

## **ATTENTION ALL DRIVER APPLICATIONS**

**START WITH YOUR MOST RECENT  
EMPLOYMENT AND WORK BACKWARDS**

**You must provide a 10 Year employment history.**

**Any gaps in your employment dates more than 30 days must be filled in stating what you did during those gaps.**

**All fields MUST be completed, failure to do so will result in your application not being considered**

Your application will be reviewed, if you possess the qualifications we're looking for you will be contacted.

**Do not return applications to the front office, return them to the lock box at General Produce, Inc. 16 Forest Pkway, Bldg M, Forest Park, GA**

## DRIVER'S APPLICATION FOR EMPLOYMENT

**Applicant Name** \_\_\_\_\_  
(Print)

**Date of Application** \_\_\_\_\_

Company: GENPRO TRUCKING CORPORATION

Address: 16 Forest Parkway, Bldg, M

City: Forest Park State: GA

Zip 30297

In compliance with Federal And State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital 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 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 the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigation 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 re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR COMPANY USE

#### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_

REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_

POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY OF REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

#### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

## APPLICANT TO COMPLETE

(answer all question - please print)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Social Security No. \_\_\_\_\_

List your addressed of residency for the past 3 years.

Current Address \_\_\_\_\_  
(Street) (City)  
 \_\_\_\_\_  
(State) (Zip Code) Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
Years / Months

Previous Addresses \_\_\_\_\_  
Street City State & Zip Code How Long? \_\_\_\_\_  
Years / Months

\_\_\_\_\_  
Street City State & Zip Code How Long? \_\_\_\_\_  
Years / Months

\_\_\_\_\_  
Street City State & Zip Code How Long? \_\_\_\_\_  
Years / Months

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 this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of pay \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

Who referred you? \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding Company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached 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.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE:) List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER				DATE			
NAME				FROM MO.	YR.	TO MO.	YR.
ADDRESS				POSITION HELD			
CITY		STATE	ZIP	SALARY / WAGE			
CONTACT PERSON		PHONE #		REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED? _____ YES _____ NO							
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 cfr PART 40? _____ YES _____ NO							

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ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE **NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC).	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE **NONE**

LOCATIONS	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

List all driver licenses of permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

\_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES (M/Y)	FROM TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	Van, Tank, Flat, Dump, Reefer			
TRACTOR & SEMI TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	Van, Tank, Flat, Dump, Reefer			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	Van, Tank, Flat, Dump, Reefer			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	Van, Tank, Flat, Dump, Reefer			
MOTORCOACH-SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>				
MOTORCOACH-SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATION - OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

\_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

\_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

\_\_\_\_\_

**EDUCATION**

INDICATE NUMBER OF YEARS COMPLETED (Grade & Middle School) \_\_\_\_\_ YRS HIGH SCHOOL: \_\_\_\_\_ YRS COLLEGE: \_\_\_\_\_ YRS

LAST SCHOOL ATTENDED: (NAME) \_\_\_\_\_ (CITY, STATE)

**TO BE READ AND SIGNED BY APPLICANT**

This certifies 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GENPRO TRUCKING CORPORATION  
16 Forest Parkway, Bldg. M  
Forest Park, Ga. 30297  
Phone: (800) 782-5833 Ext. 118

Please fill in and return via fax. 404-362-0048

COMPANY: \_\_\_\_\_

ATTN: \_\_\_\_\_

The individual listed below has applied for a driving position with our company:

Name: \_\_\_\_\_ S.S. # \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

\_\_\_\_\_ OTR \_\_\_\_\_ Regional \_\_\_\_\_ Local \_\_\_\_\_ # States Driven

\_\_\_\_\_ Tractor/Trailer \_\_\_\_\_ Flatbed \_\_\_\_\_ Dbls/Triples \_\_\_\_\_ Tanker

\_\_\_\_\_ Str. Truck \_\_\_\_\_ Other

Length of Trailer: \_\_\_\_\_ 45 ft \_\_\_\_\_ 48 ft \_\_\_\_\_ 53 ft \_\_\_\_\_ Other

Accidents: \_\_\_\_\_ # Preventable \_\_\_\_\_ # Non-preventable

Date:	Prev / Non-prev:	Description:	\$ Damage if known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any Problems with:  
Attendance: \_\_\_\_\_ Yes \_\_\_\_\_ No Attitude: \_\_\_\_\_ Yes \_\_\_\_\_ No

Reason for Separation: \_\_\_\_\_ Quit \_\_\_\_\_ W/Notice \_\_\_\_\_ W/out Notice: \_\_\_\_\_ Discharged

Reason: \_\_\_\_\_

Eligibility for Rehire: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Upon Review

NOTE: Failure to furnish information as required by 49 CFR part 40 is a violation of DOT regulations & may result in a fine or civil liability.

Has this person tested positive for a controlled substance in the last 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has this person had an alcohol test with a BAC of 0.04 or greater in the last 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has this person refused a required test for drugs (including verified adulterated or substituted results) in the last 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has this person violated other DOT Drug/Alcohol regulations \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you received information from a previous employer that this person violated DOT drug and alcohol regulations? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Drivers Signed release is below:

I hereby authorize you to release any information concerning my Alcohol and Controlled Substances Testing Records as well as my employment history to GenPro Trucking Corp. I hereby release you from any and all liability which may result from furnishing such history. Electronically filed applications shall have the same effect as an original document and this document, when signed by applicant may have multiple counterparts.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**AUTHORIZATION TO RELEASE INFORMATION  
NATIONWIDE  
USIS/HIRE RITE SERVICES & #1 BACKGROUND CHECKS**

**FOR: GENPRO TRUCKING CORP.  
16 FOREST PKWY, BLDG. M  
FOREST PARK, GA 30297  
Fax. (404) 362-0048**

**TO WHOM IT MAY CONCERN:**

I hereby authorize the representative of USIS/Hire Rite Services, Inc. and #1 Background Checks bearing this release, or copy thereof within one year of its date, to obtain any information in your files pertaining to my criminal history or activity. Further authorization is extended to all Police Department, Sheriff's Department, Clerk of Courts, to furnish the bearer with information and any other records containing information relating to my criminal background. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this information and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

**FULL NAME:** \_\_\_\_\_  
SIGNATURE

**FULL NAME:** \_\_\_\_\_  
AS IT APPEARS ON YOUR DRIVERS LICENSE

<b>DATE OF BIRTH:</b> _____	<b>ETHNICITY</b>	<b>B/M</b> _____	<b>B/F</b> _____
		<b>W/M</b> _____	<b>W/F</b> _____
		<b>H/M</b> _____	<b>H/F</b> _____
		<b>A/M</b> _____	<b>A/F</b> _____
		<b>OTHER</b> _____	

**SOCIAL SECURITY NUMBER** \_\_\_\_\_

**CURRENT ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**DRIVER'S LICENSE NUMBER** \_\_\_\_\_ **STATE** \_\_\_\_\_

**IMPORTANT NOTICE**  
**REGARDING BACKGROUND REPORTS**  
**FROM THE PSP Online Service**

In connection with your application for employment with Genpro Trucking Corp. ("Prospective Employers"), it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report 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 a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Genpro Trucking Corp. ("Prospective Employer") to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills and abilities. 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, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools, and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal action of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

-----

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Prospective Employer and its employees, agents and affiliated to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)