GTX

FRESNO, CA

HONESTY IS OUR IDENTITY

DRIVER APPLICATION FOR EMPLOYMENT

GTX is an equal opportunity employer. Applicants are considered without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other status protected by applicable law.

COMPANY INFORMATION

Company _____ **Company Address** _____

GTX	**4698 N. Constance Ave, Fresno, CA 93722**

APPLICANT INFORMATION

Full Legal Name _____ **Phone** _____

Current Address (Street, City, State, ZIP) _____

Date of Birth _____ **Email Address** _____

Social Security No. _____ **Position Applied For** _____ **Date Available** _____

Are you legally authorized to work in the U.S.? Yes / No _____ **Have you worked for GTX before? Yes / No** _____

ADDRESS HISTORY - PAST 3 YEARS

Street Address	City	State & ZIP	From (Mo/Yr)	To (Mo/Yr)

DRIVER LICENSE INFORMATION

License No.	State	Class / Type	Endorsements	Expiration Date

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DRIVING EXPERIENCE

Class of Equipment	Type of Equipment	From	To	Approx. Miles

Examples: straight truck, tractor/semi-trailer, doubles/triples, van, reefer, flatbed, tanker, etc.

ACCIDENT RECORD - PAST 3 YEARS

Date	Nature of Accident	Fatalities	Injuries	Hazmat / Chemical Spill?

TRAFFIC CONVICTIONS / FORFEITURES - PAST 3 YEARS

List all motor vehicle traffic convictions and forfeitures other than parking violations.

Date (Mo/Yr)	Violation	State / Location	Penalty / Points

LICENSE HISTORY

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Has any license, permit, or driving privilege ever been suspended or revoked? YES / NO

_____

If yes, explain

_____

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EMPLOYMENT HISTORY

List employers for the preceding 3 years. For positions subject to the Federal Motor Carrier Safety Regulations (FMCSRs), include the preceding 10 years as applicable. Provide complete mailing addresses and explain any gaps in employment.

MOST RECENT EMPLOYER

Employer Name _____ **Phone** _____

Complete Address _____

Position Held _____ **From (Mo/Yr)** _____ **To (Mo/Yr)** _____ **Salary / Rate** _____

Reason for Leaving _____

Were you subject to FMCSRs? Yes / No _____ **Was your job designated as a safety-sensitive function subject to DOT drug/alcohol testing? Yes / No** _____

SECOND EMPLOYER

Employer Name _____ **Phone** _____

Complete Address _____

Position Held _____ **From (Mo/Yr)** _____ **To (Mo/Yr)** _____ **Salary / Rate** _____

Reason for Leaving _____

Were you subject to FMCSRs? Yes / No _____ **Was your job designated as a safety-sensitive function subject to DOT drug/alcohol testing? Yes / No** _____

THIRD EMPLOYER

Employer Name _____ **Phone** _____

Complete Address _____

Position Held _____ **From (Mo/Yr)** _____ **To (Mo/Yr)** _____ **Salary / Rate** _____

Reason for Leaving _____

Were you subject to FMCSRs? Yes / No _____ **Was your job designated as a safety-sensitive function subject to DOT drug/alcohol testing? Yes / No** _____

EMPLOYMENT GAPS

Explain any gaps in employment, including dates (Month/Year) and reason

_____

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ADDITIONAL EMPLOYMENT HISTORY

Employer / Address / Phone	Position	From	To	Reason for Leaving

APPLICANT CERTIFICATION & AUTHORIZATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false, misleading, or omitted information may disqualify me from employment or may result in termination if employed. I authorize GTX and its authorized representatives to investigate my employment history, driving record, qualifications, and other information relevant to my application, subject to applicable federal and state law. I understand that additional disclosures and authorizations may be required for background reports, motor vehicle records, drug/alcohol history, and other regulated inquiries.

Applicant Signature _____

Date _____

Printed Name _____

FOR COMPANY USE ONLY

Interviewed By _____

Interview Date _____

Position / Driver Type _____

Proposed Start Date _____

Notes _____