

Agent/Terminal # _____

Recruiter _____

DRIVER QUALIFICATION APPLICATION

Thank you for your interest in one of our Greatwide Truckload Management Carriers. Please read and complete this application. Be sure to sign and date the application in the indicated spaces. Upon completion, return the application in the postage paid return envelope or fax it to the appropriate company's fax number listed below.

Please include all required documents as requested in the **Employment Verification Documentation** on page 2. If you have any questions or need help in any way, simply call the toll free number of the company you are applying to, and we will be glad to assist you.

I am seeking qualification with: (check appropriate operating company)

- | | | |
|---|---|--|
| <input type="checkbox"/> Greatwide American Trans Freight, LLC
<input type="checkbox"/> Greatwide National Transportation Specialists, LLC
2150 Cabot Blvd. West
Langhorne, PA 19047
Phone: 1-888-664-3000
Fax: 215-754-4986 | <input type="checkbox"/> Greatwide Cheetah Transportation, LLC
378 Williamson Road
Mooresville, NC 28117
Phone: 1-888-664-3000
Fax: 215-754-4986 | <input type="checkbox"/> Greatwide Dallas Mavis, LLC
10411 Corporate Drive, Suite 108
Pleasant Prairie, WI 53158-1619
Phone: 1-888-664-3000
Fax: 215-754-4986 |
|---|---|--|

I am applying to operate as:

- An Independent Contractor
- A Driver for an Independent Contractor or Fleet Owner _____
Name of Contractor or Fleet Owner

Power Unit

- Truck -Tractor with sleeper
- Truck -Tractor without sleeper
- Hot Shot
- Straight Truck
- Other

Type/Size of Trailer

- _____ Flatbed/Stepdeck
- _____ Lowboy-Number of axles _____
- _____ Van or Container
- _____ Other _____

- ◆ Please print using a **black or blue pen. Do not type.**
- ◆ Be sure to answer all questions, as questions that are unanswered or that have incomplete answers may disqualify applicant.
- ◆ Applicant is aware that all inquiries will be made to all previous employers and lessees for the purpose of investigating the applicant's background in accordance with **FMCSR §391.21 (b) (11) and §391.23.**
- ◆ **FMCSR Part 391** requires that the motor carrier's application be completed. An application completed for another company may not be substituted. Resumes may be submitted as supplemental information only.
- ◆ Applicant is aware that as part of the qualification process a urine sample will be collected and tested for the presence of controlled substances in accordance with **FMCSR §382.301.**

EQUIPMENT REQUIREMENTS

LEASING REQUIREMENTS:

1. Minimum 23 years old.
2. Class for vehicle operated CDL
3. One (1) year over-the-road verifiable experience operating the same type of equipment you intend to use under company authority in previous 3 years.
4. Must get new DOT physical & drug screen at a company clinic. Greatwide pays for this service.
5. Must complete Greatwide orientation at designated Greatwide location.
6. Must get new Annual Inspection at a COMPANY designated inspection station. Company pays for all successful inspections.
7. Driving record must meet company minimum standards.

<p>1. Tractor Tandem / sleeper - equipment not over 8 years old and must pass company paid inspection</p> <p>2. Trailer Flatbeds or flatbeds with sides Drop decks or lowboys 53' vans</p> <p>3. Accessorial Equipment (as applicable) Headache rack 10 - Chains —3.8" Test —16' long 3 - 20' x 20' tarps or equivalent 8 - Coil racks Edge protectors & 4" straps as required.</p>	<p>4. Safety Equipment Fire extinguisher (Mounted) Minimum three (3) reflective triangles</p> <p>5. Notice: Reflective tape along side and rear of trailer is MANDATORY</p> <p>6. A cell phone will be required</p> <p>NOTE: Company policy requires a new periodic inspection, every 120 days at no cost to you completed by a company approved inspection station.</p>
--	--

EMPLOYMENT VERIFICATION DOCUMENTATION

We pride ourselves on responding to your application quickly, usually within two (2) days. FMCSR Part 391 requires us to contact and verify all employment for the past three (3) years.

Sometimes this verification becomes difficult and drastically slows down the clearing time, especially if: 1) the company you worked for or were leased to closed or declared bankruptcy. 2) You worked for another driver, owner/operator. 3) You were self-employed. 4) Unemployed.

