



TRUCKING, INC.

PH: (435) 529-3831

FAX: (435) 529-1006

Application Checklist

In order to process each application in a timely manner, you will need to include **all** of the following:

❖ _____ Application

*All previous employer information including phone, fax and contact. For companies out of business a paystub or W-2 is required for that company. Periods of self-employment will need a tax return form (schedule C, 1099, 1065, etc)

❖ _____ Signed and Dated Pre-Employment Statement and Request for Information & Drug and Alcohol

❖ _____ Copy of Medical Long Form & Medical Card

❖ _____ Copy of 10 Year Motor Vehicle Record

❖ _____ Copy of PSP report from www.psp.fmcsa.dot.gov

Click on the link "GET YOUR PSP RECORD"

Follow the prompts, you will need the following:

- Your current driver's license number
- A credit card
- A valid email address
- Each driver's license number for past 5 years
- PDF view installed on computer

DRIVER EMPLOYMENT REQUIREMENTS

Gurney Trucking, Inc. has definitive policies concerning the hiring of drivers. In all cases these policies conform to FMCSA Motor Carrier Safety Regulations.

It is company policy to employ only physically, mentally and emotionally stable people who are courteous and have the knowledge and ability to operate the type of equipment to which they may be assigned. Each driver will be evaluated individually for required experience.

Minimum qualifications are as follows:

Every driver must have a valid Class A CDL and proper endorsements.

- The minimum age for a Gurney Trucking, Inc. driver is twenty-three (23) years of age and two plus (2+) years driving experience.
- All drivers are required to take a TQA (Trucker Quality Assurance) class and be TQA certified.
- Every driver shall submit to the Company a current listing (three years) of their violations and accident record, from the Department of Motor Vehicles in the state of their driver's license. Drivers shall have no more than three moving violations during the three years previous to employment with Gurney Trucking, Inc.
- A driver shall have no serious traffic violations within the previous two years. Serious violations are defined as: (a) reckless driving, (b) driving while intoxicated or under the influence of drugs, (c) hit and run, leaving the scene of an accident, failure to report an accident, (d) No more than 3 speeding in excess of 15 mph over the speed limit.
- Prior to active employment, every driver must take and successfully pass a physical examination in accordance with Department of Transportation regulations. They will be required to submit to the Company, for their files, a valid long form and certificate of that physical examination and retain a certificate of such examination during all times when on duty.
- Prior to employment, all applicants will submit to a pre-employment drug screen in accordance with FMCSR 391.103 or any revision thereof. An applicant who tests positive for any controlled substance will not be considered for employment.
- A driver must not be disqualified to drive a motor vehicle under any of the rules of Department of Transportation Regulation 391.15 or any revision thereof.
- Applicants will successfully complete a driver's road test in accordance with FMCSR 391.31, or any revision thereof.
- The applicant shall complete and furnish to the Company an application for employment in accordance with Department of Transportation Regulation 391.21, or any revision thereof. Falsification of this document will result in immediate termination.

- The applicant must be physically qualified to safely perform all other physical activities associated with employment requirements.
- The applicant shall be neat in appearance and will be judged on mechanical ability, common sense, manners, courtesy and legible writing.
- Records of Duty Status (Logs) will be correct and neat in form and manner. Falsification of logs will not be tolerated or accepted. All logs will be prepared in accordance with federal and state regulations as well as company policy set forth by safety.

The following skills and knowledge will be required of all active Gurney Trucking, Inc. drivers:

- Ability to read and speak the English language well enough to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records.
- Skills by reason of experience, training, or both, to safely operate the type of vehicle to which they may be assigned.
- Knowledge by reason of experience, training, or both, to determine whether the cargo they transport has been properly loaded, distributed, and secured in or on the vehicle they drive.
- Familiarity with methods and procedures for securing cargo in or on the motor vehicle they drive.

Gurney Trucking

Application for Employment

Name _____ Date _____
 First Middle Last

Birth Date: _____

Preferred Name to go by: _____ Phone _____

E-Mail Address: _____ Cell Phone _____

Current Address _____
 City State Zip Code

Mailing Address _____
 City State Zip Code

If the above is less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street _____ City State Zip Code

Street _____ City State Zip Code

Position applying for _____ Temporary _____ Part Time _____ Full Time _____

Who referred you? _____ Rate of pay expected? _____

Have you worked for this company before? _____ Dates: From _____ To _____
 month / year month / year

Reason for leaving _____

Name of any relatives employed by this company _____

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

Education

Circle highest grade completed:

Last school attended _____
 Name Address

General

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.

