

Agent/Terminal # 663

Recruiter Arlington Heavy Hauling

DRIVER QUALIFICATION APPLICATION

Thank you for your interest in one of our Greatwide Truckload Management Carriers. Please read and complete this application. 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"/> Greatwide American Trans Freight, LLC | <input type="checkbox"/> Greatwide Cheetah Transportation, LLC | <input checked="" type="checkbox"/> Greatwide Dallas Mavis, LLC |
| <input type="checkbox"/> Greatwide National Transportation Specialists, LLC | | |
| 2150 Cabot Blvd. West
Langhorne, PA 19047
Phone: 1-800-283-9700
Fax: 1-215-754-4986 | 378 Williamson Road
Mooresville, NC 28117
Phone: 1-800-368-7407
Fax: 1-800-537-0966 | 2150 Cabot Blvd. West
Langhorne, PA 19047
Phone: 1-800-283-9700
Fax: 1-215-754-4986 |

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 _____

- ◆ 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 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.**

EQUIPMENT REQUIREMENTS

LEASING REQUIREMENTS:

1. Minimum 23 years old.
2. Class for vehicle operated CDL
3. One (1) year over-the-road verifiable experience operating the same type of equipment you intend to use under company authority in previous 3 years.
4. Must get new DOT physical & drug screen at a company clinic. Greatwide pays for this service.
5. Must complete Greatwide orientation at designated Greatwide location.
6. Must get new Annual Inspection at a COMPANY designated inspection station. Company pays for all successful inspections.
7. Driving record must meet company minimum standards.

<p>1. Tractor Tandem / sleeper - prefer equipment not over 10 years old and must pass company paid inspection</p> <p>2. Trailer Flatbeds or flatbeds with sides Drop decks or lowboys 53' vans</p> <p>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 & 4" straps as required.</p>	<p>4. Safety Equipment Fire extinguisher (Mounted) Minimum three (3) reflective triangles</p> <p>5. Notice: Reflective tape along side and rear of trailer is MANDATORY</p> <p>6. A cell phone will be required</p> <p>NOTE: Company policy requires a new periodic inspection at no cost to you completed by a company inspection station.</p>
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EMPLOYMENT VERIFICATION DOCUMENTATION

We pride ourselves on responding to your application quickly, usually within two (2) days. 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.

DOCUMENTS	IF YOU WERE	SEND THESE
	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



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

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?

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? _____

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 ____/____/____

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 ____/____/____

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 ____/____/____

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 ____/____/____

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

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 ____/____/____

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 ____/____/____

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 ____/____/____

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 ____/____/____

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

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.

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.



Applicant's Signature

Date

RELEASE OF INFORMATION FORM

49 CFR Part 40 and Safety Performance History

One form must be signed per previous employer

§ 40.321 (b) "Specific written consent" means a statement signed by the employee that he or she agrees to the release of a particular piece of information to a particular, explicitly identified, person or organization at a particular time. "Blanket releases," in which an employee agrees to a release of a category of information (e.g., all test results) or to release information to a category of parties (e.g., other employers who are members of a C/TPA, companies to which the employee may apply for employment), are prohibited under this part.

SECTION I

To be completed by the new employer, signed by the employee and transmitted to the previous employer.

Applicant/Employee Printed or Typed Name: _____

Applicant/Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25.

I understand that information to be released by my previous employer, is limited to the following DOT-regulated testing items:

- 1. Alcohol tests with a result of 0.04 or higher;
- 2. Verified positive drug tests;
- 3. Refusals to be tested;
- 4. Other violations of DOT agency drug and alcohol testing regulations;
- 5. Information obtained from previous employers of a drug and alcohol rule violation;
- 6. Documentation, if any, of completion of the return-to-duty process following a rule violation;
- 7. Safety Performance History.

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; (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.

Applicant/Employee Signature: _____

Date: _____

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

SECTION I-A

Check the appropriate New Employer Name and Address:

- | | | |
|--|---|---|
| <input type="checkbox"/> Greatwide American Trans Freight, LLC | <input type="checkbox"/> Greatwide Cheetah | <input type="checkbox"/> Greatwide Dallas Mavis, LLC |
| <input type="checkbox"/> Greatwide National Transportation Specialists, LLC | Transportation, LLC | 8201 104th Street |
| 2150 Cabot Blvd. West | 378 Williamson Road | Pleasant Prairie, WI 53158 |
| Langhorne, PA 19047 | Mooresville, NC 28117 | Phone: 1-866-967-5436 |
| Phone: 1-888-664-3000 | Phone: 1-800-368-7407 | Fax: 1-800-545-5144 |
| Fax: 1-215-827-5747 | Fax: 1-800-537-0966 | |

Designated Employer Representative: Todd Mullery - Safety Manager

SECTION I-B

Previous Employer Name: _____

Address: _____

Phone: _____

Designated Employer Representative (if known): _____

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: 1-215-827-5747

Greatwide Cheetah Transportation, LLC
 378 Williamson Road
 Mooresville, NC 28117
 Phone: 1-800-368-7407
 Fax: 1-800-537-0966

Greatwide Dallas Mavis, LLC
 8201 104th Street
 Pleasant Prairie, WI 53158
 Phone: 1-866-967-5436
 Fax: 1-800-545-5144

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

**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 the National Institute of Drug Abuse, United State Department of Health and Human Services.

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



Signature

Date