





155 LYON DRIVE  
 FERNLEY, NV 89408  
 OFFICE- 775.575.2220  
 FAX- 775.575.2115

**DRIVER'S LICENSE**

(LIST ALL DRIVER'S LICENSES YOU HAVE HELD FOR THE LAST THREE YEARS, STARTING WITH YOUR CURRENT LICENSE FIRST)

STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

**X:** I CERTIFY THAT I POSSESS ONLY ONE MOTOR VEHICLE OPERATOR'S LICENSE: \_\_\_\_\_

**ACCIDENT RECORDS FOR PAST 3 YEARS**

(ATTACH AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

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

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS, OTHER THAN PARKING VIOLATIONS**

(ATTACH AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? **YES**  **NO**

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?

IF THE ANSWER TO EITHER QUESTION IS YES, EXPLAIN: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**EMPLOYMENT RECORD**

USDOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL VEHICLE DRIVING EXPERIENCE FOR THE PAST 10 YEARS TO BE SHOWN

**LAST EMPLOYER:**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ PHONE # \_\_\_\_\_

	YES	NO
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION REGULATED BY USDOT AND SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 40CFR PART 40	<input type="checkbox"/>	<input type="checkbox"/>

**NEXT LAST EMPLOYER:**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ PHONE # \_\_\_\_\_

	YES	NO
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION REGULATED BY USDOT AND SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 40CFR PART 40	<input type="checkbox"/>	<input type="checkbox"/>

**NEXT LAST EMPLOYER:**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ PHONE # \_\_\_\_\_

	YES	NO
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION REGULATED BY USDOT AND SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 40CFR PART 40	<input type="checkbox"/>	<input type="checkbox"/>

**(EMPLOYMENT RECORD CONTINUED ON NEXT PAGE)**



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**DRIVER APPLICATION**  
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**EMPLOYMENT RECORD CONTINUED**

**NEXT LAST EMPLOYER:**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ PHONE # \_\_\_\_\_

	YES	NO
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION REGULATED BY USDOT AND SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 40CFR PART 40	<input type="checkbox"/>	<input type="checkbox"/>

**STATEMENT OF DUE PROCESS RIGHTS FOR CERTAIN DRIVER APPLICANTS**

Driver applicants with United States Department of Transportation regulated employment during the preceding three years are advised that he or she has the following rights regarding the safety performance history investigative information that will be provided to this company (**GE TRANSPORT**) from previous employers:

- \* **The right to review information provided by previous employers;**
- \* **The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to this company;**
- \* **The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information**

**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. Driver applicants are duly informed that the information he/she provides with regard to previous employment may be used and prior employers will be contacted for the purpose of investigation of the applicant's safety performance history information as required by 391.21 and 391.23 of the Federal Motor Carrier Safety Regulations.**

**X.**

\_\_\_\_\_

(APPLICANT SIGNATURE)

(DATE)



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### **PRE-HIRE DRUG TEST AGREEMENT**

**I AGREE TO PAY THE FEES FOR THE REQUIRED PRE-HIRE DRUG TEST. THE TOTAL COST OF THIS SERVICE WILL BE REIMBURSED TO ME AT THE COMPLETION OF MY 90 DAY PROBATION PERIOD WHEN I BECOME A FULL TIME EMPLOYEE OF GE TRANSPORT.**

I \_\_\_\_\_ HAVE READ THE ABOVE STATEMENT AND AGREE TO THE TERMS AS STATED  
(PRINT NAME)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



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SUB FORM -15  
DRUG TESTING PROGRAM**

## **NOTICE TO ALL DRIVER APPLICANTS**

### **DRUG TEST IS REQUIRED OF ALL DRIVER APPLICANTS**

GE TRANSPORT HAS A VITAL INTEREST IN MAINTAINING SAFE, HEALTHFUL AND EFFICIENT WORKING CONDITIONS FOR OUR CUSTOMERS, THE PUBLIC, AND OUR DRIVERS. USING OR BEING UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS ON THE JOB MAY POSE SERIOUS SAFETY AND HEALTH RISKS NOT ONLY FOR THE USER, BUT TO ALL THOSE WHO WORK WITH THE USER. THE POSSESSION, USE OR SALE OF ALCOHOL OR AN ILLEGAL DRUG POSES UNACCEPTABLE RISKS TO SAFE, HEALTHFUL AND EFFICIENT OPERATIONS.

TO MEET THIS COMPELLING INTEREST AND IN COMPLIANCE WITH THE DEPARTMENT OF TRANSPORTATION'S ALCOHOL AND DRUG TESTING REQUIREMENTS (49CFR PART 382), DRIVERS WHO WISH TO BE CONSIDERED FOR EMPLOYMENT MUST AGREE TO **SUBMIT TO PRE-EMPLOYMENT DRUG TESTING.**

BY COMPLETEING AND SIGNING THIS NOTICE AND THE ATTACHED APPLICATION OF EMPLOYMENT, THE DRIVER APPLICANT UNDERSTANDS AND AGREES TO SUBMIT TO A PRE-EMPLOYMENT DRUG TESTING AS PROVIDED FOR IN GE TRANSPORTS ALCOHOL AND DRUG POLICY.

**ANY DRIVER APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH GE TRANSPORT.** REFUSAL OF A DRIVER APPLICANT TO AGREE TO DRUG TESTING AT THIS TIME DOES NOT PRECLUDE APPLYING FOR EMPLOYMENT WITH GE TRANSPORT AT A FUTURE DATE.

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SIGNATURE OF APPLICANT

DATE



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**DRIVER TRAINING PROGRAM**

DURING THE TRAINING PROCESS ALL APPLICANTS WILL BE PAID \$10.00 PER HOUR. FOR MSHA, SITES SPECIFICS AND BCOT ALL DRIVERS WILL BE PAID AT THE STANDARD HOURLY RATE SET BY GE TRANSPORT. THE TRAINING PERIOD SHOULD NOT EXCEED 3 DAYS TO COMPLETE. TRAINING INCLUDES; TRANSPORTING, LOADING, HOOKING UP LINES AND BLOWER, UNLOADING PRODUCT, PROPER RPM BLOWER SPEEDS, CLEARING LINES, PAPERWORK AND CUSTOMER SERVICE.  
FAILURE TO COMPLETE TRAINING PROCESS MAY RESULT IN SEPERATION WITH GE TRANSPORT.

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APPLICANT SIGNATURE

DATE