

GRT Transportation

EMPLOYMENT APPLICATION

Complete Name: _____
(Last Name) (First Name) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Total years at this address: _____ **Social Security number:** _____
(if less than 3 years fill out the next section)

Addresses Last 3 Years

Address: _____ **Dates:** _____
(Street) (City) (State)

Address: _____ **Dates:** _____
(Street) (City) (State)

Address: _____ **Dates:** _____
(Street) (City) (State)

Driver's License Information

Driver's License Number: _____ **Type:** _____

State of Issuance: _____ **Expiration date:** _____

(Please attach a copy of both sides of driver's license)

Accidents Last Three Years

Dates	Type of Accident (Head-on, Sideswipe, etc.)	Fatality	Injury

Type of Vehicle Experience

Equipment Type		Dates	
		Start	Finish
Bobtail			
Truck Tractor Semi-trailer			
Doubles			
Other			

(Please attach an additional sheet if necessary)

Convictions Last Three Years:

Place	Date	Offense	Cargo

(If more space is needed please attach an additional sheet)

A. Have you ever been denied a driver's license? _____

B. Has your driver's license ever been suspended or revoked? _____

If yes please attach a sheet explaining why and where

Prior Employers Last Ten Years

Company Name: _____

Address: _____

Position: _____ From: _____ To: _____ Dot Regulated: _____

Reason for leaving: _____

Supervisor: _____ Phone number: _____

Company Name: _____

Address: _____

Position: _____ From: _____ To: _____ Dot Regulated: _____

Reason for leaving: _____

Supervisor: _____ Phone number: _____



GRT TRANSPORTATION.
12115 Doc Adams.
LAREDO, TEXAS 78045

Company Name: _____
Address: _____
Position: _____ From _____ To: _____ Pay: _____
Reason for leaving: _____
Supervisor: _____ Phone number: _____

Company Name: _____
Address: _____
Position: _____ From: _____ To: _____ Pay: _____
Reason for leaving: _____
Supervisor: _____ Phone number: _____

Company Name: _____
Address: _____
Position: _____ From: _____ To: _____ Pay: _____
Reason for leaving: _____
Supervisor: _____ Phone number: _____

Company Name: _____
Address: _____
Position: _____ From: _____ To: _____ Pay: _____
Reason for leaving: _____
Supervisor: _____ Phone number: _____

Company Name: _____
Address: _____
Position: _____ From: _____ To: _____ Pay: _____
Reason for leaving: _____
Supervisor: _____ Phone number: _____

Please attach another sheet if necessary

Company Name: _____
Address: _____
Position: _____ From: _____ To: _____ Dot Regulated: _____
Reason for leaving: _____
Supervisor: _____ Phone number: _____

Company Name: _____
Address: _____
Position: _____ From: _____ To: _____ Dot Regulated: _____
Reason for leaving: _____
Supervisor: _____ Phone number: _____

Please attach another sheet if necessary

In accordance with FMCSR Part 40.25(j) you are requested to answer the following questions.

1. Have you refused to undergo or had a positive controlled substance test result, or have you had an alcohol test with a result of 0.04 or more within two years prior to applying with this company?

Yes No

2. If yes, can you provide proof that you have satisfactorily complied with the return to duty process in accordance with the FMCSR's?

Yes No

This certifies that this application was completed by me, and that all entries in it are true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

HOURS-OF-SERVICE RECORD FOR FIRST TIME OR INTERMITTENT DRIVERS

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name (Print) _____
First Middle Last

DAY	TOTAL TIME ON DUTY
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
TOTAL	_____

I hereby certify that the information contained herein is true to the best of my knowledge and belief, and that my last period of release from duty was from

_____ to _____
(Hour/Date) (Hour/Date)

Signature _____ Date _____



**RELEASE OF CDL HOLDER'S REPORTED
POSITIVE ALCOHOL OR CONTROLLED
SUBSTANCE TEST RESULTS**



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.
2. Deliver, mail or FAX the completed form to:

**Texas Department of Public Safety
Motor Carrier Bureau, MSC# 0522
6200 Guadalupe, Building P
Austin, Texas 78752-4019
Facsimile: 512-424-5310**

I, _____
Print Name of CDL Holder

of _____
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to _____
GRT Transportation LLC
Print Name

of _____
14709 Atlanta Dr.
Print Address

Driver License Number: _____ State: _____ Date of Birth: _____

Signature of Driver:

Date:

X

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.txdps.state.tx.us/forms/index.htm>.

MANDATORY USE FOR ALL ACCOUNT HOLDERS

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with _____ ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA 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 your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize _____ ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. 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. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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 may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.