

Agent/Terminal # DFLDIP

Recruiter Gary Ayers

**PART 1**

**DRIVER QUALIFICATION APPLICATION**

Thank you for your interest in one of our Greatwide Truckload Management Carriers. Please read and complete this application in full. Be sure to sign and date the application in the indicated spaces. Upon completion, return the application in the postage paid return envelope or fax it to the appropriate company's fax number listed below.

Please include all required documents as requested in the **Employment Verification Documentation** on page 2. If you have any questions or need help in any way, simply call the toll free number of the company you are applying to and we will be glad to assist you.

**I am seeking qualification with:** (check appropriate operating company)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Greatwide American Trans Freight, LLC</b>              | <input type="checkbox"/> <b>Greatwide Cheetah Transportation, LLC</b> | <input checked="" type="checkbox"/> <b>Greatwide Dallas Mavis, LLC</b> |
| <input type="checkbox"/> <b>Greatwide National Transportation Specialists, LLC</b> | 378 Williamson Road   | 10411 Corporate Drive, Suite 108                                       |
| 2150 Cabot Blvd. West  | Mooresville, NC 28117   | Pleasant Prairie, WI 53158-1619  |
| Langhorne, PA 19047  | Phone: 1-888-664-3000   | Phone: 1-888-664-3000  |
| Phone: 1-888-664-3000  | Fax: 215-754-4986   | Fax: 215-754-4986  |
| Fax: 215-754-4986  |   |  |

**I am applying to operate as:**

- An Independent Contractor
- A Driver for an Independent Contractor or Fleet Owner \_\_\_\_\_  
Name of Contractor or Fleet Owner

**Power Unit**

- Truck -Tractor with sleeper
- Truck -Tractor without sleeper
- Hot Shot
- Straight Truck
- Other

**Type/Size of Trailer**

- \_\_\_\_\_ Flatbed/Stepdeck
- \_\_\_\_\_ Lowboy-Number of axles \_\_\_\_\_
- \_\_\_\_\_ Van or Container
- \_\_\_\_\_ Other \_\_\_\_\_

**If equipment is being leased on, PART 2 (pg 13-15) must be completed in full.**

- ◆ Please print using a **black or blue pen. Do not type.**
- ◆ **Be sure to answer all questions, as questions that are unanswered or that have incomplete answers may disqualify the applicant.**
- ◆ Applicant is aware that all inquiries will be made to all previous employers and lessees for the purpose of investigating the applicant's background in accordance with **FMCSR §391.21 (b) (11) and §391.23.**
- ◆ **FMCSR Part 391** requires that the motor carrier's application be completed. An application completed for another company may not be substituted. Resumes may be submitted as supplemental information only.
- ◆ Applicant is aware that as part of the qualification process a urine sample will be collected and tested for the presence of controlled substances in accordance with **FMCSR §382.301.**

# **PART 1**

## **DRIVER QUALIFICATION CRITERIA**

**These are minimum operator qualification standards subject to DOT requirements and Greatwide Truckload Management may impose more stringent requirements at its option.**

1. Minimum driving age is 23 years old at time of qualification.
2. Hold a valid license, and endorsement(s), for the type of vehicle operated as well as the valid endorsement(s) for the type of commodities he/she will transport.
3. No revocation or suspension of driving privileges for moving violations in previous three (3) years.
4. One (1) year commercial driving experience in the last three (3) years or three (3) years within the last seven (7) years.
5. One (1) year of verifiable experience pulling the type of trailing equipment (van, flat, and chassis) he/she will be pulling. Two (2) years verifiable experience to be classified for heavy haul operation only within the last five (5) years.
  - a. An applicant must attend the company's Load Securement School to be qualified for flatbed work if he/she does not have a minimum of one (1) year verifiable experience with flatbeds. All newly trained drivers will be classified as probationary for six (6) months.
6. Current physical, with a minimum of six (6) months before expiration, in compliance with the FMCSR's and must present a copy of the long form report as evidence.
  - a. Drivers that have received a physical within the last six (6) months at a Concentra or US Health Works and can supply a long form will not need to take another physical until expiration.
  - b. All approved drivers that do not meet the criterion in (a) will be required to obtain a physical to be performed by a company approved doctor/clinic. Greatwide covers the cost for the physical.
7. Persons that have tested positive for controlled substances, or alcohol tests resulting in a .04 or greater BAC, will not be considered unless the positive test was more than five (5) years old.
8. No DUI or DWI convictions in previous five (5) years. Any DUI or DWI conviction in conjunction with a collision is ten (10) years. Lifetime if in a commercial motor vehicle.
9. No felony conviction in previous seven (7) years without Safety Management approval. Any Felony conviction must be at least seven (7) years from date of conviction and at least five (5) years since release from incarceration. Must not be on probation.
10. No Misdemeanor convictions within the last five (5) years involving assault, gun possession, or drugs. Other misdemeanor charges are subject to further review and approval.
11. No drivers averaging more than two (2) employers per year for the last three (3) years. Exceptions may be related to business closing or financial hardships.
12. Accidents and Moving Violations:
  - a. Prior three (3) years:
    - i. No more than two (2) moving violations and one (1) preventable accident.
    - ii. No more than two (2) preventable accidents and one (1) moving violation.
    - iii. Serious violations as defined by FMCSR 383.51 will be counted as two (2) moving violations.
    - iv. Two (2) speeding violations within three (3) years must be reviewed by Safety Management for approval.
    - v. No passing school bus violations.
    - vi. Any other motor vehicle violations or preventable accident history that, in the opinion of Safety Management, warrants disqualification.
13. No preventable DOT recordable accidents within the past 24 Months without approval from Safety Management.

