



2627 LANCELOT LN. DYER, IN. 46211 PHONE: 219-864-8222 ALT PHONE:
708-769-4155 FAX-219-865-2268 .

I MUST HAVE THE FOLLOWING DOCUMENTS ON
RECORD

BEFORE YOU ARE ABLE TO BE CONSIDERED FOR HIRE

- A copy of your Drivers License
- A copy of your MVR
- A copy of your Medical Card
- A copy of your Social Security Card
- A NEGATIVE drug test administered by our health provider

You can retrieve your MVR online.
If you choose to do so, or if you would like to send your
documents in electronically; you may email:

Hilary@ggasphalt.com

Subject: Your Name and Description of the attached documents



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DRIVER APPLICATION FORM

I authorize you to make such investigations and inquiries of my personal, employment, financial medical history and or any and all 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, school, 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 46 CFR 391.23(d) and (e).

I understand that I have the right to:

Review information provided by current and or 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

Have a rebuttal statement attached to the alleged erroneous information, and if the previous employer(s) and I cannot agree on the

accuracy of the information

SIGNATURE: _____ DATE: _____

NAME: _____
_____ FIRST LAST
MIDDLE

ADDRESS: _____

ZIPCODE # YEARS STREET CITY STATE

SOCIAL SECURITY #: _____ - _____ - _____ BIRTH DATE:

PHONE NUMBER: (_____) _____ - _____ HIRE DATE:

PAST 3 YEAR
RESIDENCY: _____

ZIPCODE # YEARS STREET CITY STATE

ZIPCODE # YEARS STREET CITY STATE

ZIPCODE # YEARS STREET CITY STATE

PRIMARY CONTACT: _____
FIRST LAST

RELATIONSHIP: _____ PHONE NUMBER: (_____) _____ - _____

SECONDARY CONTACT: _____
FIRST LAST

RELATIONSHIP: _____ PHONE NUMBER: (_____) _____ - _____

EMPLOYMENT HISTORY

All applicants wishing to drive the interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of 10 year employment record)

You are required to list the complete mailing address: street number and name, city, state, and zip code for all of the below employment records

CURRENT / LAST EMPLOYER:

NAME: _____ PHONE NUMBER: (_____) _____

_____-_____
ADDRESS: _____

ZIPCODE STREET CITY STATE

POSITION HELD: _____ FROM: _____ TO: _____

MONTH/YEAR MONTH/YEAR

REASON FOR LEAVING:

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES
 NO

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

ACCOUNT FOR PERIOD BETWEEN JOBS – INCLUDE DATES (MONTH/YEAR) AND REASON:

SECOND TO LAST EMPLOYER:

NAME: _____ PHONE NUMBER: (_____) _____

ADDRESS: _____

POSITION HELD: _____ FROM: _____ TO:

MONTH/YEAR

MONTH/YEAR

REASON FOR LEAVING:

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES
 NO

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

ACCOUNT FOR PERIOD BETWEEN JOBS – INCLUDE DATES (MONTH/YEAR) AND REASON:

EXPERIENCE AND QUALIFICATIONS

Any gaps in employment from the following page MUST be accounted for and explained.*The federal Motor Carrier Safety Regulations 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 or 10,001 pounds or more (2) is designed or used to transport more than 8 passengers (including the driver) for compensation (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

DRIVING EXPERIENCE

IF NO DRIVING EXPERIENCE WITHIN 3 YEARS – CHECK HERE

CLASS OF

TYPE OF

DATES

APPROXIMATE

EQUIPMENT
OF MILES

EQUIPMENT

FROM

TO

CIRCLE ALL THAT APPLY

___ STRAIGHT TRUCK

VAN, REEFER, TANK, FLAT

___ TRACTOR&SEMI-TRAILER

VAN, REEFER, TANK, FLAT

___ TRACTOR-TWO TRAILERS

VAN, REEFER, TANK, FLAT

___ TRACTOR-THREE TRAILERS

VAN, REEFER, TANK, FLAT

___ MOTORCOACH-SCHOOL BUS

NA

GREATER THAN 8 PASSENGERS

___ MOTOR COACH-SCHOOL BUS

NA

GREATER THAN 15 PASSENGERS

OTHER: _____

VAN, REEFER, TANK, FLAT

ACCIDENT HISTORY

WITHIN THE LAST 3 YEARS

IF NO ACCIDENTS WITHIN THE LAST 3 YEARS – CHECK HERE

DATE HAZARDOUS MATERIALS SPILL?	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ECT.)	#OF FATALITIES	#OF INJURIES
____ YES ____ NO	_____	_____	_____
____ YES ____ NO	_____	_____	_____
____ YES ____ NO	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES

WITHIN THE LAST 3 YEARS

IF NO TRAFFIC CONVICTIONS AND/OR FORFEITURES WITHIN THE LAST 3 YEARS – CHECK
HERE

DATE CONVICTED PENALTY	VIOLATION (OTHER THAN VIOLATIONS INVOLVING PARKING ONLY)	STATE OF VIOLATION
MONTH/YEAR (FORFEITED BOND,		

OLLATE^C
RAL,

POINTS)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LICENSE INFORMATION

Section 383.21 FMCSR stated "No person who operates a commercial motor vehicle shall at any time have more than one drivers license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

_____	_____
STATE	LICENSE NUMBER
EXPIRATION DATE	

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES NO

IF YES TO THE ABOVE, GIVE DETAILS:

HAVE ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES NO

IF YES TO THE ABOVE, GIVE DETAILS:

APPLICANT CERTIFICATION

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTERIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

ADDITIONAL PERSONAL INFORMATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND COMMITTED TO EXCELLENCE THROUGH DIVERSITY.

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE US? YES NO ARE YOU A VETERAN? YES NO

AVAILABLE START DATE: _____ DESIRED PAY RATE: _____

EMPLOYMENT DESIRED: FULL TIME PART TIME
SEASONAL/TEMPORARY

EDUCATION

SCHOOL NAME MAJOR	LOCATION	YRS ATTENDED	DEGREE RECEIVED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

NAME PHONE	TITLE	COMPANY
_____	_____	_____