

GOOCH TRUCKING CO INC.

P.O. BOX 1939
BLAIRSVILLE GA 3014
706-745-4460
FAX 706-745-4387
www.goochtrucking.com

DRIVER'S APPLICATION FOR EMPLOYMENT

APPLICANT'S NAME _____ DATE OF APPLICATION _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regards to race, color, religion, sex, national origin, age, martial status, veteran status, non-job related disability, or any other protected group status.

to be read and signed by applicant

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 inquires 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 the rules and regulations of the company.

I understand that information provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391 23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ date _____

FOR COMPANY USE ONLY

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

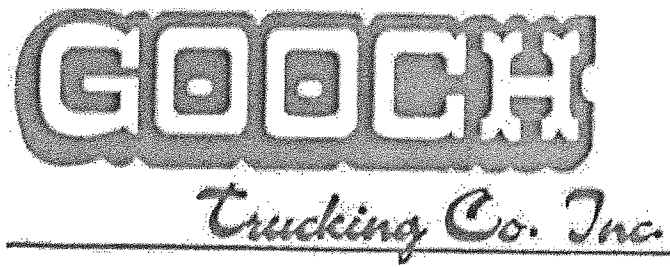
SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASE FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____



APPLICANTS NAME _____ SS# _____
FIRST MIDDLE LAST

POSITION APPLIED FOR _____ Phone: _____

LIST YOUR ADDRESSES OF RESIDENCY FOR PAST 3 YEARS BELOW

CURRENT ADDRESS _____

PREVIOUS ADDRESS _____

_____ HOW LONG AT THIS ADDRESS _____

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? _____ CAN YOU PROVIDE PROOF _____

DATE OF BIRTH _____ CAN YOU PROVIDE PROOF OF AGE _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE _____ IF SO WHERE? _____

DATES: FROM _____ TO: _____ POSITION _____

REASON FOR LEAVING _____

ARE YOU EMPLOYED NOW? _____ IF NOT HOW LONG SINCE LEAVING LAST EMPLOYMENT _____

WHO REFERRED YOU _____ HOW DID YOU HEAR ABOUT US? _____

RATE OF PAY EXPECTED? _____

HAVE YOU EVER BEEN BONDED _____ NAME OF BONDING CO. _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

IF YES PLEASE EXPLAIN FULLY IN DETAIL ON SEPARATE PAGE.

EMPLOYMENT HISTORY

ALL DRIVER APPLICANTS: To drive in interstate commerce, you must provide the following information on all former/current employers (*driving positions and non-driving positions*) for the last 3 years. All information must be complete for your application to be considered.

ALL DRIVER APPLICANTS: To be employed as a driver of a commercial motor vehicle (any vehicle requiring a CDL license) in intrastate or interstate commerce, you must also provide an additional 7 years* information on those employers for whom you worked as a driver operating a commercial motor vehicle.

In other words, if you are going to drive a vehicle requiring a CDL you must provide a total of 10 years working and driving experience.

CURRENT OR LAST EMPLOYER

EMPLOYERS INFORMATION BELOW

NAME	FROM	TO
ADDRESS	POSITION HELD	
CITY	SALARY/WAGE	
STATE	ZIPCODE	

CONTACT PERSON :

REASON FOR LEAVING:

PHONE NUMBER:

Were you subject to DOT rules while employed with this company? YES / NO

While employed by this company, was your job designated as "safety sensitive," making you subject to the DOT drug and alcohol testing requirements? YES / NO

CURRENT OR LAST EMPLOYER

EMPLOYERS INFORMATION BELOW

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ADDRESS	POSITION HELD	
CITY	SALARY/WAGE	
STATE	ZIPCODE	

CONTACT PERSON :

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EMPLOYERS INFORMATION BELOW

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ADDRESS		POSITION HELD	
CITY		SALARY/WAGE	
STATE	ZIPCODE		

CONTACT PERSON :

REASON FOR LEAVING:

PHONE NUMBER:

Were you subject to DOT rules while employed with this company? YES / NO

While employed by this company, was your job designated as "safety sensitive," making you subject to the DOT drug and alcohol testing requirements? YES / NO

EXPERIENCE AND QUALIFICATIONS OF DRIVER APPLICANT

ACCIDENT RECORD FOR THE PAST **7 YEARS**

IF *NONE*, PLEASE WRITE *NONE*. ATTACH ADDITIONAL SHEETS IF MORE SPACE IS REQUIRED.

DATES	NATURE OF ACCIDENT (HEAD ON) (REAR END)(JACK-KNIFE) ETC.	FATALITIES	INJURIES	CHARGEABLE	✓ IF YOU CAN PROVIDE DOCUMENTATION
LAST ACCIDENT		YES NO	YES NO	YES NO	
NEXT PREVIOUS		YES NO	YES NO	YES NO	
NEXT PREVIOUS		YES NO	YES NO	YES NO	
NEXT PREVIOUS		YES NO	YES NO	YES NO	

Traffic convictions and license forfeitures for the last 7 years (other than parking violations). If *none*, write "*none*", (attach additional sheets if more space is required).