## **EMPLOYMENT VERIFICATION DOCUMENTATION**

FMCSR Part 391 requires us to contact and verify all employment for the past three (3) years. Sometimes this verification becomes difficult and drastically slows down the clearing time, especially if: 1) the company you worked for or were leased to closed or declared bankruptcy. 2) You worked for another driver, owner-operator. 3) You were self-employed. 4) Unemployed.

In these instances, other photocopied documents should be Included with your application so we can process it as quickly as possible. Your cooperation will certainly speed up our processing time.

<b>IF YOU WERE</b>	<b>SEND THESE DOCUMENTS</b>
Unemployed for more than 30 days at one time	1. State unemployment records, <i>or</i> 2. Contact us for a Declaration of Employment form to complete for this time.
Employed by or leased to a company that went out of business	1. 1099's or W-2's for each year, <i>or</i> 2. Settlement sheets or payroll stubs
Employed by another driver or owner-operator	1. 1099's or W-2's for each year, <i>and</i> 2. Name of company leased to
Employed by or leased to a company that was sold to another company	1. Name of purchasing company <i>or</i> documents listed above for went out of business company
Self-Employed	1. Your DOT or MC # 2. Name of company you were leased to, <i>or</i> 1099(s) <i>or</i> W-2(s) for each of the previous three (3) years 3. Drug consortium of which you belonged to during self-employment.

**SEND CLEAR COPY OF DRIVERS LICENSE & SOCIAL SECURITY CARD WITH APPLICATION.**

# PART 1

## DOT EMPLOYMENT APPLICATION (49CFR 391.21)

Answer ALL questions – please print

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

Current Address \_\_\_\_\_  
Street City State Zip

How long at current address? \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ FMCSR Rule 391.21 (B) (2) requires date of birth on application

List additional addresses of residency **for the past three (3) years:**

Address City State Zip How Long?

Address City State Zip How Long?

Address City State Zip How Long?

Have you ever been known by any name, other than the one appearing on this application?  Yes  No

If yes, by what name? \_\_\_\_\_

Have you been discharged, terminated or suspended from any position you have held?  Yes  No

If yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, explain? \_\_\_\_\_

Have you tested positive or refused to test on any DOT drug or alcohol test during the past **five (5) years**, including any pre-employment test for any company to which you applied, but did not obtain work?  Yes  No

Have you been convicted of driving under the influence of alcohol, narcotic drugs, amphetamines or derivatives thereof during the last five (5) years?  Yes  No

Are you a U.S. citizen?  Yes  No If no, do you have a legal right to remain in the U.S.?  Yes  No

Do you have a current legal work permit?  Yes  No

Personal features for security purposes only: Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  Male  Female

### EMERGENCY CONTACT INFORMATION:

Name Relationship

Address City State Zip

Telephone #1 Telephone #2

Have you worked for this company before?  Yes  No If yes, where? \_\_\_\_\_

Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Who referred you? \_\_\_\_\_

# PART 1

# EMPLOYMENT HISTORY

List all employment (even non-driving positions), full and part time, for the **past 3 years**. Then, list all **driving positions only** that you held for the **last 4 to 10 years** as required by FMCSR Part 391. If you were leased to a motor carrier, list that carrier as an employer even if you were an independent contractor. Indicate any period of unemployment exceeding 30 days. Start with the most current or present position and work backwards.

