

DRIVER APPLICATION FOR EMPLOYMENT

GFI Nevada LLC

1285 Baring Blvd # 749 Sparks, NV 89434
PHONE: 1-833-744-7434 FAX: 1-833-744-7434

Date of Application: _____

NAME: _____ **SSN:** _____
(First, Middle Initial, Last)

ADDRESS: _____
(Street, City, State, Zip)

DATE OF BIRTH: _____ **E-mail address:** _____

HOME PHONE #: _____ **CELLPHONE#:** _____

Have you ever been employed by this company in the past? Yes No
If yes, please explain: _____

Driving position applying for:
Long-haul (OTR) Local Regional Team

Location applying for: _____

Are currently working for any other employers, full time or part time? Yes No
If yes, please explain: _____

Fair Credit Reporting Act Disclosure Statement

In accordance with the provision of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Driver Notification

This notice serves to fulfill the requirements of 49 CFR Part 391.23(i). Each motor carrier must notify each driver, who is regulated by the Department of Transportation, of their rights regarding investigative information that will be provided to a prospective employer.

Drivers have:

- The right to review information provided by previous employers;
- The right to have errors in the information corrected by the previous employer and for that previous employer 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.

Past Pre-Employment Drug & Alcohol Testing Question

In accordance with 49 CFR Part 40.25(j) the employer is required to ask the employee:

Have you ever 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 testing rules during the past two years? Yes No

PREVIOUS ADDRESSES FOR THE PAST 3 YEARS (attach a separate sheet if more space is needed)

(Street)	(City)	(State)	(Zip)
(Street)	(City)	(State)	(Zip)

CURRENT DRIVERS LICENSE

(State)	(License No.)	(Class/Type)	(Expiration Date)
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DRIVER LICENSES FOR THE PAST 3 YEARS (attach a separate sheet if more space is needed)

(State)	(License No.)	(Class/Type)	(Expiration Date)
(State)	(License No.)	(Class/Type)	(Expiration Date)

Have you ever had your license, permit or driving privileges suspended or revoked? Yes No
 If yes, list date & please explain:

DRIVING EXPERIENCE (attach a separate sheet if more space is needed)

Vehicle Type	List # of Years & Months Operated
Class A (Semi-Tractors):	
Class B (Straight Trucks/Dump Trucks, Etc.):	
Class B (Buses/Passenger Vehicles):	

Types of Trailers Transported/Operated

Dry Van <input type="checkbox"/>	Reefer <input type="checkbox"/>	Flatbed <input type="checkbox"/>	Double/Trip les <input type="checkbox"/>	Tanker <input type="checkbox"/>
Pneumatic <input type="checkbox"/>	Dump Trailer <input type="checkbox"/>	Hopper <input type="checkbox"/>	Intermodal <input type="checkbox"/>	Auto Hauler <input type="checkbox"/>
Specialized <input type="checkbox"/>	Hot Shot <input type="checkbox"/>	Other (please list):		

MOTOR VEHICLE ACCIDENTS FOR PAST 3 YEARS (attach a separate sheet if more space is needed)

IF NONE, WRITE THE WORD "NONE"

Date	Description of the Accident	Towed Yes/No	# of Fatalities	# of Injuries

VIOLATIONS OF MOTOR VEHICLE LAWS or ORDINANCES FOR THE PAST 3 YEARS (other than parking violations - attach a separate sheet if more space is needed) IF NONE, WRITE THE WORD "NONE"

_____ (Violation)	_____ (Date of Violation)	_____ (Violation)	_____ (Date of Violation)
_____ (Violation)	_____ (Date of Violation)	_____ (Violation)	_____ (Date of Violation)
_____ (Violation)	_____ (Date of Violation)	_____ (Violation)	_____ (Date of Violation)

Have you ever been convicted of a Felony? Yes No

If yes, list date & please explain:

Have you ever been convicted of driving while intoxicated or under the influence of drugs or alcohol?

Yes No If yes, list date & please explain: _____

Have you failed any DOT required alcohol and/or drug testing within the past 5 years? Yes No

If yes, list date & please explain:

Past Employment or Lease Record (*List ALL past employment and leasing for the past 10 years*)

Past Employer/Leased Company _____

Address _____ City _____ State _____

Phone _____ Fax Number _____

Number _____ From _____ To _____

Position _____

Held _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes ___ No ___ Were you subject to the FMCSR's while employed/leased by this company? Yes ___ No ___

Past Employer/Leased Company _____

Address _____ City _____ State _____

Phone _____ Fax Number _____

Number _____ From _____ To _____

Position _____

Held _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes ___ No ___ Were you subject to the FMCSR's while employed/leased by this company? Yes ___ No ___

Past Employer/Leased Company _____
Address _____ City _____ State _____
Phone _____ Fax Number _____
Number _____ From _____ To _____
Position _____
Held _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
Were you subject to the FMCSR's while employed/leased by this employer? Yes _____ No _____

Past Employer/Leased Company _____
Address _____ City _____ State _____
Phone _____ Fax Number _____
Number _____ From _____ To _____
Position _____
Held _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____
Address _____ City _____ State _____
Phone _____ Fax Number _____
Number _____ From _____ To _____
Position Held _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____
Address _____ City _____ State _____
Phone _____ Fax Number _____
Number _____ From _____ To _____
Position _____
Held _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____
Address _____ City _____ State _____
Phone _____ Fax Number _____
Number _____ From _____ To _____
Position Held _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

****If needed, please add additional past employers on a separate sheet**

In Case of Emergency Please Contact:

Name

Relationship

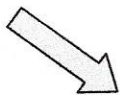
Telephone No.

