

GABLER TRUCKING, INC.

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name: _____ Date of Application: _____

In compliance with Federal and State 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

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604.(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous Drug and Alcohol Test results, and your driving record may be obtained on your for employment purposes. These Reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

I understand that false or misleading information provided in my application or during interviews may be cause for disqualification. I understand that I am required to abide by all Company Rules, Regulations and Policies contained in the Company Handbook.

Signature: _____ Date: _____

HUMAN RESOURCES INFORMATION

INITIAL INTERVIEW: _____

MVR PRE-SCORED: _____ DATE HIRED: _____

DATE EMPLOYED: _____ JOB CLASSIFICATION: _____

SIGNATURE: _____

DATE TERMINATED: _____ REASON: _____

DATA ENTRY: TCP, TMW, UIIA, CSA, H/A, – DATE ENTERED: _____

APPLICANT'S NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____
HOME TELEPHONE: _____ CELL TELEPHONE: _____
DRIVER'S LICENSE NUMBER: _____ STATE OF ISSUE: _____ CLASS: _____
ARE YOU A U.S. CITIZEN: _____ CAN YOU PROVIDE PROOF: _____

Yes – No

Yes – No

HAVE YOU EVERY BEEN CONVICTED OF A FELONY: _____ IF YES, PLEASE
EXPLAIN: _____

RATE OF PAY EXPECTED: _____ ?

HAVE YOU BEEN CONVICTED OF A DUI, CARELESS OR RECKLESS DRIVING CHARGE IN THE PAST
TEN (10) YEARS? _____ IF YES LIST DATE OF CONVICTION AN REASON _____

EMPLOYMENT HISTORY FOR PAST TEN (10) YEARS

Begin with your current or most recent job and work backwards in order. List all Employers, Periods of Unemployment and breaks in employment must be explained for the past ten (10) years. Examples of breaks in work history are: School, Military Service, Self-Employed etc. All applicants must have a minimum of three (3) years accident free driving experience and a meet Insurance Company requirements for minor traffic violations over the past three (3) years.

CURRENT OR LAST EMPLOYER

Company Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____
Contact: _____

Dates of Employment: From: _____ To: _____

Rate of Pay: _____ Reason for Leaving _____

Were you subject to DOT Regulations including Drug & Alcohol Testing? _____

Yes - No

Did you Log or use On Board Computers? _____ Log - EOB Computers – Circle one or
both

SECOND LAST EMPLOYER

Company Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____
Contact: _____
Dates of Employment: From: _____ To: _____
Rate of Pay: _____ Reason for Leaving: _____
Were you subject to DOT Regulations including Drug & Alcohol Testing : _____

Yes - No

Did you Log or use On Board Computers? _____ Log – EOB Computers – Circle one or both

THIRD LAST EMPLOYER

Company Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____
Contact: _____
Dates of Employment: From: _____ To: _____
Rate of Pay: _____ Reason for Leaving: _____
Were you subject to DOT Regulations including Drug & Alcohol Testing: _____

Yes - No

Did you Log or use On Board Computers? _____ Log – EOB Computers – Circle one or both.

FOURTH LAST EMPLOYER

Company Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____
Contact: _____
Dates of Employment: From: _____ To: _____
Rate of Pay: _____ Reason for Leaving: _____
Were you subject to DOT Regulations including Drug & Alcohol Testing: _____

Yes - No

Did you Log or use on Board Computers: _____ Log – EOB Computers – Circle one or both

FIFTH LAST EMPLOYER

Company Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____
Contact: _____
Dates of Employment: From: _____ To: _____
Rate of Pay: _____ Reason for Leaving: _____
Were you subject to DOT Regulations including Drug & Alcohol Testing: _____
Yes - No
Did you Log or use on Board Computers: _____ Log – EOB Computers – Circle one or Both

SIXTH LAST EMPLOYER

Company Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____
Contact Person: _____
Dates of Employment: From: _____ To: _____
Rate of Pay: _____ Reason for Leaving: _____
Were you subject to DOT Regulations including Drug & Alcohol Testing: _____
Yes - No
Did you Log or use on Board Computers: _____ Log – EOB Computers – Circle one or Both

GENERAL DRIVING RECORD

To date, I have driven tractor/trailer combinations for _____ years, covering approximately _____ miles.

The date of my last accident while driving a Commercial Motor Vehicle was on _____/_____/_____.
Month Day Year

List Driver Training Courses or Driving Schools you have Attended:

Name: _____ City: _____ State: _____
Zip: _____ Were you awarded a Certificate or : _____

Has your license ever been suspended or revoked? If so when _____ and for what violation: _____.

TRAFFIC CONVICTIONS AND FORFEITURES IN PAST THREE YEARS – THESE WILL BE COMPARED TO YOUR MOTOR VEHICLE DRIVING RECORD

DATE	CITY/STATE	VIOLATION	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCIDENT RECORD

List all accidents within the past three (3) years regardless of whether it involved a Commercial or Personal Vehicle. This includes Preventable and Non-Preventable Accidents as well as Property Damage. If none write None.

Date	Vehicle Type	Type/Accident	Injury/Fatalities	City/State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

JOB DESCRIPTION – PHYSICAL REQUIREMENTS

This position requires a Medical Examiners Certificate as required under Sub-Part E. Section 391 of the Federal Motor Carrier Safety Regulations. The Company will pay for one (1) physical every two years from the date of hire. Employees who require more frequent physicals will be required to assume the expense of all the physicals required more frequently due to existing medical conditions, i.e. hypertension, sleep apnea or etc. All pre-employment and re-certification physicals will be conducted by a Company Physician who is Registered and Certified to conduct ICC Physicals as mandated by the Federal Motor Carrier

Safety Administration- National Registry of Physicians. Employees do not have the option of selecting or using their personal or family physicians for either the Pre-Employment or Recertification Physical.

Our current Operation requires applicants to work in a Regional Mode operating within the following geographic areas: PA, MD, VA, WV, DE, NJ, OH and NY. (No New York City). Drivers can expect limited lay-overs (several per year). Additional Compensation is provided for each lay-over when it occurs. Terminal departure times are dictated by transit time and the scheduled delivery appointment set by our customer. All positions are hourly with all hours in excess of 40 hours paid at a rate equal to 1 ½ times the normal hourly rate. Exceptions to this will occur on pay weeks containing Holidays or a employee uses a Sick or Vacation day. Overtime would then start at 48 hours. Pay weeks start on Saturday and conclude or end of Friday's of each week. Direct Deposit is available and encouraged.

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: City: _____ State: _____**

TO BE READ AND SIGNED BY APPLICANT:

This certifies that this application was completed by me, and all entires on it and information contained herein are true and complete to the best of my knowledge.

_____ **Date:** _____

Signature