

DRIVER'S APPLICATION FOR EMPLOYMENT

**McGUIRE TRANSPORTATION, INC.
P.O. Box 184
Belton, TX 76513**

(ANSWER ALL QUESTIONS - PLEASE PRINT OR TYPE)

In compliance with Federal and State equal employment opportunity laws, all qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

| | |
|--|----------|
| Positions Applying For | 4 |
| Regional (OTR) | |
| Texas Only | |
| Shuttle (Local Temple, TX Area) | |
| Office/Clerical | |
| Other | |

If other please describe _____

Date Of Application ____/____/____ **Social Security No.** ____-____-____

Name _____
Last First Middle-

List your addresses of residency for the past 10 years.

Current Address _____
Street City

State Zip Phone How Long

Previous Address _____
Street City State & Zip How Long

_____ Street City State & Zip How Long

_____ Street City State & Zip How Long

Do you have the legal right to work in the United States? _____

Date Of Birth ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for McGuire Transportation or any related companies before? _____

Where? _____ Dates: From _____ To _____

Position _____ Rate of Pay _____

Are you employed now? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

Is there any reason you might be unable to perform the functions of the Job for which you have applied [as described in the job description]? _____

If yes, explain if you wish. _____

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicant to drive a commercial motor vehicle (as described by the Federal Motor Carriers Safety Regulations) in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle, for a total of 10 years employment history.

Note: (List employers in reverse order starting with the most recent. Add another sheet as necessary.)

| Employer | | | | Dates | |
|--|--|--|-------|--------------|--------------------|
| Name | | | | From | To |
| | | | | Month Year | Month Year |
| Address | | | | Salary | |
| City | | | State | Zip | Reason For Leaving |
| Contact Person | | | | Phone Number | Position Held |
| Where you subject to the Federal Motor Safety Regulations ** while employed? Yes ___ No ___ Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___ *Account For Period Between Jobs – Include dates (Month/Year) and reason _____ | | | | | |

| Employer | | | | Dates | |
|--|--|--|-------|--------------|--------------------|
| Name | | | | From | To |
| | | | | Month Year | Month Year |
| Address | | | | Salary | |
| City | | | State | Zip | Reason For Leaving |
| Contact Person | | | | Phone Number | Position Held |
| Where you subject to the Federal Motor Safety Regulations ** while employed? Yes ___ No ___ Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___ *Account For Period Between Jobs – Include dates (Month/Year) and reason _____ | | | | | |

| Employer | | | | Dates | |
|--|--|--|-------|--------------|--------------------|
| Name | | | | From | To |
| | | | | Month Year | Month Year |
| Address | | | | Salary | |
| City | | | State | Zip | Reason For Leaving |
| Contact Person | | | | Phone Number | Position Held |
| Where you subject to the Federal Motor Safety Regulations ** while employed? Yes ___ No ___ Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___ *Account For Period Between Jobs – Include dates (Month/Year) and reason _____ | | | | | |

| Employer | | | | Dates | |
|--|--|--|-------|--------------|--------------------|
| Name | | | | From | To |
| | | | | Month Year | Month Year |
| Address | | | | Salary | |
| City | | | State | Zip | Reason For Leaving |
| Contact Person | | | | Phone Number | Position Held |
| Where you subject to the Federal Motor Safety Regulations ** while employed? Yes ___ No ___ Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___ *Account For Period Between Jobs – Include dates (Month/Year) and reason _____ | | | | | |

* All gaps in employment dates must be explained

** The FMSCR apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) Weighs or has a GVWR of over 10,000 lbs. (2) Is designed or used to transport over 9 passengers or (3) Is any size and is used to transport hazardous materials in a quantity requiring placarding.

Accident Record

(Past 3 years)

If none you must enter NONE

| Date | Nature Of Accident (Head-On, Rear-End, Upset, Etc.) | Fatalities | Injuries |
|------|--|------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

Traffic Convictions

(Moving Violations)

If none you must enter NONE

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

(Attach Sheet If More Space Is Needed)

Education

Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended _____
Name City State

Drivers License Qualifications

List all licenses held within last 3 years

| Drivers License Number | State | Type | Expiration Date |
|------------------------|-------|------|-----------------|
| | | | |
| | | | |
| | | | |

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

B. Has any license, permit or privilege ever been suspended or revoked? _____

(If the answer to either A or B is yes, attach statement-giving details)

Driving Experience

| Class Of Equipment | Type OF Equipment (Van, Tank, Flat, Etc.) | Dates | | Approx Miles |
|--------------------------|--|-------|----|--------------|
| | | From | To | |
| Straight Truck | | | | |
| Tractor And Semi-Trailer | | | | |
| Tractor - Two Trailer | | | | |
| Motor coach - School Bus | | | | |
| Other | | | | |

List states operated in for last 5 years _____

Show special courses or training _____

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

Other Experience And Qualifications

Show any other experience that may help in your work for McGuire Transportation. _____

List courses and training other than shown elsewhere in this application. _____

List special equipment or technical material you can work with (other than those already shown) _____

To be read and signed by applicant

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of McGuire Transportation.

Date

Applicants Signature

For driver applicants of commercial motor vehicles that require a Commercial Drivers License (CDL) the applicant must disclose their controlled Substance and alcohol status per the requirements of CFR Part 40.25(j)

As a prospective driver employee, you have the right to review information provided by employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) re-send the information corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information and if the previous employer and the driver cannot agree to the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review the previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

“I certify 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.”

Applicants signature

Date Signed

To Be Completed By The Employer

Application Received By

Application Reviewed for Completeness By

Name _____

Name _____

Title _____

Date _____

Name _____

Date _____

Significant Dates

Date of Hire: _____

Time and Date of Pre-Employment CST: _____

Time and Date of Pre-Employment CST Results Received: _____

Date Used in First Safety Sensitive Position: _____

Date of Termination: _____

McGuire Transportation, Inc.

P.O. Box 184

Belton, TX 76513

(254) 791-1003

Commercial Vehicle Driver Applicant.

Controlled Substance and Alcohol Questionnaire

Pursuant to 49 CFR part 40.25(j)

Application Date _____

Name _____
First Middle Last

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

49 CFR 40.25(j)

| | | | |
|---|--|-----|----|
| Have you ever 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 |
| If Yes | Have you successfully completed the return-to-duty process? | YES | NO |
| If Yes | Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is preformed. | | |

Applicants Signature _____
Date

| | | | |
|---|----------------------|-----------------------------|----------------------|
| <u><i>This Section to be completed by McGuire Transportation's Safety Department</i></u> | | | |
| _____ Received by | | _____ Reviewed by | |
| _____ Title | _____ Date | _____ Title | _____ Date |

I, _____, hereby grant McGuire Transportation, Inc. the authority to obtain any personal information pertaining to my previous employment; up to and including Alcohol tests results, Drug Screen tests, Refusals to be tested, Other Violations of DOT agency drug & alcohol testing regulations, Documentation of any successful completion of DOT return to duty requirements (if applicable). In conjunction with this background check, I authorize you to release all information regarding my services, character, and conduct while in your employment as a CDL driver and you are released from any and all liability may result from furnishing such information.

Applicant's Name Printed

Applicant's Signature

Date Signed

PSP Release of Information Form

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service:

1. In connection with your application for employment with McGuire Transportation, 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 McGuire Transportation 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 McGuire Transportation and I understand that if I sign this consent form, McGuire Transportation may obtain a report of my crash and inspection history. I hereby authorize McGuire Transportation and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Print Name _____

Signature _____

Date _____