

## **Notice to Applicant: Please Read**

**Gold Coast Freightways, Inc.** is committed to protecting the safety, health, and well being of its employees and all people who come into contact with its workplace, property, and services.

In compliance with our Drug Free Workplace Program, all job applicants to whom a job offer has been made must undergo a drug test as soon as practical following their acceptance of a conditional offer of employment, and prior to the actual time they commence employment with the company. An applicant who tests positive to a controlled substance will not be hired.

Job applicants who have previously tested positive or who admit to prior illegal drug use may apply for a position with the Company provided they present evidence of successful rehabilitation that is acceptable to the Company prior to their application or reapplication. An applicant who tests "positive" for a controlled substance on a pre-employment drug screen also will be required to wait six months before reapplying for employment.

A job applicant's refusal to submit to drug testing will be considered the equivalent to a confirmed "positive" drug test and will be the basis for denial of employment.

# APPLICATION FOR EMPLOYMENT

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(answer all questions - please print)

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, or non-job related disability.

Date of application \_\_\_\_\_

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

Name \_\_\_\_\_  
Last First Middle Social Security No. \_\_\_\_\_

Address \_\_\_\_\_  
Street City  
State Zip Phone \_\_\_\_\_

ADDRESS FOR PAST THREE YEARS	Street	City	State & Zip Code	How Long?
	Street	City	State & Zip Code	How Long?

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

Are you over the age of 18? \_\_\_\_\_ If no, can you provide proof of age? \_\_\_\_\_

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 \_\_\_\_\_

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

Provide employment information

Attach a sheet if more space is needed.

EMPLOYER				DATES		POSITION HELD
NAME				FROM		
ADDRESS				MO. YR.		REASON FOR LEAVING
CITY		STATE	ZIP	TO		
PHONE NUMBER				MO. YR.		

EMPLOYER				DATES		POSITION HELD
NAME				FROM		
ADDRESS				MO. YR.		REASON FOR LEAVING
CITY		STATE	ZIP	TO		
PHONE NUMBER				MO. YR.		

EMPLOYER				DATES		POSITION HELD
NAME				FROM		
ADDRESS				MO. YR.		REASON FOR LEAVING
CITY		STATE	ZIP	TO		
PHONE NUMBER				MO. YR.		

EMPLOYER				DATES		POSITION HELD
NAME				FROM		
ADDRESS				MO. YR.		REASON FOR LEAVING
CITY		STATE	ZIP	TO		
PHONE NUMBER				MO. YR.		

### MILITARY STATUS

HAVE YOU SERVED IN THE U.S. ARMED FORCES? \_\_\_\_\_ BRANCH \_\_\_\_\_

### EDUCATION

CIRCLE 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)

### EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	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, ATTACH STATEMENT GIVING DETAILS

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR - TWO TRAILERS _____				
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? \_\_\_\_\_

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS - PLATFORM**

LIST TYPES OF PLATFORM EXPERIENCE AND YEARS OF EACH \_\_\_\_\_

LIST PLATFORM EQUIPMENT YOU CAN OPERATE (LIFT TRUCK, ETC) \_\_\_\_\_

SHOW COURSES OR TRAINING IN PLATFORM WORK \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - MAINTENANCE**

LIST TYPES OF MAINTENANCE EXPERIENCE AND YEARS OF EACH \_\_\_\_\_

SHOW EQUIPMENT YOU CAN OPERATE	CHECK	YEARS OF EXPERIENCE	EQUIPMENT	CHECK	YEARS OF EXPERIENCE
Woodworking Equipment			Electric Welder		
Sheet Metal Equipment			Oxyacetylene Welder		
Clutch Rebuilding			Paint Spray Gun		
Differential Rebuilding			Wheel & Tire Balancing Machine		
Transmission Rebuilding			Tire Recapping Mold		
Body Work			Engine Dynamometer		
Frame & Axle Straightening Equipment			Chassis Dynamometer		
Electrical & Ignition Repair			Magnetic Crack Tester		
Engine Rebuilding Equipment			Vacuum & Air Brakes		
Diesel Injection Equipment			Other:		

LIST COURSES AND TRAINING IN MAINTENANCE WORK \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - CLERICAL**

INDICATE TRAINING AND SHOW EXPERIENCE IN THE FOLLOWING:

*INDICATE WORDS PER MINUTE	TRAINING (CHECK)	YEARS OF EXPERIENCE		TRAINING (CHECK)	YEARS OF EXPERIENCE
Typing *			Rates **		
Shorthand *			OS & D		
Billing			Interline		
TWX			Claims		
PBX			Cashier		
Key Punch Operator			Accounting		
Calculator			Dispatcher		
Dictating Machine Transcriber			Tabulator		
Bookkeeping Machine			Mimeograph		
Adding Machine			** Indicate tariffs with which you		
Other:			have worked		

LIST COURSES AND TRAINING FOR OFFICE WORK \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – 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)

**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.

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.

Date \_\_\_\_\_

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

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_  
 DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

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

**TRANSFERS**

FROM: _____ TO: _____	FROM: _____ TO: _____
DATE: _____	DATE: _____
REASON FOR TRANSFER _____	REASON FOR TRANSFER _____
FROM: _____ TO: _____	FROM: _____ TO: _____
DATE: _____	DATE: _____
REASON FOR TRANSFER _____	REASON FOR TRANSFER _____

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_  
 DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_  
 TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_