



Global Net Logistics, LLC
 1001 Spinks Rd
 Suite 240
 Flower Mound, TX 75028
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Driver - APPLICATION FOR EMPLOYMENT

NAME: _____
 (First) (Middle) (Maiden Name, if any) (Last)

ADDRESS: _____ How Long? _____
 (Street) (City) (State & Zip Code)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

Address For past 3 years

_____ How Long? _____
 (Street) (City) (State & Zip Code)

_____ How Long? _____
 (Street) (City) (State & Zip Code)

(ATTACH SHEET IF MORE SPACE IS NEEDED) **EXPERIENCE AND QUALIFICATIONS-DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TO APPLICANT: The Civil Rights Acts of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals as well as discrimination on the basis of a physical or mental disability. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry or marital status.

[Type here]



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Effective Date 3/1/2014

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ADVERSE LICENSING ACTIONS:

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Y/N

B. Has any license, permit, or privilege to operate a motor vehicle been suspended or revoked? Y/N

Explain below(or attach separate sheet if more space is needed): _____

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED):

NOTE: USDOT Requires that you list your employment history for at least the last 3 years and your Commercial Driving Experience for the Past 10 years:

LAST EMPLOYER

NAME: _____ FROM: _____
ADDRESS: _____ TO: _____
POSITION HELD: _____ SALARY \$ _____ per _____
SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____
REASON FOR LEAVING: _____

SECOND LAST EMPLOYER

NAME: _____ FROM: _____
ADDRESS: _____ TO: _____
POSITION HELD: _____ SALARY \$ _____ per _____
SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____
REASON FOR LEAVING: _____

THIRD LAST EMPLOYER

NAME: _____ FROM: _____
ADDRESS: _____ TO: _____
POSITION HELD: _____ SALARY \$ _____ per _____
SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____
REASON FOR LEAVING: _____

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.

(Date)

(Applicant's signature)

[Type here]



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PERSONAL

Name _____ Social Security No. _____

Present Address: _____

Telephone Number: _____

Previous Address: _____

Positions(s) applied for _____ Time Part time

If part time specify days/hours _____ Rate of pay expected \$ _____ per _____

Have you worked for us before? _____ If YES, when? _____

Indicates special qualifications or skills _____

Do not answer any question in this section unless the box is checked, indicating an educational requirement for the position for which you are applying

EDUCATION	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree
	High School				
	College				
	Other (specify)				

MISCELLANEOUS

o Are you over 21? _____ (If NO, applicant is subject to minimum legal age verification.)

o Have you ever been bonded? If YES, list jobs

o Have you been convicted of a crime within the past ten years (excluding misdemeanors and traffic offenses)? (Conviction for a felony or misdemeanor will not necessarily be a bar to employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.) If YES, list convictions

o The attached job description sets forth specific job duties for the position for which you are applying. Can you perform the listed duties, with or without accommodation? (Applicants will not necessarily be disqualified if they are unable to perform a particular job duty.) Yes No

o If the answer to the above question is NO, please identify the duties which you are unable to perform

o If any of the duties set forth in the attached job description may be performed only with accommodation, please indicate which duties, how you would perform those duties, and what accommodation(s) you will need.

[Type here]



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- Can you meet the attendance requirements of the position? Yes No
- Are you a U.S. Citizen? Yes No
- If not, are you a lawfully immigrated alien who is legally eligible to work? Yes No
- If YES, can you provide documentation upon employment? _____

NOTE: The following certification is required to be received from each driver at least once a year. If the driver has informed the carrier during the year of each traffic conviction using the "Report of Moving Traffic Violations" form, then no annual submission is required. However the carrier must review this driver's record each year. A note, setting forth the date upon which the review was performed and the name of the person who reviewed the driving record shall be included in the driver's qualification file.

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE OF CONVICTION	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no Violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Driver's Signature)	(Date of Certification)
(Motor Carrier's Name)	(Motor Carrier's Address)
(Reviewed by: Signature)	(Title)
(Reviewed by: Printed Name)	(Date of Review)