**CURRENT POSITION** – Dates: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month / day / year month / day / year

Company \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Position Held \_\_\_\_\_ Trailer Type \_\_\_\_\_  
 Full Time  Part Time Reason for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations while employed here?  Yes  No  
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required by 49CFR Part 40?  Yes  No

Dates: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month / day / year month / day / year

Company \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Position Held \_\_\_\_\_ Trailer Type \_\_\_\_\_  
 Full Time  Part Time Reason for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations while employed here?  Yes  No  
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required by 49CFR Part 40?  Yes  No

Dates: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month / day / year month / day / year

Company \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Position Held \_\_\_\_\_ Trailer Type \_\_\_\_\_  
 Full Time  Part Time Reason for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations while employed here?  Yes  No  
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required by 49CFR Part 40?  Yes  No

Dates: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month / day / year month / day / year

Company \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Position Held \_\_\_\_\_ Trailer Type \_\_\_\_\_  
 Full Time  Part Time Reason for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations while employed here?  Yes  No  
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required by 49CFR Part 40?  Yes  No

**CONTINUED ON NEXT PAGE**

# PART 1

# EMPLOYMENT HISTORY

List all employment (even non-driving positions), full and part time, for the **past 3 years**. Then, list all **driving positions only** that you held for the **last 4 to 10 years** as required by FMCSR Part 391. If you were leased to a motor carrier, list that carrier as an employer even if you were an independent contractor. Indicate any period of unemployment exceeding 30 days. Start with the most current or present position and work backwards.

**Dates: From** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **to** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                  month    day    year                    month    day    year

Company _____ Telephone _____
Address _____ City, State, Zip _____
Supervisor _____ Position Held _____ Trailer Type _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required by 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Dates: From** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **to** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                  month    day    year                    month    day    year

Company _____ Telephone _____
Address _____ City, State, Zip _____
Supervisor _____ Position Held _____ Trailer Type _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required by 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Dates: From** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **to** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                  month    day    year                    month    day    year

Company _____ Telephone _____
Address _____ City, State, Zip _____
Supervisor _____ Position Held _____ Trailer Type _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required by 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Dates: From** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **to** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                  month    day    year                    month    day    year

Company _____ Telephone _____
Address _____ City, State, Zip _____
Supervisor _____ Position Held _____ Trailer Type _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was employment designated as a "safety sensitive function" in regard to drug/alcohol testing required by 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No

**IF YOU NEED MORE SPACE, COPY THIS PAGE TO INCLUDE ADDITIONAL INFORMATION.**

# PART 1

## ACCIDENT RECORD FOR PAST 3 YEARS - List ALL, whether Preventable or Non-Preventable

IF NONE, CHECK THIS BOX:

(ATTACH A SHEET IF MORE SPACE IS NEEDED)

ACCIDENT DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES	VEHICLES TOWED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## ALL TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS - Other than parking violations

IF NONE, CHECK THIS BOX:

(ATTACH A SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

## 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)

## DRIVERS LICENSE INFORMATION - List ALL licenses held in past five (5) years

STATE	LICENSE #	CDL CLASS	ENDORSEMENTS	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.

Do you have a TWIC ID card?  Yes - If yes, provide the Number: \_\_\_\_\_ & Expiration Date: \_\_\_\_\_  No

Do you have a FAST ID card?  Yes - If yes, provide the Number: \_\_\_\_\_ & Expiration Date: \_\_\_\_\_  No

## COMMERCIAL DRIVING EXPERIENCE

IF NONE, CHECK THIS BOX:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX NO. OF MILES (PER YEAR)
		FROM	TO	
Straight Truck				
Tractor and semi-trailer				
Tractor-two trailers				
Other				

LIST ALL STATES OPERATED IN FOR LAST FIVE (5) YEARS:

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

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.

