

Gateway Distribution Inc.

11093 Kenwood Road
Cincinnati, Ohio 45242
513-891-4477 • 513-891-5224 fax

(Answer all questions – please print)

DRIVER'S APPLICATION FOR EMPLOYMENT

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.

Date of Application _____

Name _____ Social Security No. _____
Last First Middle

Position(s) Applied for _____

List your addresses or residency for the past 3 years:

Current Address _____
Street City Phone How Long?
State Zip Code yr/mo

Previous Addresses _____
Street City State/Zip Code How Long?
yr/mo

_____ Street City State/Zip Code How Long?
yr/mo

_____ Street City State/Zip Code How Long?
yr/mo

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this Company before? _____ If so, where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

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

Who referred you? _____ Rate of Pay Expected _____

Have you ever been bonded? _____ Name of Bonding Company _____
(Answer only if a job requirement)

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.

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing addresses, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order, starting with the most recent. Add another sheet if necessary.)

EMPLOYER				DATE	
NAME				FROM	TO
ADDRESS				/ /	
CITY	STATE	ZIP		POSITION HELD	SALARY/WAGE
CONTACT PERSON		PHONE		REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO					

EMPLOYER				DATE	
NAME				FROM	TO
ADDRESS				/ /	
CITY	STATE	ZIP		POSITION HELD	SALARY/WAGE
CONTACT PERSON		PHONE		REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO					

EMPLOYER				DATE	
NAME				FROM	TO
ADDRESS				/ /	
CITY	STATE	ZIP		POSITION HELD	SALARY/WAGE
CONTACT PERSON		PHONE		REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO					

EMPLOYER				DATE	
NAME				FROM	TO
ADDRESS				/ /	
CITY	STATE	ZIP		POSITION HELD	SALARY/WAGE
CONTACT PERSON		PHONE		REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO					

EMPLOYER				DATE	
NAME				FROM	TO
ADDRESS				/ /	
CITY	STATE	ZIP		POSITION HELD	SALARY/WAGE
CONTACT PERSON		PHONE		REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO					

EMPLOYER				DATE	
NAME				FROM	TO
ADDRESS				/ /	
CITY	STATE	ZIP		POSITION HELD	SALARY/WAGE
CONTACT PERSON		PHONE		REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO					

*Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED). IF NONE, WRITE NONE.

DATES	NATURE OF ACCIDENT <small>(HEAD-ON, REAR-END, UPSET, ETC)</small>	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS/FORFEITURES FOR THE PAST 3 YRS (OTHER THAN PARKING VIOLATIONS). IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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/St _____

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	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, GIVE DETAILS: _____

DRIVING EXPERIENCE If none, write NONE.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT <small>(Van, Tank, Flat, Etc.)</small>	DATES		APPROX NO OF MILES <small>(TOTAL)</small>
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
MOTORCOACH - SCHOOL BUS				
OTHER				

List states operated in for the last five years: _____

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

Which safe driving awards do you hold and for whom? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any Trucking, Transportation or other experience that may help in your work for this company.

List courses and training other than shown elsewhere in this application.

List special equipment or technical materials you can work with (other than those already shown).

TO BE READ AND SIGNED BY APPLICANT

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. I authorize you to make such investigations and inquiries of my personal, employment, financial, criminal, or medical history and 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, schools, 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.

Applicant's Signature _____ Date _____

PROCESS RECORD

Applicant Hired _____ Rejected _____

Date Employed _____ Point Employed _____

Department _____ Classification _____

(If rejected, summary report of reasons should be placed in file)

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

	SUPERIOR	GOOD	FAIR	BELOW AVG	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

Signature of Interviewing Officer _____

TRANSFERS

FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER: _____ _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER: _____ _____
FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER: _____ _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER: _____ _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

**DISCLOSURE UNDER
FAIR CREDIT REPORTING ACT
AND
CONSENT TO PROCUREMENT OF
CONSUMER REPORT
FOR
EMPLOYMENT PURPOSES**

The undersigned hereby authorizes the company, **Gateway Distribution, Inc.**, or its insurance agency, **K.B. Lockhart Agency, Inc.**, or its assigns, to obtain copies of the consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Dated: _____

Signed: _____

Print Name: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver in question was not subjected to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, complete the bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled Substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow up tests? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in previous 3 years prior to the application date shown on side 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Section 3 completed by (Signature) _____ Date: _____

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other

By: _____ Date: _____

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information was received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone Other

Date: _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Side 1 Section 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

Side 2 Section 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

Side 2 Section 4a: Prospective Employer

- Complete Section 4a
- Send pages 1 and 2 to Previous Employer

Side 2 Section 4b: Prospective Employer

- Record receipt of the information
- Place in Employee File

Side 1 Section 2: Previous Employer

- Complete the information required in this section
- Sign and date