

APPLICATION FOR EMPLOYMENT (DRIVER)

PLEASE PRINT OR TYPE CLEARLY

LAST NAME	FIRST NAME	MIDDLE	DATE
STREET ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY #	DATE OF BIRTH	MOBILE PHONE	
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST DATE AND LOCATION:			EMAIL ADDRESS
POSITION DESIRED			SALARY REQUIREMENTS
APART FROM RELIGIOUS OBSERVANCE, ARE YOU AVAILABLE FOR FULL TIME WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE LIST WHAT DAYS/HOURS YOU CAN WORK:			
WILL YOU WORK OVERTIME IF ASKED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE YOU ARE AVAILABLE TO BEGIN WORK?	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU HAVE ANY FAMILY MEMBERS WHO ARE CURRENTLY WORKING WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST NAMES AND LOCATION:			
HAVE YOU EVER WORKED FOR US? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST DATES OF EMPLOYMENT, JOB TITLE & LOCATION:			
HOW DID YOU LEARN OF OUR ORGANIZATION?			

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
GRADUATE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE/ TECHNICAL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER SPECIAL TRAINING SKILLS (i.e. language, machine operations, licenses, etc.)					

EMPLOYMENT HISTORY

DOT requires employment history for at least 3 Years and/or commercial driving experience for the past 10 years.
Start with your present or last job and add additional sheets as necessary

1	COMPANY NAME		START DATE	END DATE
	COMPANY ADDRESS			COMPANY TELEPHONE #
	NAME OF SUPERVISOR		STARTING PAY	ENDING PAY
	STATE JOB TITLE AND RESPONSIBILITIES			REASON FOR LEAVING
	Were you subject to the federal motor carrier safety regulations (FMCSRs) during this period? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Was the previous job position designated as a safety sensitive function in any dot regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	My reason for leaving was <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY			

2	COMPANY NAME		START DATE	END DATE
	COMPANY ADDRESS			COMPANY TELEPHONE #
	NAME OF SUPERVISOR		STARTING PAY	ENDING PAY
	STATE JOB TITLE AND RESPONSIBILITIES			REASON FOR LEAVING
	Were you subject to the federal motor carrier safety regulations (FMCSRs) during this period? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Was the previous job position designated as a safety sensitive function in any dot regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	My reason for leaving was <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY			

3	COMPANY NAME		START DATE	END DATE
	COMPANY ADDRESS			COMPANY TELEPHONE #
	NAME OF SUPERVISOR		STARTING PAY	ENDING PAY
	STATE JOB TITLE AND RESPONSIBILITIES			REASON FOR LEAVING
	Were you subject to the federal motor carrier safety regulations (FMCSRs) during this period? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Was the previous job position designated as a safety sensitive function in any dot regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	My reason for leaving was <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY			

4	COMPANY NAME		START DATE	END DATE
	COMPANY ADDRESS			COMPANY TELEPHONE #
	NAME OF SUPERVISOR		STARTING PAY	ENDING PAY
	STATE JOB TITLE AND RESPONSIBILITIES			REASON FOR LEAVING
	Were you subject to the federal motor carrier safety regulations (FMCSRs) during this period? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Was the previous job position designated as a safety sensitive function in any dot regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? ☐ YES ☐ NO

My reason for leaving was ☐ VOLUNTARY ☐ INVOLUNTARY

ADDITIONAL PAGE EMPLOYMENT HISTORY

DOT requires employment history for at least 3 Years and/or commercial driving experience for the past 10 years.
Start with your present or last job and add additional sheets as necessary

5	COMPANY NAME		START DATE	END DATE
	COMPANY ADDRESS		COMPANY TELEPHONE #	
	NAME OF SUPERVISOR	STARTING PAY	ENDING PAY	
	STATE JOB TITLE AND RESPONSIBILITIES		REASON FOR LEAVING	
	Were you subject to the federal motor carrier safety regulations (FMCSRs) during this period? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Was the previous job position designated as a safety sensitive function in any dot regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				
My reason for leaving was <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY				

6	COMPANY NAME		START DATE	END DATE
	COMPANY ADDRESS		COMPANY TELEPHONE #	
	NAME OF SUPERVISOR	STARTING PAY	ENDING PAY	
	STATE JOB TITLE AND RESPONSIBILITIES		REASON FOR LEAVING	
	Were you subject to the federal motor carrier safety regulations (FMCSRs) during this period? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Was the previous job position designated as a safety sensitive function in any dot regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				
My reason for leaving was <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY				

