



Gulf Winds

The International Logistics Specialists

Owner Operator Application

The Meaning of the Gulf Winds Logo

Since opening our doors in 1996, Gulf Winds has experienced incredible growth. In 2010, Gulf Winds made the decision to update our company logo with an image that represented where we have come from and who we have become.

Business Meaning

Gulf Winds new logo is based on a Native American symbol for wind, which is the diamond. The diamond is green thereby maintaining our original color and a sense of history. Wind represents movement, which relates directly to our core business of managing the transport and distribution of cargo. The early traders depended on the wind to guide their vessels and our clients depend on us to properly handle, distribute and deliver their cargo. A blue circle or globe of water is dropped over the diamond to represent international commerce. Geographically, the globe supports our core business of managing the transport and distribution of international and domestic cargo. These white lines represent international trade and point to our ability to move domestic and international cargo in all geographic directions. The color selections of green and blue will tell our clients that we are committed to environmental stewardship.

Biblical Meaning

No doubt, the Gospel is the story of Gulf Winds. It is fitting that we will utilize wind and water as the key elements in our new logo. Jesus uses wind in John chapter three to explain the work of God in a person's heart. "The wind blows where it wishes and you hear the sound of it, but do not know where it comes from and where it is going; so it is with everyone who is born of the Spirit." (John 3:8) So it has been in the life of our company.

The second primary element of Gulf Winds new logo is water. Throughout scripture, water is used to purify and wash away sin. God used water to flood the earth in the time of Noah as a judgement on sin. The real story here is not the judgment on sin, but the preservation of righteousness in Noah's family. In the new testament, Jesus states that, "unless one is born of water and the Spirit, he cannot enter into the kingdom of God". (John 3:3) Water baptism is a picture of God's cleansing work in the heart of a believer. It represents the physical and spiritual cleansing of a person's soul.

The white lines that separate the wind and water in our logo point north, south, east and west. As Christians, we are called to, "go and make disciples of all nations, baptizing them in the name of the Father and the Son and the Holy Spirit". (Matt 28:18) we take the great commission seriously because it has transformed our lives and our company. By God's grace, we press on to spread the joy of knowing Christ in our community and around the world. This is our most precious core value.





Driver and Retention Policy

Revised 3/3/05

- No misdemeanor conviction regarding sexual acts or drugs.
- No alcohol related incidence within the past (10) ten years. No more than one charge in lifetime.
- No positive drug or alcohol test.
- Minimum age of (25) twenty-five maximum age (70) seventy.
- **Experienced drivers must have a minimum of (3) three verifiable years of experience as a driver of a commercial motor vehicle with (6) months local container experience.**
 1. Proof of unemployment
 2. If self-employed must provide proof
 3. Military service must be documented with DD214
 4. If any company is no longer in business, proof must be provided (W-2 or 1099, check stub, log, etc.)
 5. Must provide month/year of employment of all jobs along with city, state and working phone number.
 6. Last ten years of employment (driving or other)
- Possess a valid commercial driver's license by the resident state of the driver with all applicable endorsements.
- Valid (3) three year driving record:
 1. No more than (1) one moving violation and (1) one accident within the last (2) two years. Combined number of moving violations and accidents cannot exceed (2) two in a (2) two year period. No more than (2) two accidents in the past twenty-four months.
- Able to pass a DOT physical examination and drug screen.
- Possess original Social Security card and photo identification (Name must match on both documents).

Signature

Date



Gulf Winds

The International Logistics Specialist

411 Brisbane Houston, Texas 77061
Phone (713) 747-4909 • Fax (713) 440-5784

(Answer all questions – Please Print Clearly)

In compliance with Federal and State equal employment opportunity laws, qualified drivers are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Position(s) applied for _____

Name _____ Social Security No. _____
Last First Middle

Address _____
Street City
State Zip Code Phone No. _____
Cell phone No: _____

Address for the past 3 years

_____ How Long _____
Street/City/State/Zip Code

_____ How Long _____
Street/City/State/Zip Code

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

Date of Birth _____ Can you provide proof of age? _____
(Required for Truck Drivers)

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? _____
If yes, please explain _____



(LIST ALL DRIVING JOBS FOR THE PAST THREE (3) YEARS)

Employment History for the Past Ten (10) Years

PRESENT OR LAST EMPLOYER _____

TELEPHONE NO. _____ CONTACT PERSON _____

ADDRESS _____ POSITION _____

FROM ___/___ TO ___/___ REASON FOR LEAVING _____

Were you subject to the FMCSR's while employed? Yes No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirement of 49CFR? Yes No
EMPLOYER _____

TELEPHONE NO. _____ CONTACT PERSON _____

ADDRESS _____ POSITION _____

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ACCIDENT RECORDS FOR PAST 3 YEARS OR MORE

(ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NOW

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

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)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES #	STATE	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 ___
- C. HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A FELONY? YES ___ NO ___
- D. HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A MISDEMEANOR? YES ___ NO ___

IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACH STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE IF NONE, WRITE NONE

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

Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in a quantity requiring placarding.



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TRUCK INFORMATION

Make _____

Year _____

Empty Weight _____

Date of last DOT inspection _____

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 THE QUALIFICATION FORM

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY DRIVER

This certifies that I completed this qualification form, and that all entries on it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, DAC, financial or medical history, criminal records, copy of driver record and other related matters as may be necessary in arriving at a leasing decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of leasing has been extended.) I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my qualification form. In the event of qualification, I understand that false or misleading information given in my qualification form or interview(s) may result in lease termination. I understand, also, that I am required to abide by all rules and regulations of the company.

Driver's Signature

Date



PRE-CONTRACT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 pre employment testing requirements, apply to driver applicants of this company.

391.103 Pre-Employment Testing Requirements.

- a) A motor carrier shall require a driver applicant who the motor carrier intends to hire or use to be tested for the use of controlled substance as a pre-qualification condition.
- b.) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- c.) Prior to collection of a urine sample under 391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the urinalysis test will automatically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the urinalysis test. Negative and positive results will be reported to the company.

My written authorization is required for the urinalysis test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis qualifications.

APPLICANT'S NAME (PRINT)

DATE

APPLICANT'S SIGNATURE

COMPANY REPRESENTATIVE

DATE



DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Print Name

Social Security No.

Date of Birth

Driver's Signature

Date

Employee Name _____

SECTION 3:

TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Section 3 Completed by (Signature): _____ Date: _____

SECTION 4a:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

SECTION 4b:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1 SECTION 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

SIDE 2 SECTION 4a: Prospective Employer

- Complete the information required in this section
- Send to Previous Employer

SIDE 2 SECTION 4b: Prospective Employer

- Record receipt of the information
- Retain the form

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

I, (Print Name) _____
First, M. I., Last _____ Social Security Number _____
_____ hereby authorize: _____
Date of Birth _____

Previous Employer: _____ Email: _____
Street: _____ Telephone: _____
City, State, Zip: _____ Fax No.: _____

to release and forward the information requested by Section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
(date of employment application)

To:
Prospective Employer: _____
Attention: _____ Telephone: _____
Street: _____
City, State, Zip: _____

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: _____
Prospective employer's confidential email address: _____

Applicant's Signature _____ Date _____

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2:

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No
Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus
Cargo Tank Doubles/Triples Other (Specify) _____

2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Any other remarks: _____

Signature: _____
Title: _____ Date: _____