



# EMPLOYMENT HISTORY FOR PAST 10 YEARS

Give a complete record of all employment for the past 10 years.  
Use a separate sheet for additional information if necessary.

## CURRENT EMPLOYER

May we contact?  Yes  No

Mo. Yr. Mo. Yr.  
From: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Company Name: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

Area Driven In: \_\_\_\_\_ Position Held: \_\_\_\_\_

No of States: \_\_\_ Vans  Flats  Temp Controlled  Reason for Leaving \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? \_ YES \_ NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANYDOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? \_ YES \_ NO

## 2<sup>ND</sup> LAST EMPLOYER

Mo. Yr. Mo. Yr.  
From: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Company Name: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

Area Driven In: \_\_\_\_\_ Position Held: \_\_\_\_\_

No of States: \_\_\_ Vans  Flats  Temp Controlled  Reason for Leaving \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? \_ YES \_ NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANYDOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS

## 3<sup>RD</sup> LAST EMPLOYER

Mo. Yr. Mo. Yr.  
From: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Company Name: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

Area Driven In: \_\_\_\_\_ Position Held: \_\_\_\_\_

No of States: \_\_\_ Vans  Flats  Temp Controlled  Reason for Leaving \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? \_ YES \_ NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANYDOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? \_ YES \_ NO

## 4<sup>TH</sup> LAST EMPLOYER

Mo. Yr. Mo. Yr.  
From: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Company Name: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

Area Driven In: \_\_\_\_\_ Position Held: \_\_\_\_\_

No of States: \_\_\_ Vans  Flats  Temp Controlled  Reason for Leaving \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? \_ YES \_ NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANYDOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? \_ YES \_ NO

## 5<sup>TH</sup> LAST EMPLOYER

Mo. Yr. Mo. Yr.  
From: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Company Name: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

Area Driven In: \_\_\_\_\_ Position Held: \_\_\_\_\_

No of States: \_\_\_ Vans  Flats  Temp Controlled  Reason for Leaving \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? \_ YES \_ NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANYDOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? \_ YES \_ NO

## 6<sup>TH</sup> LAST EMPLOYER

Mo. Yr. Mo. Yr.  
From: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Company Name: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

Area Driven In: \_\_\_\_\_ Position Held: \_\_\_\_\_

No of States: \_\_\_ Vans  Flats  Temp Controlled  Reason for Leaving \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? \_ YES \_ NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANYDOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? \_ YES \_ NO

## Disclosure

Grand Island Express may obtain consumer reports as part of their evaluation of your application for employment. These consumer reports may include among other things, the following types of information: names of previous employers and dates of employment; reasons for change or termination of employment; description of skills and work experience; description of employment discipline or other employment problems; number and cause of vehicle or other accidents; credit reports and records; public record information concerning your driving record (moving violations), and criminal records.

# DRIVER'S LICENSE AND DRIVING RECORD

## CURRENT LICENSE

State: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ License No. \_\_\_\_\_

Do you currently hold a driver's license in addition to that listed above? \_\_\_\_\_ If yes, what state? \_\_\_\_\_

Is your license a CDL? Yes \_\_\_ No \_\_\_ What endorsements do you have? HAZMAT \_\_\_ Doubles/Triples \_\_\_ Tanker \_\_\_

If yes - Do you have a current D.O.T. Physical Certificate? \_\_\_ Yes \_\_\_ No \_\_\_ Expiration date: \_\_\_/\_\_\_/\_\_\_

DRIVER LICENSE: LIST ALL DRIVERS LICENSES HELD IN PAST FIVE YEARS			
Note: Holders of a CDL must not have an air brake restriction and must have the HAZMAT Endorsement.			
State	License Number	Class	Expiration Date

## LIST ALL ACCIDENTS AND INCIDENTS – PREVENTABLE AND NON-PREVENTABLE FOR PAST 3 YEARS.

*(Use separate sheet if necessary). If you have had no accidents in the past 3 years write none.*

	Date	Nature of Accident Describe	Fatalities	Injuries	Extent of Damage - \$
Last accident					
Next previous					
Next previous					

## LIST ALL TRAFFIC CONVICTIONS (TICKETS) AND FORFEITURES FOR THE PAST 3 YEARS (Other than parking tickets):

*(Use separate sheet if necessary). If you have had no tickets in the past 3 years write none.*

	Location	Date	Charge	Penalty
1.				
2.				
3.				
4.				

## DESCRIBE THE NATURE AND EXTENT OF YOUR EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES:

*(Examples: Buses, truck tractors, semi trailers, pole trailers, etc. Use separate sheet if necessary.)*

Type of Equipment	Total Experience (Wks., Mos., Yrs.)	Type of Experience (Nature of Job)

Tractor Trailer school you have attended and your graduation date: \_\_\_\_\_

List any safe driving awards you have received and from whom. \_\_\_\_\_

## PLEASE LIST 2 RELATIVES TO NOTIFY IN CASE OF EMERGENCY:

Name:	Address:	Phone:
Name:	Address:	Phone:

What date are you available for work? \_\_\_\_\_

Are you capable of driving in winter conditions? YES \_\_\_ NO \_\_\_

Are you capable of chaining up equipment/winter mountain driving? YES \_\_\_ NO \_\_\_

# 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.**

I understand that a pre-employment physical assessment is required by Grand Island Express by company drivers.

I understand and agree that Grand Island Express, hereafter referred to as "the Company", reserves the right to use substance tests 1) at random, 2) for reasonable cause, 3) after any accident and 4) during re-certification of physicals – according to DOT regulations or Company policy.