7	COMPANY NAME		START DATE	END DATE
	COMPANY ADDRESS		COMPANY TELEPHONE #	
	NAME OF SUPERVISOR	STARTING PAY	ENDING PAY	
	STATE JOB TITLE AND RESPONSIBILITIES		REASON FOR LEAVING	
	Were you subject to the federal motor carrier safety regulations (FMCSRs) during this period? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Was the previous job position designated as a safety sensitive function in any dot regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				
My reason for leaving was <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY				

8	COMPANY NAME		START DATE	END DATE
	COMPANY ADDRESS		COMPANY TELEPHONE #	
	NAME OF SUPERVISOR	STARTING PAY	ENDING PAY	

STATE JOB TITLE AND RESPONSIBILITIES	REASON FOR LEAVING
Were you subject to the federal motor carrier safety regulations (FMCSRs) during this period? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was the previous job position designated as a safety sensitive function in any dot regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	
My reason for leaving was <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	

GAPS IN EMPLOYMENT OR UNEMPLOYMENT
PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT OR UNEMPLOYMENT (include dates & reason) <input type="checkbox"/> NONE

DO NOT CONTACT
We may contact the employers listed unless you indicate those you do not want us to contact. Please list the employer's names, numbers & reason for no contact.

ARMED FORCES SERVICE	
DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING	BRANCH OF SERVICE
	DATES OF SERVICE TO
RANK AT DISCHARGE	DATE OF FINAL DISCHARGE

BACKGROUND	
HAVE YOU BEEN CONVICTED OF A CRIME (other than a traffic violation)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE ANY CURRENT CHARGES PENDING (other than a traffic violation)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES TO EITHER QUESTION ABOVE, PLEASE EXPLAIN IN DETAIL BELOW:	

ESSENTIAL FUNCTIONS OF POSITION
(Do NOT answer this question unless you have been informed about the requirements of the job for which you are applying)
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTION FO THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF NO, DESCRIBE FUNCTIONS THAT CANNOT BE PERFORMED BELOW:

<p>This application shall be considered active for no more than 45 days. After that time, applicants will be required to submit a completed application.</p> <p>I certify that the facts, history, or information set forth in this Application of Employment have been completed by me and are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of the facts, history, or information set forth in this application and release from any liability both the Company and those who supply reference information in response to any investigation by the Company. The applicant understands that neither this document nor any offer of employment constitutes an employment contract unless a specific document is executed in writing by the employer and employee.</p> <p>I understand that employment at this Company is "at-will": which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statue. All employment is continued on that basis. I understand also that if I am employed, I am, required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.</p>

APPLICANT'S SIGNATURE

DATE

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, color, religion, sex, age, national origin, disability, veteran, marital status, or any other basis prohibited by statute.

PREVIOUS THREE YEARS RESIDENCY

(attach additional sheet if needed)

STREET ADDRESS	CITY	STATE	ZIP	# OF YEARS
STREET ADDRESS	CITY	STATE	ZIP	# OF YEARS
STREET ADDRESS	CITY	STATE	ZIP	# OF YEARS

DRIVER LICENSES (all licenses held, past 3 years)	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES DRIVEN (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE

(attach additional sheet if needed)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	CHEMICAL SPILLS
<input type="checkbox"/> NONE				
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(OTHER THAN PARKING VIOLATIONS) - IF NONE, WRITE NONE

DATE CONVICTED	VIOLATION	STATE OF VIOLATION	PENALTY (forfeited bond, collateral and/or points)

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? ☐ YES ☐ NOB. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? ☐ YES ☐ NO

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

CERTIFICATION

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; 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.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, 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 deadlines 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.

"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"

APPLICANT'S SIGNATURE

DATE

**COMMERCIAL VEHICLE DRIVER APPLICANT
CONTROLLED SUBSTANCE AND ALCOHOL QUESTIONNAIRE
(PURSUANT TO 49 CFR PART 40.25(j))**

PLEASE PRINT OR TYPE CLEARLY

LAST NAME	FIRST NAME	MIDDLE	DATE
HOME ADDRESS			HOME PHONE
SOCIAL SECURITY #	DATE OF BIRTH		MOBILE PHONE

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 three years? ☐ YES ☐ NO

IF YES -

HAVE YOU SUCCESSFULLY COMPLETED THE RETURN-TO-DUTY PROCESS?