In these instances, other photocopied documents should be Included with your application so we can process it as quickly as possible. Your cooperation will certainly speed up our processing time.

DOCUMENTS	IF YOU WERE	SEND THESE
	Unemployed for more than 30 days at one time	1. State unemployment records, <i>or</i> 2. Contact us for a Declaration of Employment form to complete for this time.
	Employed by or leased to a company that went out of business	1. 1099's or W-2's for each year, <i>or</i> 2. Settlement sheets or payroll stubs
	Employed by another driver or owner / operator	1. 1099's or W-2's for each year, <i>and</i> 2. Name of company leased to
	Employed by or leased to a company that was sold to another company	1. Name of purchasing company <i>or</i> documents listed above for went out of business company
	Self-Employed	1. Your DOT or MC # 2. Name of company you were leased to, <i>or</i> 1099(s) <i>or</i> W-2(s) for each of the previous three (3) years



SEND CLEAR COPY OF DRIVERS LICENSE AND SOCIAL SECURITY CARD WITH APPLICATION.

Name (First) _____ (Middle) _____ (Last) _____

Current Address _____
Street City State Zip

How long at current address? _____ Email Address: _____

Social Security No. _____ – _____ – _____ Home Phone: _____ Cell Phone: _____

Date of Birth ____/____/____ FMCSR Rule 391.21 (B) (2) requires date of birth on application

List additional addresses of residency **for the past three (3) years:**

Address City State Zip How Long?

Address City State Zip How Long?

Address City State Zip How Long?

Have you ever been known by any name, other than the one appearing on this application? Yes No

If yes, by what name? _____

Have you been discharged, terminated or suspended from any position you have held? Yes No

If yes, explain: _____

Have you ever been convicted of a felony? Yes No

If yes, explain? _____

Have you tested positive or refused to test on any DOT drug or alcohol test during the past **five (5) years**, including any pre-employment test for any company to which you applied, but did not obtain work? Yes No

Have you been convicted of driving under the influence of alcohol, narcotic drugs, amphetamines or derivatives thereof during the last five (5) years? Yes No

Are you a U.S. citizen? Yes No If no, do you have a legal right to remain in the U.S.? Yes No

Do you have a current legal work permit? Yes No

Personal features for security purposes only: Height _____ Weight _____ Hair Color _____ Eye Color _____ Male Female

EMERGENCY CONTACT INFORMATION:

Name Relationship

Address City State Zip

Telephone #1 Telephone #2

Have you worked for this company before? Yes No If yes, where? _____

Dates: From ____/____/____ to ____/____/____

Who referred you? _____

List all employment (even non-driving positions), full and part time, for the **past 3 years**. Then, list all **driving positions only** that you held for the **last 4 to 10 years** as required by FMCSR Part 391. If you were leased to a motor carrier, list that carrier as an employer even if you were an independent contractor. Indicate any period of unemployment exceeding 30 days. Start with the most current or present position and work backwards.

CURRENT POSITION – Dates: From ____ / ____ / ____ to ____ / ____ / ____

Company _____ Telephone _____
Address _____ City, State, Zip _____
Supervisor _____ Position Held _____ Trailer Type _____
 Full Time Part Time Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required by 49CFR Part 40? Yes No

Dates: From ____ / ____ / ____ **to** ____ / ____ / ____

Company _____ Telephone _____
Address _____ City, State, Zip _____
Supervisor _____ Position Held _____ Trailer Type _____
 Full Time Part Time Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required by 49CFR Part 40? Yes No

Dates: From ____ / ____ / ____ **to** ____ / ____ / ____

Company _____ Telephone _____
Address _____ City, State, Zip _____
Supervisor _____ Position Held _____ Trailer Type _____
 Full Time Part Time Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required by 49CFR Part 40? Yes No

Dates: From ____ / ____ / ____ **to** ____ / ____ / ____

Company _____ Telephone _____
Address _____ City, State, Zip _____
Supervisor _____ Position Held _____ Trailer Type _____
 Full Time Part Time Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required by 49CFR Part 40? Yes No

List all employment (even non-driving positions), full and part time, for the **past 3 years**. Then, list all **driving positions only** that you held for the **last 4 to 10 years** as required by FMCSR Part 391. If you were leased to a motor carrier, list that carrier as an employer even if you were an independent contractor. Indicate any period of unemployment exceeding 30 days. Start with the most current or present position and work backwards.