**SIGN HERE** 

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

Date \_\_\_\_\_

# PART 1

# REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Return completed form to (check appropriate operating company):

**Greatwide American Trans Freight, LLC**  
 **Greatwide National Transportation Specialists, LLC**  
 2150 Cabot Blvd. West  
 Langhorne, PA 19047  
 Phone: 1-888-664-3000  
 Fax: 215-754-4986

**Greatwide Cheetah Transportation, LLC**  
 378 Williamson Road  
 Mooresville, NC 28117  
 Phone: 1-888-664-3000  
 Fax: 215-754-4986

**Greatwide Dallas Mavis, LLC**  
 10411 Corporate Drive, Suite 108  
 Pleasant Prairie, WI 53158-1619  
 Phone: 1-888-664-3000  
 Fax: 215-754-4986

Name of Driver Applicant \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ CDL# \_\_\_\_\_ State \_\_\_\_\_

I authorize release of the information contained on this form as required under 49CFR 40.331, 382.413, 391.23 and other \_\_\_\_\_ applicable requirements. I acknowledge that I have the right to due process as identified in 49CFR 391.23 to correct information submitted under this authorization.

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

**DRIVERS: DO NOT WRITE BELOW THIS LINE. TO BE FILLED OUT BY PREVIOUS EMPLOYER ONLY!**

The information being requested from the following company is done because it has been identified by the above driver applicant as a previous employer.

Previous Employer: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Address: \_\_\_\_\_ Person Providing Information: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

**SAFETY PERFORMANCE HISTORY - Please provide the following information on the above driver applicant:**

Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ As: \_\_\_\_\_

Type of vehicle operated for your company (check each type that applies):

Straight Truck  Tractor-Semi Trailer  Trailer Type: \_\_\_\_\_  Bus  Other (Specify): \_\_\_\_\_  N/A  
 Reason Driver left?:  Discharged  Resignation  Lay Off  Military Duty  Other (explain): \_\_\_\_\_

DATE	CITY, TOWN, STATE	# OF INJURIES	# OF FATALITIES	VEHICLES TOWED	HAZMAT SPILLED

Was driver involved in any DOT Accidents per 49CFR 390.5 during the previous three (3) years?  Yes  No

If YES, provide the following data elements for each as required by 49CFR 390.15(b)(1).

Does your company track accidents other than DOT Recordable (390.15)?  Yes  No

If **yes**, provide information on each such incident involving the driver applicant identified herein as appropriate.

**DRUG & ALCOHOL INFORMATION**

**If driver applicant performed Safety-Sensitive Functions, provide answers to each of the following:**

1. Did the driver take part in a DOT random drug & alcohol-testing program while under your control?  Yes  No
2. Did the driver test positive for a controlled substance in the last **three (3) years**?  Yes  No
3. Did the driver have an alcohol test with a confirmed BAC of 0.04% or greater in the last **three (3) years**?  Yes  No
4. Did the driver refuse a required drug or alcohol test in the past **three (3) years**?  Yes  No
5. Did the driver ever violate any other DOT agency drug or alcohol regulations?  Yes  No

Under 49CFR 391.23, failure to provide the above information should be reported to US DOT (FMCSA) following procedures specified in 49CFR 386.12



**TRUCKING INDUSTRY:**  
**DOT D/A Disclosure and Authorization**

<b>HireRight Customer:</b>	
<b>Company Name:</b>	_____
<b>Company Contact Name:</b>	_____
<b>Fax #:</b> (_____) _____ - _____	
<b>HireRight Customer #:</b> _____	<b>Sub-account:</b> _____

Send to Fax # 800-267-4093 (Manual Service) / Sent to Fax # 800-257-8069 (Database Retrieval)

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

**PART II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE  
(FOR EMPLOYMENT PURPOSES)**

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, HireRight may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), safety performance including accident history and inspection history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, HireRight clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all Information in HireRight's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within the **two (2) year** period preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ← Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by HireRight. Pursuant to the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting HireRight in person or by mail. HireRight is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.
- ← Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.
- ← Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.

**PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)**

I hereby authorize HireRight to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize HireRight and the HireRight customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release HireRight and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in HireRight's possession and my employment history with Customer if I am hired, may be supplied by HireRight to other HireRight customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for HireRight to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize HireRight and any person or entity contacted by HireRight to furnish the above-mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

**NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.**

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

# PART 1

## DRIVER'S CERTIFICATION OF COMPLIANCE With Driver License Requirements

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous material that require being placarded.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous material that require being placarded.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements with which you as a driver must comply. These requirements are in effect as of July 1, 1987. They are as follows:

### 1. POSSESS ONLY ONE LICENSE

- A. You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- B. If you have more than one license, keep the license from your state of residence and return the additional license(s) to the state(s) that issued them. DESTROYING a license does not close the record in the state that issued it - you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

### 2. NOTIFICATION OF LICENSE SUSPENSION, REVOCATION, OR CANCELLATION AND NOTIFICATION OF CITATION

- A. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license.
- B. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier and 2) the state that issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I now possess:

Driver License #: \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.



