

Gurney Trucking, Inc
Aurora, UT
PH: (435) 529-3831
FAX: (435) 529-1006

ATTENTION: _____ FAX #: _____

DATE: _____ # OF PAGES: _____

Application Checklist

Applications cannot be processed without all of the following information.

- ❖ _____ Application
- ❖ _____ Signed and Dated Pre-Employment Statement and Request for Information & Drug and Alcohol
- ❖ _____ Copy of Medical Long Form & Medical Card
- ❖ _____ Copy of Motor Vehicle Record (within 30 days of Application Date)

(NOTE: If less than three (3) yrs in current state, FMCSR requires prior state(s).)

FOR OFFICE USE ONLY

Hire Date: _____ Truck: _____ Route: _____

Driver Packet Sent: _____ Received: _____

Handbook Sent: _____ Received: _____

DRIVER EMPLOYMENT REQUIREMENTS

Gurney Trucking, Inc. has definitive policies concerning the hiring of drivers. In all cases these policies conform to FMCSA Motor Carrier Safety Regulations.

It is company policy to employ only physically, mentally and emotionally stable people who are courteous and have the knowledge and ability to operate the type of equipment to which they may be assigned. Each driver will be evaluated individually for required experience.

Minimum qualifications are as follows:

Every driver must have a valid Class A CDL and proper endorsements.

- The minimum age for a Gurney Trucking, Inc. driver is twenty-three (23) years of age and two plus (2+) years driving experience.
- All drivers are required to take a TQA (Trucker Quality Assurance) class and be TQA certified.
- Every driver shall submit to the Company a current listing (three years) of their violations and accident record, from the Department of Motor Vehicles in the state of their driver's license. Drivers shall have no more than three moving violations during the three years previous to employment with Gurney Trucking, Inc
- A driver shall have no serious traffic violations within the previous two years. Serious violations are defined as: (a) reckless driving, (b) driving while intoxicated or under the influence of drugs, (c) hit and run, leaving the scene of an accident, failure to report an accident, (d) No more than 3 speeding in excess of 15 mph over the speed limit.
- Prior to active employment, every driver must take and successfully pass a physical examination in accordance with Department of Transportation regulations. They will be required to submit to the Company, for their files, a valid long form and certificate of that physical examination and retain a certificate of such examination during all times when on duty.
- Prior to employment, all applicants will submit to a pre-employment drug screen in accordance with FMCSR 391.103 or any revision thereof. An applicant who tests positive for any controlled substance will not be considered for employment.
- A driver must not be disqualified to drive a motor vehicle under any of the rules of Department of Transportation Regulation 391.15 or any revision thereof.
- Applicants will successfully complete a driver's road test in accordance with FMCSR 391.31, or any revision thereof.
- The applicant shall complete and furnish to the Company an application for employment in accordance with Department of Transportation Regulation 391.21, or any revision thereof. Falsification of this document will result in immediate termination.

- The applicant must be physically qualified to safely perform all other physical activities associated with employment requirements.
- The applicant shall be neat in appearance and will be judged on mechanical ability, common sense, manners, courtesy and legible writing.
- Records of Duty Status (Logs) will be correct and neat in form and manner. Falsification of logs will not be tolerated or accepted. All logs will be prepared in accordance with federal and state regulations as well as company policy set forth by safety.

The following skills and knowledge will be required of all active Gurney Trucking, Inc. drivers:

- Ability to read and speak the English language well enough to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records.
- Skills by reason of experience, training, or both, to safely operate the type of vehicle to which they may be assigned.
- Knowledge by reason of experience, training, or both, to determine whether the cargo they transport has been properly loaded, distributed, and secured in or on the vehicle they drive.
- Familiarity with methods and procedures for securing cargo in or on the motor vehicle they drive.

Have you ever worked for this company under a different name? _____ If so, what name? _____

Driver Experience & Qualification

Answer the questions in this section only if applying for driver position

- 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 been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes____ No____
- D.** 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____

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers – LCV's				
Other				

List states operated in during last five years _____

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

List driving awards held and who awards were presented by _____

Accident Review (Past three years)

Dates	Nature of Accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries

Traffic Convictions (Past three years)

Location	Date	Charge	Penalty

Employment Record

Start with current position, including military experience, and work backwards.

May we contact your current employer: Yes _____ No _____

Current Employer: _____ Supervisor's Full Name: _____

Full Address: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Past Employer: _____ Supervisor's Full Name: _____

Full Address: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Past Employer: _____ Supervisor's Full Name: _____

Full Address: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Past Employer: _____ Supervisor's Full Name: _____

Full Address: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

DRIVER APPLICANT DRUG AND ALCOHOL
PRE-EMPLOYMENT STATEMENT

CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See section 40.25(b)(5) and (e).

Applicant Name (Print)

ID Number

Applicant Signature

As an applicant, applying to perform safety sensitive-functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes _____ No _____

2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

Yes _____ No _____

My signature below certifies that the information provided is to be true and correct.

Applicant Name (Print)

Date

Applicant Signature

Request for Information

From Previous Employer

I hereby authorize you to release the following information to **Gurney Trucking, Inc** (RETURN COMPLETE FORM TO FAX (435) 529-1006) for the purpose of investigation as required by section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date: _____

Print: _____

Signature: _____

Social Security Number: _____

Applicant – Please do not write below this line.

To: _____

Position Held: _____

Fax: _____

Period of Employment:

Date: _____

From _____ To _____

Immediate Supervisor: _____

Previous Employer

We appreciate your time in completing, in confidence, the information requested below.

Does the above information coincide with your records? _____

1. Quality of work
2. Co-operation with others
3. Safety Habits
4. Personal habits
5. Driving Skill
6. Attendance record

Excellent	Good	Fair	Poor

7. Needed Supervision

- Seldom ☐
- Occasionally ☐
- Frequently ☐
- Constantly ☐

8. Why did applicant leave? _____
9. Would you rehire? _____
10. If Driver: Qualified in what equipment? _____
11. How many accidents? _____ How many preventable? _____
12. Drivers License ever revoked or suspended? _____

Comments:

Date: _____

Signed: _____

Name & Title

Print: _____

Name & Title

REV 09/2010

Alcohol & Drug Test Information

From Previous Employer

I hereby authorize you to release the following information to **Gurney Trucking Inc. (RETURN COMPLETED FORM TO FAX (435) 529-1006)** This information is being requested in compliance with Sections 40.25 and 382.405 (f) and (h) of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date: _____

Print: _____

Signature: _____

Social Security Number: _____

Applicant – Please do not write below this line.

To: _____

Date: _____

Fax: _____

To be completed by previous employer

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here, sign below, and return. ☐

Under Department of Transportation testing requirements:

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?
2. Has this person had a verified positive drug test?
3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?
4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?
5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the Employee's successful completion of DOT return to duty requirements, including follow-up-tests? (Please send this documentation back with this form, if applicable.)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

In answering these questions, include any drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT agency regulations.

Date: _____

Signed: _____

Name & Title

Print : _____

Name & Title

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. 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 employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the fair credit reporting act, Public Law 91-508, I have been told that this investigation may include an Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

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

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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 Signature

Print

For Office Use – Do Not Write In This Space

Applicant Hired? _____ Yes _____ No

Date Employed: _____

Interview Board: _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor
1. Application					
2. Interview					
3. Physical Exam					
4. Past Employment					
5. Road Test					
6. MVR					

Signature of Interviewing Officer: _____ Date: _____