CURRENT POSITION – Dates: From ____ / ____ / ____ to ____ / ____ / ____

Company _____ Telephone _____
Address _____ City, State, Zip _____
Supervisor _____ Position Held _____ Trailer Type _____
 Full Time Part Time Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required
by 49CFR Part 40? Yes No

Dates: From ____ / ____ / ____ to ____ / ____ / ____

Company _____ Telephone _____
Address _____ City, State, Zip _____
Supervisor _____ Position Held _____ Trailer Type _____
 Full Time Part Time Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required
by 49CFR Part 40? Yes No

Dates: From ____ / ____ / ____ to ____ / ____ / ____

Company _____ Telephone _____
Address _____ City, State, Zip _____
Supervisor _____ Position Held _____ Trailer Type _____
 Full Time Part Time Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required
by 49CFR Part 40? Yes No

Dates: From ____ / ____ / ____ to ____ / ____ / ____

Company _____ Telephone _____
Address _____ City, State, Zip _____
Supervisor _____ Position Held _____ Trailer Type _____
 Full Time Part Time Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required
by 49CFR Part 40? Yes No

ACCIDENT RECORD FOR PAST 3 YEARS - List ALL, whether Preventable or Non-Preventable

IF NONE, CHECK THIS BOX:

(ATTACH A SHEET IF MORE SPACE IS NEEDED)

ACCIDENT DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES	VEHICLES TOWED
		<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	<input type="checkbox"/> Yes <input type="checkbox"/> No

ALL TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS - Other than parking violations

IF NONE, CHECK THIS BOX:

(ATTACH A SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

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: _____ (NAME) _____ (CITY)

DRIVERS LICENSE INFORMATION - List ALL licenses held in past five (5) years

STATE	LICENSE #	CDL CLASS	ENDORSEMENTS	EXPIRATION DATE

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

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

Do you have a TWIC ID card? Yes - If yes, provide the Number: _____ & Expiration Date: _____ No

Do you have a FAST ID card? Yes - If yes, provide the Number: _____ & Expiration Date: _____ No

COMMERCIAL DRIVING EXPERIENCE IF NONE, CHECK THIS BOX:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES FROM	TO	APPROX NO. OF MILES (PER YEAR)
Straight Truck				
Tractor and semi-trailer				
Tractor-two trailers				
Other				

LIST ALL STATES OPERATED IN FOR LAST FIVE (5) YEARS:

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

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.



Applicant's Signature _____

Date _____

Return completed form to (check appropriate operating company):

Greatwide American Trans Freight, LLC

Greatwide National Transportation Specialists, LLC

2150 Cabot Blvd. West
Langhorne, PA 19047
Phone: 1-888-664-3000
Fax: 215-754-4986

Greatwide Cheetah Transportation, LLC

378 Williamson Road
Mooresville, NC 28117
Phone: 1-888-664-3000
Fax: 215-754-4986

Greatwide Dallas Mavis, LLC

10411 Corporate Drive, Suite 108
Pleasant Prairie, WI 53158-1619
Phone: 1-888-664-3000
Fax: 215-754-4986

Name of Driver Applicant _____ Social Security No. _____

Date of Birth ____/____/____ CDL# _____ State _____

I authorize release of the information contained on this form as required under 49CFR 40.331, 382.413, 391.23 and other _____ applicable requirements. I acknowledge that I have the right to due process as identified in 49CFR 391.23 to correct information submitted under this authorization.

Driver Signature: _____ Date: _____

DRIVERS: DO NOT WRITE BELOW THIS LINE. TO BE FILLED OUT BY PREVIOUS EMPLOYER ONLY!

The information being requested from the following company is done because it has been identified by the above driver applicant as a previous employer.

Previous Employer: _____ Date Contacted: _____

Address: _____ Person Providing Information: _____

City/State/Zip: _____

Phone Number: _____ Title: _____

SAFETY PERFORMANCE HISTORY - Please provide the following information on the above driver applicant:

Employed from ____/____/____ to ____/____/____ As: _____

Type of vehicle operated for your company (check each type that applies):

Straight Truck Tractor-Semi Trailer Trailer Type: _____ Bus Other (Specify): _____ N/A

Reason Driver left?: Discharged Resignation Lay Off Military Duty Other (explain): _____

DATE	CITY, TOWN, STATE	# OF INJURIES	# OF FATALITIES	VEHICLES TOWED	HAZMAT SPILLED

Was driver involved in any DOT Accidents per 49CFR 390.5 during the previous three (3) years? Yes No

If YES, provide the following data elements for each as required by 49CFR 390.15(b)(1).

