



QUALITY IS OUR TRADEMARK

Commercial Driver Application Form

COMPANY NAME: **GEVA Logistics Inc.**

POSITION APPLIED FOR: **OTR Tractor-trailer Driver**

DATE: _____

PERSONAL DATA

Name: _____
Last Middle First

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Are there any days, shifts or hours you will not work?
 Yes No

If yes, please explain: _____

Are you available for out of town work? Yes No

Will you work overtime, if required? Yes No

***Note:** It is not necessary for you to identify unavailability for work because of religious observance or practice or any other protected classification. Subsequent to any job offer, we will consider whether a reasonable accommodation can be made.*

How did you learn of our Company? _____

Have you ever applied or worked at our Company before? Yes No

If yes, provide dates: _____

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)?
 Yes No

***Note:** The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.*

DRIVER'S LICENSE INFORMATION

Please provide the following information for each unexpired motor vehicle license or permit which has been issued to you (include both CDL and non CDL):

Issuing _____ License Number: _____
Type: _____ Expiration Date: _____

Indicate all CDL Endorsements and Restrictions you currently hold:

- Double/Triple Trailers
- Tank Vehicle
- Hazardous Materials
- Passenger
- Air Brake Restriction _____

LIE DETECTOR TESTS

Massachusetts Applicants Note: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Maryland Applicants Note: An employer may not require or demand, as a condition or prospective employment or continued employment, an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100. I have read and acknowledge this notice:

Applicant's Signature: _____

APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein and during the entire application process (including but not limited to any criminal record inquiries made following this application, resumes, attachments to this application, interviews or otherwise (if applicable)) are true and complete to the best of my knowledge.

I understand that any misrepresentations, omissions of facts or incomplete answers during the application process may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts during the application process may be cause for my dismissal at any time without prior notice.

I consent to and authorize the Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment.

I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR THE COMPANY WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COMPANY. I ALSO UNDERSTAND THAT MY AT-WILL EMPLOYMENT STATUS WITH THE COMPANY MAY ONLY BE ALTERED IN AN INDIVIDUAL CASE OR GENERALLY IN A WRITING SIGNED BY THE OWNER, PRESIDENT OR CEO OF THE COMPANY.

I understand I may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, I understand that my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document. I agree to sign any additional forms necessary for pre-employment checks and/or tests to be conducted.

CALIFORNIA APPLICANTS ONLY: I understand the Company may obtain, without using the services of a third party investigative consumer reporting agency, public records pertaining to my character, general reputation, personal characteristics or mode of living during its evaluation of my application for employment and, if employed, during my employment. By checking the following box, I waive my right to receive copies of public records obtained by the Company.

Signature: _____ Date: _____

Application Supplement for Commercial Motor Vehicle Driver Positions

GEVA Logistics Inc.
8420 Westphalia Rd.
Upper Marlboro, MD 20774

Applicant Name: _____

Social Security Number: _____

Date of Birth: _____

Special Notice for Applicants for Commercial Motor Vehicle Driver Positions

The information provided in this supplement may be used, and prior employers may be contacted, for the purpose of investigating the applicant's background as required by FMCSR Part 391.23.

In compliance with FMCSA Regulations Section 40.25 (j) all driver applicants are required to answer the following two questions:

- 1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Check one: [] Yes [] No
2. If you answered YES, have you successfully completed the DOT return-to-duty requirements? Check one: [] Yes [] No

You must provide documents supporting your successful completion of these requirements.

Notification of Rights and Certification

I understand that I have the following rights regarding the investigative information that will be provided to the Company: (1) the right to review information provided by previous employers; (2) 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 Company; (3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information. I understand that if I wish to review previous employer-provided investigative information, I must submit a written request to the Company, no later than 30 days after being employed or being notified of denial of employment. The Company will provide the requested investigative information to me within five business days of receiving the written request, or within five business days of receipt of the requested information from the previous employer, whichever is later.