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application and any additional past employer records have been completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that if employed or leased, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize investigation of all statements contained in this application for employment or lease as may be necessary in arriving at a decision.

Applicant's Signature

Date of Application



NOTICE TO DRIVER APPLICANTS: Please complete the following pages for required verification and background checks. You must sign and complete all areas with the arrow....

- **ALL DRIVER APPLICANTS MUST SIGN THE FOLLOWING 'PAST EMPLOYMENT SAFETY HISTORY REQUEST FORM'. DO NOT COMPLETE THE ENTIRE FORM – SIGN AND DATE ONLY AT THE ARROW POINTING TO APPLICANTS SIGNATURE**
- **ALL DRIVER APPLICANTS MUST READ AND SIGN THE FOLLOWING 'IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service'.**
- **ALL DRIVER APPLICANTS MUST READ AND SIGN THE FOLLOWING 'HireRight DAC Trucking DOT D/A Disclosure and Authorization and Authorization for Disclosure of Information**

PAST EMPLOYMENT SAFETY HISTORY REQUEST

FROM: GFI Nevada LLC, 1285 Baring Blvd #749 Sparks, NV 89434 PHONE: 833-744-7434 Please return by faxing to: 833-744-7434 Attn: Safety Department The person named herein has applied to GFI Nevada LLC for employment in a safety-sensitive position.

Name of Applicant:

Social Security Number:

I, the listed applicant, hereby authorize the following company(s) to release all records of employment, including assessments of my job performance, ability, fitness and drug testing results to GFI Nevada LLC. I hereby release the below listed company(s), and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the above-mentioned company. The applicant's signature on this form releases all liability of you and your company. Information is being requested in accordance with 49 CFR Parts 40, 382 and 391.

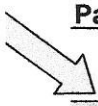
Past Employer's Name:

To be completed by past employer:

Dates of employment: From ___/___/___ To ___/___/___ Full Time: ___ Part-Time: ___

Past Employer's Address:

Past Employer's Fax #:



Applicant's Signature

Date

Position(s) Held: ___ Local: ___ Regional: ___ Over-the-Road: ___ Did this driver operate commercial motor vehicles greater than 26,000 lbs. GVWR? ___yes ___no Type of equipment operated: ___Dry Van ___Flatbed ___Reefer ___Other (please list): ___ Reason for leaving: ___Voluntary ___Lay-Off ___Terminated ___Retired If terminated, why? ___ Eligible for rehire? ___Yes ___No ___Upon Review ___No, Company Policy: ___

Motor Vehicle Accident/Equipment Damage/Incident Inquiry, If no accidents please check box none

Table with 4 columns: Accident Date, City, State, Did the Accident Involve?, Brief Description. Includes rows for Tow, Injury, Fatality, HM Release.

Alcohol &

Controlled Substance Testing Inquiry

Has this driver ever had a breath alcohol test within the past 3 years a result of 0.04 or higher alcohol concentration? ___yes ___no Has this driver ever had a positive drug test in the past 3 years? ___yes ___no Has this driver refused a controlled substance test and/or alcohol test within the past 3 years? ___yes ___no Has this driver violated any other DOT drug/alcohol regulation? ___yes ___no

To your knowledge has this driver violated any DOT drug and alcohol regulations at a previous employer? ___yes ___no

**If the answer to any of the above questions is "Yes", please provide details below:

Reason for test(s): ___ Result of test(s): ___ Date of test(s): ___

If the applicant tested positive, to your knowledge, have they satisfactorily completed all return to duty and follow-up testing requirements in accordance 49 CFR 382.503? ___yes ___no

Any other remarks (including SAP name and address): ___

Information provided by (name & job title):

Date:

First Request Date: ___/___/___ Second Request Date: ___/___/___ Third Request Date: ___/___/___ Fax ___ Mail ___ Phone ___ Attempt Made By: ___

Authorization for Disclosure of Information

I hereby authorize all of the following, without limitation, to disclose information about me to a consumer-reporting agency such as HireRight, Inc. ("HireRight"), and its agents in connection with its preparation of background reports on me for GFI Nevada LLC (the "Company"):

- Law enforcement and all other federal, state and local agencies;
- Learning institutions (including public and private schools, colleges and universities); Testing agencies;
- Information service bureaus;
- Credit bureaus;
- Record/data repositories;
- Courts (federal, state, and local);
- Motor vehicle records agencies;
- My past or present employers;
- The military; and
- All other individuals and sources with any information about or concerning me.

The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

Applicant Last: _____ **First:** _____ **Middle:** _____

Applicant Signature: _____ **Date:** _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY (Complete Entire Section)

Applicant Last: _____ **First:** _____ **Middle:** _____

Other Names Used: _____ **Years Used:** _____

Current Address: _____

Former Address: _____

***Social Security Number:** _____ **Daytime Phone Number:** _____

Driver's License Number: _____ **State:** _____

***Date of Birth:** _____ ***Gender:** _____ **E-mail Address:** _____

*This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.

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 GFI Nevada LLC ("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 GFI Nevada LLC ("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.