\_\_\_\_\_  
Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Today's Date

\_\_\_\_\_  
Print Name

# PART 1

## PRE-QUALIFICATION URINANALYSIS CONSENT & ACKNOWLEDGEMENT OF RECEIPT OF DRUG AWARENESS PROGRAM

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 United States Code of Federal Regulations, Section 382.301 and company policy, all prospective drivers must submit to tests for controlled substances.

I understand that a urine sample will be collected at a collection site selected by the company and that the sample will be tested for controlled substances by a drug-testing laboratory certified by United States Department of Health and Human Services under the National Laboratory Certification Program (NLCP).

I understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

The results of the drug test will be maintained by an impartial Medical Review Officer for the company who will report whether the results were negative or positive to the Company. The results will not be released to any additional parties without my written consent.

I understand that I will be receiving a driver drug & alcohol information packet. I agree to sign, date and return the front page to the Safety Department. This requirement fulfils the 49 CFR 382.601 of the Federal Motor Carrier Safety requirements.

I agree to comply with (Company) policies and Federal Regulations dealing with use and possession of alcohol and restricted drugs.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Social Security Number

 **SIGN HERE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# PART 1

## IMPORTANT NOTICE

### **REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with:

- Greatwide American Trans Freight, LLC**     **Greatwide Cheetah Transportation, LLC**  
 **Greatwide Dallas Mavis, LLC**                       **Greatwide National Transportation Specialists, LLC**

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:  **Greatwide American Trans Freight, LLC**     **Greatwide Cheetah Transportation, LLC**  
 **Greatwide Dallas Mavis, LLC**                                       **Greatwide National Transportation Specialists, LLC**

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 actions 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.

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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 affiliates to obtain the information authorized above.

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

Name (please print): \_\_\_\_\_

**PART 2**

**INDEPENDENT CONTRACTOR EQUIPMENT APPLICATION**

**EQUIPMENT REQUIREMENTS**

- 1. **Tractor:** Tandem/sleeper - equipment not over 10 years old - must pass company paid inspection at a certified facility.
- 2. **Trailer:** Flatbeds or flatbeds with sides / Drop decks or lowboys / 53' vans
- 3. **Accessorial Equipment (as applicable):** Headache rack / 10 - Chains —3.8" Test —16' long  
3 - 20' x 20' tarps or equivalent / 8 - Coil racks / Edge protectors and 4" straps as required
- 4. **Safety Equipment:** Fire extinguisher (Mounted) / Minimum three (3) reflective triangles
- 5. **Notice:** Reflective tape along side and rear of trailer is MANDATORY
- 6. **A cell phone will be required**

**NOTE: Company policy requires a new periodic inspection, every 6 months at no cost to you completed by a company approved inspection station.**

**PLEASE COMPLETE ALL SECTIONS BELOW**

Owner Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN/FID \_\_\_\_\_

**SECTION 1 - DRIVER INFORMATION**  The owner is the driver

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN/FID \_\_\_\_\_

If the owner is different from the driver Greatwide Truckload Management (GWTM) will need to know in writing from the owner if the driver is being paid by  1099 or  W-2. This form is not acceptable notice.

**SECTION 2 - TRACTOR INFORMATION**

TADC / Day Cab VIN# \_\_\_\_\_ Year \_\_\_\_\_

TASC / Sleeper Color \_\_\_\_\_ Make \_\_\_\_\_

Hotshot / Pick-up Model \_\_\_\_\_ Odometer \_\_\_\_\_

Straight Truck Tire Size: \_\_\_\_\_ Empty weight of truck: \_\_\_\_\_

Other

**SECTION 3- TRAILER INFORMATION**

Will rent a Greatwide Truckload Management trailer:  Van  Flatbed  Specialized

I have my own trailer (complete section below):

I have attached my current registration

I have attached my annual inspection

Year \_\_\_\_\_ Type \_\_\_\_\_ Make \_\_\_\_\_

Vin \_\_\_\_\_ Tire Size: \_\_\_\_\_

Please provide Lienholder information (if applicable):

Name \_\_\_\_\_

Address \_\_\_\_\_

**SECTION 4 - INSPECTION**

All equipment must be inspected by a GWTM approved inspection station or licensed dealership. A copy of the inspection and the receipt must be submitted to the Safety Department. You will be subject to a new inspection under the direction of Greatwide Truckload Management.

