

APPLICATION FOR EMPLOYMENT

DATE:

DESIRED POSITION:

Name:

Telephone:

Cell/Other:

Best time to call:

E-mail Address:

Date of Birth:

Social Security Number:

3 YEARS RESIDENCY

Address (CURRENT):

From/To:

Address:

From/To:

Address:

From/To:

BACKGROUND

Date available to start:

Desired salary range or hourly rate:

Term of employment desired: Full-Time Part-Time Seasonal Temporary Intern

How did you hear about the job?

Have you applied to gotügo before? Yes No If so, provide date and position:

Have you worked at gotügo before? Yes No If so, provide date and position:

Are you legally eligible for employment in this country? Yes No

Have you been bonded? Yes No

Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Have you ever plead "guilty" or "no contest" or been convicted of a crime? Yes No

- If yes, please provide dates and details:

Have you entered into an agreement with any former employer or other party (i.e. noncompetition agreement) that might, in any way restrict your ability to work for our company? Yes No

- If yes, please explain:

Will you travel if the job requires? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No If no, please explain:

Are you able to meet the physical requirements described below (reasonable accommodations may be made to enable individuals with disabilities to perform essential functions of the job)?

- Use motor coordination with arm, hand, finger and leg dexterity? Yes No
- Exert physical effort in handling objects more than 50lbs frequently? Yes No
- Push, pull, twist and lift up to 200lbs? Yes No
- Use various tools and electronic equipment? Yes No
- Handle working in an outdoor environment, involving dirt, odors, noise, and various weather conditions and temperatures? Yes No

Employment History

Employer: Telephone:
Address:
Position Held: From: To:
Salary Range or Hourly Rate: Supervisor:
Type of work and responsibilities:
What did you like most?
Reasons for leaving:
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and control substance testing requirements as required by 49 CFR Part 40? Yes No

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:

Employer: Telephone:
Address:
Position Held: From: To:
Salary Range or Hourly Rate: Supervisor:
Type of work and responsibilities:
What did you like most?:
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Skills and Qualifications

Summarize any special training, skills, licenses and/or certification that may assist you in performing the position for which you are applying:

References

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TITLE	RELATIONSHIP	TELEPHONE	EMAIL ADDRESS	YEARS KNOWN

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true and correct.

I expressly authorize, without reservation, the employer, it's representative, employees or agents to contact and obtain information from all refences (personal and professional), employers, public agencies, licensing authorities and education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby wave any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant on any basis prohibited by applicable local, state, federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing expresses language are valid unless they are in writing and signed by the employer's CEO/President.

I also understand that I am hired, I will be required to provide proof to identify and legal authorization to work in the United Staes and that federal immigration law s require me to complete an I-9 Form in this regard.

This company does not tolerate unlawful discrimination in its employment practices. No questions on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship age, disability, or any other protected status under applicable federal, state or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, genetic information, age disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other works, or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protect category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). This Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate my from further consideration or employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STAMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant:

Date:

DRIVER EMPLOYMENT RECORD

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

Driver's License #: _____
 Class: _____

State: _____
 Expiration: _____

DRIVER EMPLOYMENT RECORD

CLASS OF EQUIPMENT	LENGTH		DATE	
	FT.:		FROM:	TO:

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

DATES	NATURE OF ACCIDENT	# FATALTIES	# INJURIES	CHEMICAL SPILLS?
				yes no
				yes no
				yes no
				yes no

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (EXCLUDE PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral, etc.)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

- If yes, explain:

Has any license, permit or privilege even been suspended or revoked? Yes No

- If yes, explain:

APPLICANT STATEMENT

Authorize you to make sure investigation and inquiries to 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 an 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 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 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 investigating my safety performance history as required by CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/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.

This certifies that I have completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature:

Date:

A motor carrier may require an applicant to provide information in addition to the information required by the Federal motor Carrier Safety Regulations.

Applicant's Signature:

Date: