



(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

Our company Geva Transportation, LLC. fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable federal, state and/or local laws, it is our policy to provide reasonable accommodation upon request during the application process to applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal, state and/or local employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, The Company maintains a smoke- free workplace.

COMPANY NAME: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**PERSONAL DATA**

Salary expectations: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Middle First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

If you are under 18 years of age, please specify your age: \_\_\_\_\_ (This information will be used only for child labor law purposes).

Are there any days, shifts or hours you will not work?\*  Yes  No

If yes, please explain: \_\_\_\_\_

Are you available for out of town work?\*  Yes  No

Will you work overtime, if required?\*  Yes  No

**\*Note:** It is not necessary for you to identify unavailability for work because of religious observance or practice or any other protected classification. Subsequent to any job offer, we will consider whether a reasonable accommodation can be made.

How did you learn of our Company? \_\_\_\_\_

Have you ever applied or worked at our Company before?  Yes  No

If yes, provide dates: \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Will you now or in the future require sponsorship for employment visa status (e.g.,H-1B visa status)?  
 Yes  No

**Note:** The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

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## DRIVING RECORD

**(Answer only if driving is a requirement** of the job for which you are applying).

Do you have a valid driver's license?  Yes  No State: \_\_\_\_\_ License No: \_\_\_\_\_

Have you had any tickets?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Name, City and State of Educational Institution	Graduated		If no, Degree Credits Earned	Type of Degree Received or Expected	Major	Minor	Grade Point/ Overall GPA
	Yes	No					
High School							
College or University							
Technical/GED							
Licenses/ Certification/Other							

## EMPLOYMENT HISTORY:

Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact:  Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: Start: \_\_\_\_\_ Last: \_\_\_\_\_

State job titles and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact:  Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: Start: \_\_\_\_\_ Last: \_\_\_\_\_

State job titles and describe job duties: \_\_\_\_\_

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Address: \_\_\_\_\_

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Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact:  Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: Start: \_\_\_\_\_ Last: \_\_\_\_\_

State job titles and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Have you ever been discharged or asked to resign from employment?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Did you receive any discipline in your last 12 months of active employment with your previous employer?

Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Were you given a performance evaluation within the last 12 months of active employment?  Yes  No

If yes, what was the range of scores used and what was your score? \_\_\_\_\_

\_\_\_\_\_

Have you signed any non-competition or non-solicitation agreement or any other kind of agreement with any other employer that might restrict you from working for the Company (you will be required to furnish a copy of the agreement if you are being considered for hire)?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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**PROFESSIONAL REFERENCES** (Please list three individuals unrelated to you with whom you have worked who know your qualifications for this position.)

NAME	ADDRESS	PHONE	RELATIONSHIP

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**MILITARY** (Complete only if you served in the military.)

Branch of Service: \_\_\_\_\_ Number of Years /Months of Service: \_\_\_\_\_

Rank at Discharge; \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Describe any military skills, training or experience you believe are relevant to the job you applied for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**LIE DETECTOR TESTS**

**Massachusetts Applicants Note:** It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

**Maryland Applicants Note:** An employer may not require or demand, as a condition or prospective employment or continued employment, an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100. I have read and acknowledge this notice:

Applicant's Signature: \_\_\_\_\_

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## APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein and during the entire application process (including but not limited to any criminal record inquiries made following this application, resumes, attachments to this application, interviews or otherwise (if applicable)) are true and complete to the best of my knowledge.

I understand that any misrepresentations, omissions of facts or incomplete answers during the application process may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts during the application process may be cause for my dismissal at any time without prior notice.

**I consent to and authorize the Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment.**

**I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.**

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR THE COMPANY WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COMPANY. I ALSO UNDERSTAND THAT MY AT-WILL EMPLOYMENT STATUS WITH THE COMPANY MAY ONLY BE ALTERED IN AN INDIVIDUAL CASE OR GENERALLY IN A WRITING SIGNED BY THE OWNER, PRESIDENT OR CEO OF THE COMPANY.

I understand I may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, I understand that my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document. I agree to sign any additional forms necessary for pre-employment checks and/or tests to be conducted.

**CALIFORNIA APPLICANTS ONLY:** I understand the Company may obtain, without using the services of a third party investigative consumer reporting agency, public records pertaining to my character, general reputation, personal characteristics or mode of living during its evaluation of my application for employment and, if employed, during my employment. By checking the following box, I waive my right to receive copies of public records obtained by the Company.

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

# Application Supplement for Commercial Motor Vehicle Driver Positions

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Special Notice for Applicants for Commercial Motor Vehicle Driver Positions

The information provided in this supplement may be used, and prior employers may be contacted, for the purpose of investigating the applicant's background as required by FMCSR Part 391.23.

### DOT EMPLOYMENT HISTORY

Please list the names of your employers from the Employment History section of the main application and answer the following questions regarding your previous employment. Attach additional sheets if necessary:

Employer Name	Were you subject to the FMCSA Regulations while employed?	Was your job designated as a safety-sensitive function in any DOT-Regulated mode* subject to the drug and alcohol testing requirements of 49 CFR Part 40?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* DOT modes include the United States Coast Guard, the Federal Aviation Administration, the Federal Highway Administration, the Federal Railroad Administration, the Federal Transit Administration, the Federal Motor Carrier Safety Administration and the Research and Special Programs Administration.

In compliance with FMCSA Regulations Section 40.25 (j) all driver applicants are required to answer the following two 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, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Check one:  **Yes**    **No**

2. If you answered YES, have you successfully completed the DOT return-to-duty requirements?  
 Check one:  Yes  No

You must provide documents supporting your successful completion of these requirements.

**RESIDENCES**

Please provide your addresses of residence for the past three years beginning with the most recent address.

Street Address	City, State, Zip	From	To

**DRIVER'S LICENSE INFORMATION**

Please provide the following information for each unexpired motor vehicle license or permit which has been issued to you (include both CDL and non CDL):

Issuing \_\_\_\_\_ License Number: \_\_\_\_\_

Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Indicate all CDL Endorsements and Restrictions you currently hold:

Double/Triple Trailers       Tank Vehicle       Hazardous Materials       Passenger

Air Brake Restriction \_\_\_\_\_



## Driving Experience

Type of Equipment	Dates			
	Yes	No	From	To
Bus	<input type="checkbox"/>	<input type="checkbox"/>		
Straight Truck	<input type="checkbox"/>	<input type="checkbox"/>		
Tractor Semi-Trailer	<input type="checkbox"/>	<input type="checkbox"/>		
Tractor Trailer	<input type="checkbox"/>	<input type="checkbox"/>		
Twin Trailers	<input type="checkbox"/>	<input type="checkbox"/>		
Triple Trailers	<input type="checkbox"/>	<input type="checkbox"/>		
Tankers	<input type="checkbox"/>	<input type="checkbox"/>		
Other (please specify)				

Have you completed any special courses or training you believe will help you as a driver?  Yes  No

Have you received any safe driving award(s)?  Yes  No

If you answered "yes" to either of the above two questions, please indicate the nature of the training or award and when and from whom it was received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Vehicle Accident Record

Have you been involved in any accidents (preventable and non-preventable) as a driver during the previous three (3) years from the date of this application?

Yes  No

If yes, please provide the following information. Attach additional sheets if more space is needed.

	Date	Location	Nature of Accident (E.G., Head-on, rear-end, overturn, etc.)	Fatalities (#)	Injuries (#)	Haz. Mat. Spill?
Last Accident						
Previous						

Previous						
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**Violations**

Please list all violations of motor vehicle laws or ordinances (excluding parking) for which you have been convicted, or have forfeited a bond or collateral during the three (3) years preceding this application. Attach additional sheet if more space is needed.