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 397.23 OF THE MOTOR CARRIER SAFETY REGULATIONS.

I also understand and agree that the Company 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 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 the Company or its Agents, I hereby authorize the Company 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 the Company or not, that upon the request of any party or any surety, the Company may furnish reports and information relative to my record and services with the Company. I agree that this information may be furnished without any liability or damages on behalf of the Company.

As a 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.

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.

The Company conducts its business by telephone. Therefore, I understand that my telephone calls to the office may be periodically monitored to determine the volume, type and professional quality of service provided.

I UNDERSTAND THAT, DURING THE TERM OF MY AT-WILL EMPLOYMENT, I WILL COMPLY WITH THE GUIDELINES SET FORTH IN THE COMPANY'S 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 THE COMPANY OR MYSELF.

The information that I have provided on this application is 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 the Company or during my interviews (pre- or post-offers of employment) may result in denial of employment or discharge.

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

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

I consent to the procurement and use of any consumer reports, including reports from HIRERIGHT Services, Inc., deemed necessary by Grand Island Express, or its subsidiaries in their consideration of my employment.

I have read and I understand all of this Agreement and have no objections or reservations.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ SS # \_\_\_\_\_

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**REQUEST FOR BACKGROUND INFORMATION**



APPLICANT: PRINT NAME, SS#, & SIGN ONLY WHERE INDICATED.

NAME: \_\_\_\_\_ SOC. SEC. No. \_\_\_\_\_

I, the undersigned, hereby authorize all my previous employers or any other carrier to give to Grand Island Express, all information regarding my services, character, conduct and all information on my Alcohol and Controlled Substances Testing/ Training Record, including pre-employment testing. I release all my previous employers or any other carrier from liability which may result from giving such information. I also understand that I have the right to review information provided by previous employers (within the last 3 years) including drug and alcohol information, if the correct protocol is followed, which includes contacting the previous employer and requesting a correction or submitting a rebuttal according to 391.23.

Date: \_\_\_\_\_ Applicant Sign Here: \_\_\_\_\_

TO FORMER EMPLOYER: Please give the following information about this applicant. It will be held in strict confidence.

**BELOW THIS LINE FOR OFFICE USE ONLY.**

NAME OF COMPANY: \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PERIOD OF EMPLOYMENT FROM _____ TO _____  FROM _____ TO _____  POSITION HELD: _____ _____	SUPERVISOR/CONTACT				
	NAME	EXCELLENT	GOOD	FAIR	POOR
	Quality of work				
	Cooperation with others				
	Safety habits				
	Personal habits				
	Driving skill				
	Attendance record				

**ACCIDENT RECORD/INCIDENT RECORD LIST ALL REGARDLESS OF FAULT. IF NONE, WRITE NONE.**

DATE	VEHICLE TYPE	TYPE OF ACCIDENT/INCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	PREVENTABLE/ NON-PREVENTABLE	FATALITIES	INJURIES	\$\$\$ OF PROP. DAMAGE

Why did applicant leave? \_\_\_\_\_

Is applicant rehirable?  YES  NO

# of states driven in? \_\_\_\_\_ Which States: \_\_\_\_\_

Type of Tractors? \_\_\_\_\_ Trailers? \_\_\_\_\_

Was this person ever involved with a stolen load?  YES  NO

COMMENTS: \_\_\_\_\_

IN ACCORDANCE WITH PART 382.405 (f) AND (h) & PART 382.413 AND 391.23

Has this person ever tested positive for a controlled substance in the last three years?	YES	NO
Has this person ever had an alcohol test with a BAC of 0.04 or greater in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
Has this person ever refused a required test for drugs or alcohol in the last three years?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes to any of the above questions, please give the SAP's name, address and phone number for further assistance.

COMPANY: \_\_\_\_\_ NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

PO Box 2122-432 S. Stuhr Rd  
 Grand Island, NE 68802-2122

308-384-8555 — Recruiting 866-472-6347  
 Fax 866-366-9305

GRAND ISLAND EXPRESS  
432 S. Stuhr Rd  
Grand Island, NE 68802-2122  
1-(866)-472-6347

In connection with my application for employment with Grand Island Express, I understand that consumer reports, which may contain public record information, may be requested from HIRERIGHT Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from HIRERIGHT concerning previous driving record requests made by others from such state agencies, and state provided driving records.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY HIRERIGHT TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to HIRERIGHT, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which HIRERIGHT has previously furnished within the two year period preceding my request. I hereby consent to Grand Island Express obtaining the above information from HIRERIGHT, and I agree that such information which HIRERIGHT has or obtains, and my employment history with Grand Island Express if I am hired, will be supplied by HIRERIGHT to other companies which subscribe to HIRERIGHT Services.

I hereby authorize procurement of consumer report(s). If hired, this authorization shall remain on file and shall serve as ongoing authorization for Grand Island Express to procure consumer reports at any time during my employment period.

APPLICANT'S NAME \_\_\_\_\_ SOC. SEC.# \_\_\_\_\_ - -

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



PERSONAL REFERENCES

Driver Name: \_\_\_\_\_

*The three people listed below, neither of whom is related to me in any manner, can verify they have known me for one or more years.*

1. \_\_\_\_\_  
Ph: \_\_\_\_\_

2. \_\_\_\_\_  
Ph: \_\_\_\_\_

3. \_\_\_\_\_  
Ph: \_\_\_\_\_

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*Below this line for Office Use Only*

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Comments:

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

In connection with your application for employment with Grand Island Express ("Prospective Employer"), it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report 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 a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize G. I. Express ("Prospective Employer") to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. 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, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

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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 and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Prospective Employer and its employees, agents, and affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)