Does your company track accidents other than DOT Recordable (390.15)? Yes No

If **yes**, provide information on each such incident involving the driver applicant identified herein as appropriate.

DRUG & ALCOHOL INFORMATION

If driver applicant performed Safety-Sensitive Functions, provide answers to each of the following:

1. Did the driver take part in a DOT random drug & alcohol-testing program while under your control? Yes No

2. Did the driver test positive for a controlled substance in the last **three (3) years**? Yes No

3. Did the driver have an alcohol test with a confirmed BAC of 0.04% or greater in the last **three (3) years**? Yes No

4. Did the driver refuse a required drug or alcohol test in the past **three (3) years**? Yes No

5. Did the driver ever violate any other DOT agency drug or alcohol regulations? Yes No

Under 49CFR 391.23, failure to provide the above information should be reported to US DOT (FMCSA) following procedures specified in 49CFR 386.12

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization



Send to Fax# (800) 267-4093 (Manual Service)

Send to Fax# (800) 257-8069 (Database Retrieval)

HireRight Customer:	
Company Name:	_____
Company Contact Name:	_____
Fax #:	(_____) _____ - _____
HireRight Customer #:	_____ Sub-account: _____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

PART II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, HireRight may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, HireRight clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all Information in HireRight's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within the **two (2) year** period preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ← Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by HireRight. Pursuant to the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting HireRight in person or by mail. HireRight is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

- ← Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.

- ← Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.

PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize HireRight to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize HireRight and the HireRight customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release HireRight and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in HireRight's possession and my employment history with Customer if I am hired, may be supplied by HireRight to other HireRight customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for HireRight to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize HireRight and any person or entity contacted by HireRight to furnish the above-mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

DRIVER'S CERTIFICATION OF COMPLIANCE
With Driver License Requirements

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous material that require being placarded.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous material that require being placarded.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements with which you as a driver must comply. These requirements are in effect as of July 1, 1987. They are as follows:

1. POSSESS ONLY ONE LICENSE

- A. You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- B. If you have more than one license, keep the license from your state of residence and return the additional license(s) to the state(s) that issued them. DESTROYING a license does not close the record in the state that issued it - you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. NOTIFICATION OF LICENSE SUSPENSION, REVOCATION, OR CANCELLATION AND NOTIFICATION OF CITATION

- A. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license.
- B. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier and 2) the state that issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I now possess:

Driver License #: _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.



Signature

____ / ____ / ____
Today's Date

Print Name

**PRE-QUALIFICATION URINANALYSIS CONSENT & ACKNOWLEDGEMENT OF
RECEIPT OF DRUG AWARENESS PROGRAM**

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 United States Code of Federal Regulations, Section 382.301 and company policy, all prospective drivers must submit to tests for controlled substances.

I understand that a urine sample will be collected at a collection site selected by the company and that the sample will be tested for controlled substances by a drug-testing laboratory certified by United States Department of Health and Human Services under the National Laboratory Certification Program (NLCP).

I understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

The results of the drug test will be maintained by an impartial Medical Review Officer for the company who will report whether the results were negative or positive to the Company. The results will not be released to any additional parties without my written consent.

I understand that I will be receiving a driver drug & alcohol information packet. I agree to sign, date and return the front page to the Safety Department. This requirement fulfils the 49 CFR 382.601 of the Federal Motor Carrier Safety requirements.

I agree to comply with (Company) policies and Federal Regulations dealing with use and possession of alcohol and restricted drugs.

Name (please print)

Social Security Number



Signature

Date

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with:

- Greatwide American Trans Freight, LLC** **Greatwide Cheetah Transportation, LLC**
 Greatwide Dallas Mavis, LLC **Greatwide National Transportation Specialists, LLC**

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: **Greatwide American Trans Freight, LLC** **Greatwide Cheetah Transportation, LLC**
 Greatwide Dallas Mavis, LLC **Greatwide National Transportation Specialists, LLC**

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.

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): _____