



APPLICATION FOR EMPLOYMENT

GENERAL OFFICES:
3820 WISMANN LANE
QUINCY, ILLINOIS 62305
217 224-0770
800 998-5005
888 566-8908 FAX

Gully Transportation, Inc.
does not discriminate because of race, creed, color, sex, age, religion or national origin.
This application will be kept active for a 90-day period. After that time the applicant must reapply if still interested.
Please fill out this application by hand and use ink. For this application to be considered, all blanks must be filled in.
If on any question more space is needed, an extra sheet of paper may be added.

POSITION DESIRED: Driver System Road Relay Turn Local
 Full Time Part Time Mechanic Clerical Other _____

PERSONAL INFORMATION

Last Name	First	Middle	Social Security No.	Date Today
Address (Street)		Home Phone	Cellular Phone	Significant Other Phone
City	State	Zip Code	How Long	
In Case of Emergency, Notify:	Name	Address	Phone	

Have you ever been known by any name other than the one on this application? Yes No

THREE PREVIOUS ADDRESSES

Street	City	State	Zip Code	How Long
Street	City	State	Zip Code	How Long
Street	City	State	Zip Code	How Long

The age discrimination in employment act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

Driver's License No.	State	Date Expires	Type	Date of Birth
Height	Weight	Sex	Citizen of USA? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If related to anyone in our employ, state name and department of relation:

Check One: Single Engaged Married Separated Divorced

Number of Dependents	Monthly Living Expense
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Spouse Name	Is spouse working? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Where?
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Have you ever been convicted of a felony? Yes No

Where? _____ When? _____

What charge? _____ Penalty? _____

PERSONAL REFERENCES

Name _____ Occupation _____

Address _____ Phone _____

Name _____ Occupation _____

Address _____ Phone _____

Name _____ Occupation _____

Address _____ Phone _____

EMPLOYMENT HISTORY (Continued)

Employer			Your Job Position		<input type="checkbox"/> Straight Truck <input type="checkbox"/> Semi <input type="checkbox"/> 48 / 53' Van <input type="checkbox"/> Flat Bed <input type="checkbox"/> Tank: Dry / Liquid <input type="checkbox"/> Other: _____	
Street			Dates Employed:	FROM	TO	Pay
City	State	Zip	Reason for Leaving			
Supervisor		Title	Telephone			

Employer			Your Job Position		<input type="checkbox"/> Straight Truck <input type="checkbox"/> Semi <input type="checkbox"/> 48 / 53' Van <input type="checkbox"/> Flat Bed <input type="checkbox"/> Tank: Dry / Liquid <input type="checkbox"/> Other: _____	
Street			Dates Employed:	FROM	TO	Pay
City	State	Zip	Reason for Leaving			
Supervisor		Title	Telephone			

EXPERIENCE AND QUALIFICATIONS

LIST ALL TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST FIVE (5) YEARS (OTHER THAN PARKING VIOLATIONS):
 (Attach sheet if more space is needed)

DATE	LOCATION	CHARGE	PENALTY

- 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
- C. Have you ever tested positive or refused a DOT drug or alcohol pre-employment test within the past two years from an employer who did not hire you? Yes No
- D. Have you ever been convicted of a felony? Yes No
- If the answers to A, B, C, or D is "YES", give details _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NUMBER OF MILES (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor / Two Trailers				
Pneumatic Tank – Liquid Tank				
Other				
Other				

LIST AREAS OPERATED IN FOR THE LAST FIVE (5) YEARS: Midwest East Coast West Coast South East Southwest

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

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

ACCIDENT RECORD FOR THE PAST FIVE (5) YEARS OR MORE

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, Etc.)	TYPE OF VEHICLE	INJURIES / FATALITIES
Last Accident			
Next Previous			
Next Previous			
Next Previous			

EXPERIENCE AND QUALIFICATIONS • MAINTENANCE

LIST TYPES OF MAINTENANCE EXPERIENCE AND YEARS OF EACH: _____

SHOW EQUIPMENT YOU CAN OPERATE:

EQUIPMENT	(CHECK)	YEARS OF EXPERIENCE	EQUIPMENT	(CHECK)	YEARS OF EXPERIENCE
Woodworking Equipment			Electric Welder		
Sheet Metal Equipment			Oxyacetylene Welder		
Clutch Rebuilding			Paint Spray Gun		
Differential Rebuilding			Wheel & Tire Balancing Machine		
Transmission Rebuilding			Tire Recapping Mold		
Body Work			Engine Dynamometer		
Frame & Axle Straightening Equipment			Chassis Dynamometer		
Electrical & Ignition Repair			Magnetic Crack tester		
Engine Rebuilding Equipment			Vacuum & Air Brakes		
Diesel Injection Equipment			Other:		

LIST COURSES AND TRAINING IN MAINTENANCE WORK: _____

EXPERIENCE AND QUALIFICATIONS • CLERICAL

INDICATE TRAINING AND SHOW EXPERIENCE IN THE FOLLOWING:

<i>*Indicate Words Per Minute</i>	TRAINING (CHECK)	YEARS OF EXPERIENCE	<i>**Indicate Tariffs with which you have worked</i>	TRAINING (CHECK)	YEARS OF EXPERIENCE
Typing *			Rates **		
Shorthand *			OS & D		
Billing			Interline		
TWX			Claims		
PBX			Cashier		
Key Punch Operator			Accounting		
Calculator			Dispatcher		
Dictating Machine Transcriber			Tabulator		
Bookkeeping Machine			Mimeograph		
Adding Machine			Other:		

LIST COURSES AND TRAINING IN MAINTENANCE WORK: _____

READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulations.

If **Gully Transportation, Inc.** deems it necessary, I will not object to a polygraph test (lie detector test) in any way.

It is agreed and understood that any misrepresentation of information given above shall be considered an act of dishonesty and grounds for discharge without any recourse by me.

It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my record, whether same is of record or not, and I release the employer, its agents, and all individuals and corporations from which this information is obtained from all liability for any damage on account of the furnishing of such information. In addition, I specifically authorize my employer, its agents and all individuals and corporations in possession of information and records pertaining to my employment history, driving record, insurance and bonding records, and all public records of any nature whatsoever, to seek or to release such information, at any time in the future during the course of my employer or its agents, and I release all such individuals and corporations from any and all liability for any damages on account of the furnishing of such information.

I agree to furnish such additional information and complete such examination as may be required to complete my employment file.

It is agreed and understood that the application for employment in no way obligates the employer to employ me.

It is agreed and understood that if hired, I will be on a probationary period for 90 days during which time I may be discharged without recourse.

It is agreed and understood that if hired I will familiarize myself with and adhere to all company policies and procedures.

It is agreed and understood that if hired I will follow all safety rules set by the company and/or the government.

This is to inform you that as part of our procedure for processing your employment application an investigation may be made whereby information is obtained through personal interviews with your neighbors, friends and others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics or mode of living. (You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation. * Consumer Audit Act.)

This certifies 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; that I have read and understood the above statements.

Date _____ Applicant's Signature _____