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**SECTION 5 - REGISTRATION**

**Instructions on what is needed to order a license plate for your tractor.**

**If applying with GREATWIDE AMERICAN TRANS FREIGHT:**

1. Clear clean copy of the front and back of the title
2. Current Schedule 1 of the 2290 with the IRS stamp
3. Purchase price of truck
4. Purchase date of truck
5. An original notarized power of attorney (we must have the original in order to send to the state to get your temporary registration to you)

**If applying with GREATWIDE DALLAS MAVIS OR GREATWIDE CHEETAH TRANSPORTATION:**

1. Clear copy of title front and back and or a title application with receipt that has been stamped from the state showing the title has been applied for.
2. Current schedule 1 of the 2290 with the IRS stamp
3. Purchase price
4. Purchase date

**IF THE TITLE OR TITLE APPLICATION IS NOT IN YOUR NAME YOU MUST SEND US A COPY OF THE LEASE AGREEMENT BETWEEN YOU AND THE OTHER PARTIES. ALSO, A RELEASE OF REVENUE MUST BE SIGNED AND SENT IN TO GWTM FOR THE NON-OWNER OF THE TRUCK TO RECEIVE THE REVENUE GENERATED FROM THIS.**

**If further explanation is needed on the above please call us at 888-664-3000.**

**(2 Choices)**

- I have my own registration. (You must provide a copy of your cab card with this form.)
- I need a plate through Greatwide Truckload Management. **(You need the following.)**
  1. Front and back of a clear title, **IN LESSEE'S NAME**, or original title for ownership transfer **(must be within 30 days)**. If the title is in another name, a lease between lessee and lessor must be provided showing authorization to sub-lease the unit. If there is writing on the back of the title GWTM will need the original title to process the plate.
  2. A current 2290 form (Schedule 1) with paid stamp from IRS.
  3. An original notarized limited power of attorney allowing GWTM to sign for Lessee.

Purchase Date **(Required)** \_\_\_\_\_

Purchase Price **(Required)** \_\_\_\_\_

Please provide Lienholder information (if applicable):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

*continued*

**SECTION 6 - INSURANCE INFORMATION**

**INSURANCE OVERVIEW:**

Occupational Accident Insurance (OCC)

- Covers you in the event you are injured on the job. This is a mandatory insurance that you must take if you do not have your own worker’s compensation policy.

Worker’s Compensation

- If you are not placed under our OCC and have your own worker’s compensation policy, you must provide a copy of the policy with GWTM as a certificate holder before you and your equipment are activated in our system. Your certificate must specify the limits of coverage.

Non Trucking Liability, aka: Bobtail Insurance

- Offers liability coverage for property damage or bodily injury to a third party while you are using your truck for non-business purposes

Physical Damage Insurance

- This offers you coverage of damage done to your truck in case of an accident.

Trux Pro Insurance

- This offers you extra coverage of downtime coverage, personal effects coverage, tarps, chains, binders and electronic equipment coverage.

Deductible Buy Back Coverage

- This reduces your obligation under the lease for damage to cargo, trailer or property damage.

**All above insurances are subject to change. Please refer to the insurance pamphlet that you will receive in your sign on bag. If you require additional information on insurance questions please call Mondics Insurance company at 214-739-4800 or 800-678-4801.**

**For additional questions on the cost of coverages please call into us at 888-664-3000.**

**PLEASE SELECT INSURANCE OPTIONS BELOW:**

- Occupational Accident:**  Yes, I need insurance through GWTM.  
 No, I have my own and will have my insurance agent fax a certificate naming GWTM as certificate holder.

- Bobtail / Non-Trucking:**  Yes, I need insurance through GWTM.  
 No, I have my own and will have my insurance agent fax a certificate naming GWTM as certificate holder (must be a \$1 ,000,000 policy).

- Physical Damage Tractor (Optional):**  Yes, I want insurance through GWTM ( \_\_\_\_\_ Declared Value)  
 No, I do not want the optional insurance.

- Physical Damage Trailer (Optional):**  Yes, I want insurance through GWTM ( \_\_\_\_\_ Declared Value)  
 No, I do not want the optional insurance.

**TRUXPRO (Optional Physical Damage Required):**  Yes  No

**Deductible Buy Back (Optional Physical Damage Required):**  Yes  No

**SECTION 7 - PERMIT INFORMATION**

All state permits for fuel tax will be ordered for all equipment leased to Greatwide Truckload Management (if applicable) to include: KY, NY, NM, and OR.

**Please sign and date below.**

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