

Employment Dates: from _____ to _____

Reason for leaving employ: Discharged Resignation Lay Off Military Duty Notice Given

INCIDENTS:

Date	Location	of Injuries	of Fatalities	Preventable	Preventable

No incident register data for this driver.

Violations to CSA / Safer: Yes No Details: _____

Eligible for re-hire: Yes No (if no please state reason): _____

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.

FORM 413 / 301

REQUEST FOR DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYERS in accordance with 49 CFR 382.413 and 49 CFR 40.25 AND FOR PRE-EMPLOYMENT TEST EXEMPTION in accordance with 49 .CFR 382.301(b)

PURPOSE OF THIS FORM: (A) Under 49 CFR 382.413 which refers to 49 CFR 40.25 of the DOT regulations, previous employers MUST provide information regarding any violations of the regulations, specifically, any alcohol. tests with a result of 0.04 or greater, any verified positive drug tests and any refusals to be tested (including verified adulterated or substituted drug. test results), as well as information on whether the employee completed the required assessment and re qualification provisions under the regulations in accordance with 49 CFR Part 40 Subpart 0. (B) (1) Under 49 CFR 382.301(b) a prospective employer is not required to administer a pre-employment drug test on hiring a driver if he/she can verify the prospective driver's previous participation in a compliant testing program [382.301(c)(1)]. An employer can exercise this exemption if he contacts the testing program and obtains the information below. (II) Under 49 CFR 382.301(e)(2) an employer who hires a temporary or contract driver participating in a testing program administered by another entity must verify the driver's participation in a compliant testing program. If a driver is used periodically, the information must be updated every 6 months.

NAME (print) _____ has applied to our company for a safety-sensitive position as outlined in 49 CFR 382.107. In compliance with DOT regulations 49 CFR 382.413, 49 CFR 40.25 and 382.301, we are hereby requesting information regarding this individual's involvement with your company's drug and alcohol testing program. A consent for the release of this information follows.

APPLICANT/DRIVER CONSENT

TO: [Previous Employer] _____ Date: _____
Company: _____ Phone: _____ Fax: _____
Address: _____
Designated Employer Representative: _____

In accordance with 49 CFR 382.405(f), by my signature below I authorize you and/or your Third Party Administrator to release any and all information regarding drug and alcohol testing done on myself including any and all information on this form and responses to questions set out on this form, while in your employment, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding three years from the above date. This information is to be released to the prospective employer named below and/or to their Third Party Administrator.

FROM: [Prospective Employer]
Company: Greatway Transportation, Inc Phone: 313-551-3021 Fax: 313-551-3037
Address: 27416 Ecorse Road Romulus, MI 48174 Attention: Safety Department

I also understand that I have the right, under 49 CFR 391.23(i) and (i)~ to review information provided by previous employers; to have errors in the information corrected by the previous employer and to have that employer re-send the corrected information to the prospective employer; to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and myself cannot agree on the accuracy of the information.

Applicant Name (Print): _____ Applicant's SS#/Employee ID: _____

***Applicant Signature (driver): _____ Date: _____

Previous Employer &/or TPA - Please complete the following sections as per indicated below (& return this document to prospective employer):

Sections (1) and (2) below are for the pre-employment exemption in accordance with 49 CFR 382.301.

Sections (1) and (3) below are the request for drug and alcohol testing information in accordance with 49 CFR 382.413 and 49 CFR 40.25.

Please check off if sections (1) and (2) for the pre-employment exemption are not required.

DRIVER NAME: _____

(1) Was the applicant subject to drug and alcohol testing under DOT regulations? Yes No

(2) For pre-employment testing exemption under 49 CFR 382.301:

Date employee enrolled in program _____ (mm/dd/yy).

Employee's ending date of participation to program _____ (mm/dd/yy).

Program complies with DOT requirements? Yes No

Date of last drug test _____ (mm/dd/yy)

DRUG & ALCOHOL TEST RESULTS or any other violation of 49 CFR 382

Subpart B (last 6 months).

Date _____ Type of Test _____ Positive Negative

Date _____ Type of Test _____ Positive Negative

Date _____ Type of Test _____ Positive Negative

Comments: _____

(3) For verification of driver's participation in a compliant testing program under 49 CFR 382.413 & Part 40.25

TESTING HISTORY

1. Has this person ever tested positive, as verified by an MRO, for a controlled substance test in the last 3 years? Yes No
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 3 years? Yes No
3. Has this person ever ref used a DOT required test for drugs or alcohol in the last 3 years (including verified adulterated or substituted drug test results)? Yes No
4. Do you have knowledge of any other violation by this driver, under 49 CFR Subpart B or of any other DOT agency drug and alcohol testing regulation within the last 3 years (including all information you received from a previous employer)? Yes No
5. If YES to any of the above, did the person comply with referral and rehabilitation requirements of the Substance Abuse Professional:
 - a) Was the person referred to a SAP? Yes No
If employment with your company continued:
 - b) Was the person evaluated by the SAP? Yes No
 - c) If yes, did the SAP recommend treatment and/or education? Yes No
 - d) Did the person complete the treatment and/or education as determined by the SAP? Yes No
 - e) Did the person undergo a return-to-duty test? Yes No
 - f) If yes, was the return-to-duty test negative? Yes No
 - g) Did the SAP recommend follow-up testing? Yes No
 - h) Did the person complete the follow-up testing? Yes No

*If applicable, please submit copy of documentation of completion of return-to-duty and follow-up testing records.

I confirm that the above information is accurate.

Name of Company Rep (Print)

Company

Signature

Date