Locations	Date	Charge	Penalty

Drivers licenses

State	License #	Type	Expiration date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes no

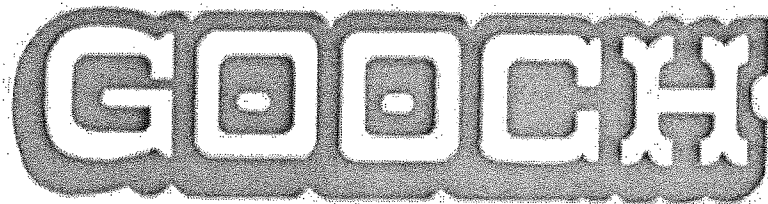
Have you ever had any license, permit, or privilege suspended or revoked? Yes no

Have you ever been convicted of a crime,plead guilty or no contest to criminal Charges, or otherwise had a finding or determination of guilt entered against You by any court? Yes no

If the answer to any of the questions above is "yes", please provide the details below

DRIVING EXPERIENCE.
IF NONE, WRITE "NONE".

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	AMOUNT OF EXPERIENCE
STRAIGHT TRUCK	CONTRACTOR'S DUMP	
	REGULAR DUMP TRUCK	
	TANKER	
	WRECKER	
	FLATBED	
	VAN	
	REEFER	
	CEMENT TRUCK	
	BOOM TRUCK	
	SERVICE TRUCK	
	STRAIGHT TRUCK PULLING TRAILER	
	VAC TRUCK	
TRACTOR TRAILER	NON-HEATED, NON-REFRIGERATED, LIQUID TANKER	
	REFRIGERATED TANKER	
	HEATED TANKER	
	DRY BULK TANKER	
	OPEN DUMP TANKER	
	FLATBED	
	REEFER	
	VAN	
	CAR CARRIER	
	DOUBLES	
	TRIPLES	
BUSES	STRAIGHT BUS (SCHOOL BUS, CHURCH BUS)	
	STRAIGHT COMMERCIAL BUS	
	DOUBLE	
	TRIPLE	
OTHER NOT LISTED		



Trucking Co. Inc.

EMPLOYEE ALCOHOL AND DRUG STATEMENT

Section 40.25 (I) of Part 40 states in part the following: As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any per-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 employee admit that he or she had a positive test or a refusal of to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process.(see section 40.25)(b) (5) and (e).

GOOCH TRUCKING COMPANY, INC.
(MAILING) P.O. BOX 1939
262 HWY 515 E
BLAIRSVILLE GA 30514

EMPLOYEE NAME _____

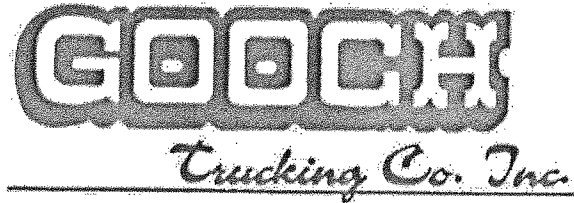
SOCIAL SECURITY NUMBER _____

The employee is required by Section 40.25 of 49 CFR Part 40 to respond to the following question:

1. Have you tested positive, or refused to test, on any per-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?

Circle one: YES NO

EMPLOYEE SIGNATURE: _____ DATE _____



Gooch Trucking Company, Inc.

Driver Safety Performance History

Applicant Rights

The Federal Motor Carrier Safety Administration promulgated rules to change the driver background check verifications required in 49 CFR Part 391 effective October 30, 2004. Under the new requirements, Gooch Trucking Company Inc., is required to contact your previous employers for three (3) years previous to the date of your application for employment to verify certain specific safety information and records.

The information we will be requesting will include personal work history, accident involvement history, and the drug and alcohol testing history that they have on record. We will be reviewing information related to the time you were employed with each previous employer, and any information compiled by them as they performed Driver Safety Performance History checks as well.

As an applicant for a driving position, you have certain specific rights relating to the information that Gooch Trucking Company, Inc., receives from your previous employer. These rights include:

1. The right to review the information provided to Gooch Trucking Company, Inc. by your previous employers, whether you listed the employers specifically on your application for employment or not.
2. The right to have any errors in the information provided to Gooch Trucking Company, Inc. corrected by a previous employer and to request that they submit corrected information.
3. The right to have a rebuttal statement attached to alleged erroneous information in such instance that you are not in agreement with the information provided to Gooch Trucking Company, Inc., by a previous employer.
4. The right to review the information provided to Gooch Trucking Company, Inc. within 30 days of employment (or within 30 days from the date that employment is denied based on information received.) Gooch Trucking Company, Inc. will provide such information to you upon receipt of your request within five (5) business days.

I certify that I am a driver applicant and that I have read and understand my rights as prescribed by 49 CFR Part 391.

Signature

Date

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with _____ ("Prospective Employer"), Prospective Employer, 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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ ("Prospective Employer") 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 authorizing 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.

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 challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015