

Application For Qualification

GMR TRANSPORTATION, INC. 680 7th Avenue NE West Fargo, ND 58078

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Instructions to Applicant

Owner Operator Application

Please answer all questions. If the answer to any question "No" or "None", do not leave the item blank, but write "No" or "None". This is important!

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are least 40 but less than 70 years of age.

Date _____

Name _____
(First) (Middle) (Last)

Date of Birth ____/____/____ Social Security Number ____-____-____
(required by Sec 391.21 of the FMCSR)

Physical Exam Expiration Date _____

License No.: _____ State Issued: _____ Expiration Date: _____

Telephone No.: (____) _____ - _____ Cell-Phone No.: (____) _____ - _____

Emergency Phone No.: (____) _____ - _____ Emergency Contact Person: _____

Current & Three Years Previous Addresses:

_____	From _____	To _____
(street) (city) (state/zip)		
_____	From _____	To _____
(street) (city) (state/zip)		
_____	From _____	To _____
(street) (city) (state/zip)		
_____	From _____	To _____
(street) (city) (state/zip)		

Education and Employment History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 Post-Graduate: 1 2 3 4

PLEASE ANSWER ALL QUESTIONS, DO NOT LEAVE ANY SPACES BLANK

1. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ___ Yes ___ No
(Proof of citizenship or immigration status will be required upon employment)

2. What is the maximum time you are able to be away from home? _____

3. Are there any areas of the country you will not travel to? If you answer is yes, please list them:

4. Have you worked for or been leased to this company before? _____

-Dates: From _____ To: _____

-Position: _____ Reason for leaving: _____

5. Are you now employed or leased to another company? _____

-If not, how long since leaving last employment or lease company? _____

6.. When are you available to start? _____

Tractor Information

Year: _____

Make: _____

Model: _____

Vin#: _____

Weight: _____

Wheelbase: _____

Date of Purchase: _____

Purchase Price: _____

Tire Size: _____

Color: _____

Trailer Information

Year: _____

Make: _____

Model: _____

Vin#: _____

Weight: _____

Wheelbase: _____

Date of Purchase: _____

Purchase Price: _____

Tire Size: _____

From **Mo/Yr** _____ To **Mo/Yr** _____ **Present or Last Employer:**
Name _____
Position Held _____ Address _____
(Street) (City) (State/Zip)

Phone # (_____) _____ Reason For Leaving _____

Were you subject to the FMCSR's under this employer? ___ Yes ___ No

Was this job designated as a Safety Sensitive Function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? ___ Yes ___ No

From **Mo/Yr** _____ To **Mo/Yr** _____ **Present or Last Employer:**
Name _____
Position Held _____ Address _____
(Street) (City) (State/Zip)

Phone # (_____) _____ Reason For Leaving _____

Were you subject to the FMCSR's under this employer? ___ Yes ___ No

Was this job designated as a Safety Sensitive Function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? ___ Yes ___ No

From **Mo/Yr** _____ To **Mo/Yr** _____ **Present or Last Employer:**
Name _____
Position Held _____ Address _____
(Street) (City) (State/Zip)

Phone # (_____) _____ Reason For Leaving _____

Were you subject to the FMCSR's under this employer? ___ Yes ___ No

Was this job designated as a Safety Sensitive Function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? ___ Yes ___ No

From **Mo/Yr** _____ To **Mo/Yr** _____ **Present or Last Employer:**
Name _____
Position Held _____ Address _____
(Street) (City) (State/Zip)

Phone # (_____) _____ Reason For Leaving _____

Were you subject to the FMCSR's under this employer? ___ Yes ___ No

Was this job designated as a Safety Sensitive Function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? ___ Yes ___ No

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Other			

List states operated in for the last five years: _____

List special courses/training completed (PTD/DDC, Haz-Mat, etc): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three years (attach sheet if more space is needed)

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES No
 If yes, list date, reason and length and reason why: _____

B. Has any license, permit or privilege ever been suspended or revoked? YES No
 If yes, list date, reason and length of suspension: _____

C. Have you ever been convicted of a felony or misdemeanor? YES No
 If yes, list date and offense: _____

D. Are you currently on probation or parole? YES No

E. Have you ever been convicted of a DUI/DWI or possession of a controlled substance? YES No
 If yes, list date(s): _____

F. Have you ever been convicted of reckless, careless, or negligent operation of a motor vehicle? YES No
 If yes, list date and reason: _____

G. During the last three years from the date of this application, have you tested positive for a controlled substance or alcohol or refused to be tested on any pre-employment controlled substance or alcohol test as required by 49 C.F.R. Section 382.301? This includes any pre-employment test administered by an employer to which you applied for safety-sensitive transportation work covered by D.O.T. regulations requiring pre-employment controlled substance or alcohol testing. ___ Yes ___ No

If yes, have you been evaluated by a Substance Abuse Professional? ___ Yes ___ No

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name	Address	Phone
_____	_____ (street) (city) (state\zip)	() - _____
_____	_____ (street) (city) (state\zip)	() - _____
_____	_____ (street) (city) (state\zip)	() - _____

To Be Read and Signed by Applicant

My signature below 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. I understand that I may be disqualified if I falsify my application.

It is agreed and understood that any misrepresentation of information or information withheld will be considered an act of dishonesty and will be sufficient cause to nullify my application or if hired will be cause for dismissal.

It is agreed and understood that GMR Transportation, Inc. or agents may investigate my background to ascertain any and all information of concern to my record, whether same is of record or not, and I release all present and former employers and other persons herein from all liability for any damages on account of their furnishing such information.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by section 391.23 of the Motor Carriage Safety Regulations. I authorize my past employers, and any others contacted, to answer all questions asked by the company concerning my ability, character, and reputation. I release all such persons and GMR Transportation, Inc from any liability on account of furnishing such information to GMR Transportation, Inc.

I understand that per CFR section 391.23(i), I have the right to review information provided by previous employers, have errors corrected by previous employers and resubmitted to GMR Transportation, Inc and/or have a rebuttal statement attached to erroneous information. I understand that I must request past employer information in writing within 30-days of my application.

It is also agreed and understood that under the Fair Credit Reporting Act (Public Law 91-508), I have been told that this investigation may include an Investigating Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish additional information and complete examinations as may be required to complete my employment file.

It is agreed and understood that if hired, I will be employed for 90-days New Employment Probationary Period. At the completion of the 90-days New Employment Probationary Period, GMR Transportation, Inc will review and evaluate my job performance and 1) place me as a non-probationary driver 2) continue the New Employee Probationary Period, or 3) take other action as may be appropriate in the sole discretion of the company

X _____
Signature of Applicant

Date

Remarks (for office use only)

DRIVER DECLARATION
Federal Motor Carrier Safety Regulations
Section 40.25 (j)

(Name of Driver)

(Social Security Number)

(Signature of Driver)

(Driver's License Number)

_____ I CERTIFY THAT **I HAVE NOT FAILED OR REFUSED** A DOT DRUG AND ALCOHOL PRE-EMPLOYMENT TEST WITHIN THE PAST THREE YEARS FROM AN EMPLOYER WHO DID NOT HIRE OR USE ME.

_____ I CERTIFY THAT **I HAVE FAILED OR REFUSED** A DOT DRUG AND ALCOHOL PRE-EMPLOYMENT TEST WITHIN THE PAST THREE YEARS FROM AN EMPLOYER WHO DID NOT HIRE OR USE ME.

IF SO, LIST MOTOR CARRIER