Have you ever worked for this company under a different name? _____ If so, what name? _____

Driver Experience & Qualification

Answer the questions in this section only if applying for driver position

- A.** Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___
- B.** Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___
- C.** Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes ___ No ___
- D.** Have you ever tested positive or refused a DOT drug or alcohol pre-employment test within the past two years from an employer who did not hire you? Yes ___ No ___

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers – LCV’s				
Other				

Section 383.21 FMCSR states, “No Person who operates a commercial motor vehicle shall at any time have more than one driver’s license.” I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

List states operated in during last five years _____

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by _____

Accident Review (Past three years)

Dates	Nature of Accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries

Traffic Convictions (Past three years)

Location	Date	Charge	Penalty

Employment Record

**Start with current position, including military experience, and work backwards
FOR TEN YEARS.**

May we contact your current employer: YES: _____ NO: _____

Current Employer: _____ Supervisor's Full Name: _____

Full Address: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Past Employer: _____ Supervisor's Full Name: _____

Full Address: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Past Employer: _____ Supervisor's Full Name: _____

Full Address: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Past Employer: _____ Supervisor's Full Name: _____

Full Address: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Past Employer: _____ Supervisor's Full Name: _____

Full Address: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Past Employer: _____ Supervisor's Full Name: _____

Full Address: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Past Employer: _____ Supervisor's Full Name: _____

Full Address: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Past Employer: _____ Supervisor's Full Name: _____

Full Address: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See section 40.25(b)(5) and (e).

Applicant Name (Print) ID Number

Applicant Signature

As an applicant, applying to perform safety sensitive-functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes _____ No _____

2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

Yes _____ No _____

My signature below certifies that the information provided is to be true and correct.

Applicant Name (Print) Date

Applicant Signature

Request for Information

From Previous Employer

I hereby authorize you to release the following information to **Gurney Trucking, Inc. (RETURN COMPLETE FORM TO FAX (435) 529-1006)** for the purpose of investigation as required by section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date: _____

Print: _____

Signature: _____

Social Security Number: _____

Applicant – Please do not write below this line.

To: _____

Position Held: _____

Fax: _____

Period of Employment: From _____ To _____

Date: _____

Immediate Supervisor: _____

Previous Employer

We appreciate your time in completing, in confidence, the information requested below.

Does the above information coincide with your records? _____

- 1. Quality of work
- 2. Co-operation with others
- 3. Safety Habits
- 4. Personal habits
- 5. Driving Skill
- 6. Attendance record

Excellent	Good	Fair	Poor

7. Needed Supervision

- Seldom
- Occasionally
- Frequently
- Constantly

8. Why did applicant leave? _____

9. Would you rehire? _____

10. If Driver: Qualified in what equipment? _____

11. How many accidents? _____ How many preventable? _____

12. Driver's License ever revoked or suspended? _____

Comments:

Date: _____

Signed: _____

Name & Title

Print:

Print:

Name & Title

Alcohol & Drug Test Information

From Previous Employer

I hereby authorize you to release the following information to **Gurney Trucking Inc. (RETURN COMPLETED FORM TO FAX (435) 529-1006)** This information is being requested in compliance with Sections 40.25 and 382.405 (f) and (h) of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date: _____

Print: _____

Signature: _____

Social Security Number: _____

Applicant – Please do not write below this line.

To: _____

Date: _____

Fax: _____

To be completed by previous employer

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here, sign below, and return.

Under Department of Transportation testing requirements:

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?
2. Has this person had a verified positive drug test?
3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?
4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?
5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the Employee's successful completion of DOT return to duty requirements, including follow-up-tests? (Please send this documentation back with this form, if applicable.)

YES	NO

In answering these questions, include any drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT agency regulations.

Date: _____

Signed: _____

Name & Title

Print: _____

Name & Title

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

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 Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

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

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

_____ Date

_____ Applicant Signature

_____ Print

For Office Use – Do Not Write In This Space

Applicant Hired? _____ Yes _____ No

Date Employed: _____

Interview Board: _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor
1. Application					
2. Interview					
3. Physical Exam					
4. Past Employment					
5. Road Test					
6. MVR					

Signature of Interviewing Officer: _____ Date: _____



Applicant Consent From for Pre-Employment Investigation and Specific Release

In consideration of GURNEY TRUCKING INC.'S review of my application for employment, (herein referred to as EMPLOYER) I hereby voluntarily consent to and authorize EMPLOYER or it authorized agents bearing this release or copy thereof, to obtain a consumer report for employment purposes. I agree that this consumer report may include, but is not limited to, one of the following:

- Employment Verification, Educations Verification, Credentials Verification, Military Service Verification
- Personal Identity Verification, Past Employment Verification, Reference Checks
- Criminal Records, Civil Cases, Moto Vehicle Records, Credit Report
- CSA 2010 PSP (Pre-Employment Screening Program)

I authorize all persons and organizations that may have information relevant to this research to disclose such information to EMPLOYER or its authorized agents. I hereby release EMPLOYER, its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that I have specific prescribed rights as a consumer under the Federal Fair Credit Reporting Act ('FCRA'), and may have additional rights under relevant state law. I hereby certify that I have been presented with a summary of my rights as a consumer under the Fair Credit Reporting Act.

Applicant's Signature

Date

Print Name

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

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

In connection with your application for employment with Gurney Trucking (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA 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 your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act. Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear²

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on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature _____

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

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