Date	Location	Offense	Penalty	Type of Vehicle

**Notification of Rights and Certification**

I understand that I have the following rights regarding the investigative information that will be provided to the Company: (1) the right to review information provided by previous employers; (2) the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the Company; (3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information. I understand that if I wish to review previous employer-provided investigative information, I must submit a written request to the Company, no later than 30 days after being employed or being notified of denial of employment. The Company will provide the requested investigative information to me within five business days of receiving the written request, or within five business days of receipt of the requested information from the previous employer, whichever is later.

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.

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

Print Name: \_\_\_\_\_

**APPLICANT'S/TRANSFeree'S AUTHORIZATION TO OBTAIN  
DRUG AND ALCOHOL-RELATED INFORMATION FROM  
PREVIOUS DOT-REGULATED EMPLOYERS**

I, \_\_\_\_\_, understand that as a condition of hire or engagement with  
[Insert Applicant Name]  
\_\_\_\_\_, I must give the Company written authorization to obtain certain  
[Insert Company Name]

drug and alcohol-related information from all of the past DOT-regulated employers for which I worked as a commercial motor vehicle (CMV) driver or in another DOT-regulated safety sensitive position, or for which I took DOT-required pre-employment drug tests and alcohol tests, during the past three (3) years. I have also been advised and understand that my signing of this authorization does not guarantee that I will be offered a position with the Company, or continued employment by the Company, or that I will be given other opportunities to work for or on behalf of the Company.

I hereby authorize the Company to obtain the following information from each of the DOT-regulated employers for which I worked as a CMV driver, or in any other DOT-regulated safety-sensitive position, or for which I took a DOT-required pre-employment drug and a pre-employment alcohol test during the past three (3) years:

- (i) whether, within the previous three years, I have violated DOT's (including any DOT operating company's) or FMCSA's drug and alcohol prohibitions, including but not limited to: (A) all verified positive drug (controlled substances) test results; (B) all alcohol test results of 0.04 concentration or greater; (C) all instances in which I refused to submit to a DOT-required drug and/or alcohol test (including verified adulterated or substituted drug test results); (D) all other violations of DOT agency drug and alcohol testing regulations;
- (ii) whether I failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to DOT's and FMCSA's return-to-duty requirements. If the previous employer does not know this information, I understand that I must provide documentation of successful completion of the SAP's referral directly to the Company.
- (iii) If I successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether I had the following testing violations subsequent to completion of the referral process: (A) alcohol tests with a result of .04 or higher alcohol concentration; (B) verified positive drug tests; (C) refusals to be tested (including verified adulterated or substituted drug test results).

I authorize each of my previous employers (or previous prospective employers) to release the above information to the Company, in writing, addressed to \_\_\_\_\_ and marked "Confidential."

I further authorize each of my previous employers (or previous prospective employers) to release the above-specific drug and alcohol-related information which they obtained from any other DOT-regulated employer for whom I worked as a CMV driver, or in another DOT-regulated safety-sensitive position, during the past three (3) years.

Below I have provided the name and address of a DOT-regulated employer for which I worked as a CMV driver or in another DOT-regulated safety-sensitive position, or to which I applied for work as a CMV driver or in another DOT-regulated safety-sensitive position, during the past three (3) years:

Company Name \_\_\_\_\_

Company Address: \_\_\_\_\_

Dates worked for/or applied to: \_\_\_\_\_

Reason(s) for Leaving (if applicable): \_\_\_\_\_

Contact's Name: \_\_\_\_\_

I agree to execute a separate authorization for each DOT-regulated employer for which I worked as a CMV driver or in another DOT-regulated safety-sensitive position, or to which I applied for work as a CMV driver or another DOT-regulated safety-sensitive position, during the past three (3) years.

**APPLICANT'S / TRANSFEREE'S CERTIFICATION:**

I have carefully read and fully understand this authorization to release my past drug and alcohol-related information, as specified above. In signing below, I certify that all of the information which I have furnished on this form is true and complete. I understand that this authorization will be sent to my former employer or former prospective employer listed above.

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

Print Name: \_\_\_\_\_