☐ YES ☐ NO

IF YES -

DOCUMENTATION **MUST** BE PROVIDED BEFORE ANY SAFETY-SENSITIVE TRANSPORTATION FUNCTION IS PERFORMED.

APPLICANT'S SIGNATURE	DATE
WITNESS SIGNATURE	DATE

REQUEST FOR INFORMATION PAST EMPLOYMENT

Federal Motor Carrier Safety Regulations require ALL previous employers of this applicant to respond to this request for information within 30-days. Failure to comply with this request is in violation of 49 CFR 391.23 and 40.25, for which you may be prosecuted.

APPLICANT'S CONSENT & INFORMATION

APPLICANT'S NAME	APPLICANT'S SSN	JOB APPLYING FOR
I hereby authorize all past employer(s) to release all records of employment, including assessments of my job performance, ability/fitness, including any and all alcohol or drug tests, with confirmed results and/or my refusal to submit to any alcohol and/or drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to Georgia Crown Distributing Co. (or their authorized agents) making such request in connection with my application for employment with said Company. I hereby release the above named Company and its employees, officers, directors and agents from any and all liability of any type as a result of providing the following information to Georgia Crown Distributing Co. (or their authorized agents).		
APPLICANT'S SIGNATURE		DATE
WITNESS SIGNATURE		DATE

PAST EMPLOYER'S INFORMATION

COMPANY NAME	PHONE #	FAX#	DATE
COMPANY ADDRESS			COMPANY REPRESENTATIVE

EMPLOYMENT HISTORY INQUIRY

DATES OF EMPLOYMENT TO	JOB TITLE	STARTING PAY RATE	ENDING PAY RATE
<ul style="list-style-type: none"> • Did (s)he drive a motor vehicle for you? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> • If "YES," what type of route? <input type="checkbox"/> LOCAL <input type="checkbox"/> OTR • If "YES," what type of motor vehicle? <input type="checkbox"/> PASSENGER CAR <input type="checkbox"/> BUS <input type="checkbox"/> STRAIGHT TRUCK <li style="padding-left: 100px;"><input type="checkbox"/> TRACTOR-SEMITRAILER <input type="checkbox"/> OTHER: _____ • Did (s)he have any accidents while in your employment? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> • If yes, please provide details of the accident: _____ • Was the applicant a safe and efficient driver? <input type="checkbox"/> YES <input type="checkbox"/> NO • Was the reason for leaving <input type="checkbox"/> VOLUNTARY or <input type="checkbox"/> INVOLUNTARY • Please specify reason for leaving: <input type="checkbox"/> RESIGNATION <input type="checkbox"/> DISCHARGED <input type="checkbox"/> LAID OFF <input type="checkbox"/> OTHER: _____ • Was 2 week notice given? <input type="checkbox"/> YES <input type="checkbox"/> NO • Is applicant eligible for rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> • If "NO," please provide explanation why not: _____ 			
OTHER REMARKS:			

PURSUANT TO SECTION 382.405 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS, PLEASE PROVIDE INFORMATION CONCERNING THE APPLICANT DURING THE PAST 3 YEARS ON THE FOLLOWING:

1. Did (s)he test positive in the past three years for a controlled substance? ☐ YES ☐ NO
2. Has (s)he ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last three years? ☐ YES ☐ NO
3. Did (s)he refuse to take a required drug or alcohol test? ☐ YES ☐ NO
4. Did (s)he have other violations of DOT agency drug and alcohol testing regulations? ☐ YES ☐ NO
5. Did a previous employer report a drug and/or alcohol rule violation to you? ☐ YES ☐ NO
 - If "YES", you must provide the previous employer's report.
6. If you answered "YES" to any of the above items, did the employee complete the return-to-duty process? ☐ YES ☐ NO
 - If "YES," you must also transmit the appropriate return-to-duty documentation (i.e. SAP report(s), follow up testing record, etc.)

COMPANY REPRESENTATIVE CONTACT INFORMATION

PRINTED NAME	JOB TITLE	COMPANY NAME	PHONE # OR EMAIL ADDRESS
--------------	-----------	--------------	--------------------------

COMPANY REPRESENTATIVE'S SIGNATURE	DATE
------------------------------------	------