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: _____

Print Name: _____

**APPLICANT'S/TRANSFeree'S AUTHORIZATION TO OBTAIN
DRUG AND ALCOHOL-RELATED INFORMATION FROM
PREVIOUS DOT-REGULATED EMPLOYERS**

I, _____, understand that as a condition of hire or engagement with
[Insert Applicant Name]

GEVA Logistics Inc. _____, I must give the Company written authorization to obtain certain
[Insert Company Name]

drug and alcohol-related information from all of the past DOT-regulated employers for which I worked as a commercial motor vehicle (CMV) driver or in another DOT-regulated safety sensitive position, or for which I took DOT-required pre-employment drug tests and alcohol tests, during the past three (3) years. I have also been advised and understand that my signing of this authorization does not guarantee that I will be offered a position with the Company, or continued employment by the Company, or that I will be given other opportunities to work for or on behalf of the Company.

I hereby authorize the Company to obtain the following information from each of the DOT-regulated employers for which I worked as a CMV driver, or in any other DOT-regulated safety-sensitive position, or for which I took a DOT-required pre-employment drug and a pre-employment alcohol test during the past three (3) years:

- (i) whether, within the previous three years, I have violated DOT's (including any DOT operating company's) or FMCSA's drug and alcohol prohibitions, including but not limited to: (A) all verified positive drug (controlled substances) test results; (B) all alcohol test results of 0.04 concentration or greater; (C) all instances in which I refused to submit to a DOT-required drug and/or alcohol test (including verified adulterated or substituted drug test results); (D) all other violations of DOT agency drug and alcohol testing regulations;
- (ii) whether I failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to DOT's and FMCSA's return-to-duty requirements. If the previous employer does not know this information, I understand that I must provide documentation of successful completion of the SAP's referral directly to the Company.
- (iii) If I successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether I had the following testing violations subsequent to completion of the referral process: (A) alcohol tests with a result of .04 or higher alcohol concentration; (B) verified positive drug tests; (C) refusals to be tested (including verified adulterated or substituted drug test results).

I authorize each of my previous employers (or previous prospective employers) to release the above information to the Company, in writing, addressed to Geva Logistics Inc. and marked "Confidential."

I further authorize each of my previous employers (or previous prospective employers) to release the above-specific drug and alcohol-related information which they obtained from any other DOT-regulated employer for whom I worked as a CMV driver, or in another DOT-regulated safety-sensitive position, during the past three (3) years.

Below I have provided the name and address of a DOT-regulated employer for which I worked as a CMV driver or in another DOT-regulated safety-sensitive position, or to which I applied for work as a CMV driver or in another DOT-regulated safety-sensitive position, during the past three (3) years:

Company Name _____

Company Address: _____

Dates worked for/or applied to: _____

Reason(s) for Leaving (if applicable): _____

Contact's Name: _____

I agree to execute a separate authorization for each DOT-regulated employer for which I worked as a CMV driver or in another DOT-regulated safety-sensitive position, or to which I applied for work as a CMV driver or another DOT-regulated safety-sensitive position, during the past three (3) years.

APPLICANT'S / TRANSFEREE'S CERTIFICATION:

I have carefully read and fully understand this authorization to release my past drug and alcohol-related information, as specified above. In signing below, I certify that all of the information which I have furnished on this form is true and complete. I understand that this authorization will be sent to my former employer or former prospective employer listed above.

Signature: _____ Date: _____

Print Name: _____

APPLICANT/EMPLOYEES WAIVER OF MOTOR VEHICLE RECORD

CONFIDENTIALITY

Employers Name: **Geva Logistics Inc.**

Employers Address: **8420 Westphalia Rd. Upper Marlboro, MD 20774**

Applicant/Employee Statement:

“I knowingly and willfully waive my right to confidentiality with regard to my motor vehicle record, to the above-named employer and their insurance company. I also do freely disclose the following information to obtain such record, to complete my application for employment.”

(Print Drivers Full Name)

(Date of Birth)

(Complete License Number)

(Issuing State)

(Applicant/Employee Signature)

(Date)