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Employment Application

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.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address For past 3 years (If you need more Room you can write on the back of this form)

Address: _____
Street Address DATES Begin/End

City State ZIP Code

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Street Address DATES Begin/End

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Date of Birth: _____ Driver's License Number.: _____ Licensed State: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment (all Driver Applicants will need last 10 years of employment)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Fill out Section Below if Applying for Driver Position.

(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)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

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			

MISCELLANEOUS

- Are you over 21? _____ (If NO, applicant is subject to minimum legal age verification.)
- Have you ever been bonded? ___ If YES, list jobs _____
- 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 _____
- The job which you are applying for has specific job duties. 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
- If the answer to the above question is NO, please identify the duties which you are unable to perform. _____
- If any of the Job Position duties which you are applying for may be performed only with accommodation, please indicate which duties, how you would perform those duties, and what accommodation(s) you will need. _____
- 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

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.

(Date of Certification)

(Driver's Signature)

(Motor Carrier's Name)

(Motor Carrier's Address)

(Reviewed by: Signature)

(Title)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____