



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 _____

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 _____

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 _____

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 _____

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 _____

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



(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 _____

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 _____

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 _____

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 _____

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 _____

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



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.



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

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

MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with _____ (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA 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 your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. 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. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.



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 may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver’s written or electronic consent prior to accessing the driver’s PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**



6000 Western Place Suite 480
Fort Worth, Texas 76107

DISCLOSURE & AUTHORIZATION FOR RELEASE OF INFORMATION

As a part of our hiring, a background check and investigation will be conducted. We may ask FleetScreen, a consumer reporting agency, to prepare a consumer report and an investigative consumer report prior to your being qualified in the service of...

Below you will find an authorization and release for FleetScreen to prepare a consumer report, and for our company to receive, a copy of that report. If you do not wish to execute this release, please return all of the application materials to the person from whom you obtained them.

AUTHORIZATION & RELEASE TO OBTAIN CONSUMER REPORT

Under the provision of the Fair Credit Reporting Act, 15 USC, Section 1681 et. Seq., the Americans with Disability Act and all applicable federal, state and local laws, I hereby authorize and permit... to obtain from FleetScreen, a consumer report and investigative consumer report which may include the following:

- 1. My employment records
2. Records concerning any driving, criminal history, credit history, and civil records
3. For Truck Drivers Only- In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382,413, information concerning alcohol and controlled substances use for the past three (3) years.
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service.

I understand that the above items, which may constitute "investigative consumer reports", may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of the authorization has the same effect as an original.

I hereby release and hold harmless any person, firm or entity that discloses matters in accordance with this authorization, as well as... and FleetScreen from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provisions of the Fair Credit Reporting Act, I may request a copy of the consumer report or consumer investigative report from FleetScreen, the consumer reporting agency that compiled the report, after I have provided FleetScreen with proper identification. I also understand that before any adverse action is taken based, in whole or in part, on the information in the consumer report, I will be provided a copy of the report, the name, address and telephone number of FleetScreen, and a summary of my rights under the Fair Credit Reporting Act.

I hereby authorize FleetScreen to obtain and prepare an investigative consumer report as set forth above and to provide that report to... as part of its investigation of my employment application.

FULL NAME... A.K.A...

ADDRESS... CITY/ST... ZIP...

PREVIOUS ADD... CITY/ST... ZIP...

*DOB... SSN...

DRIVERS LICENSE No... STATE ISSUED...

Applicant Signature:... Date:...

*This is for criminal purposes only

Must be completed by client before investigation will be performed

Client:... Manager:... Date: / /

Please check all that apply

STATE CRIM... COUNTY CRIM... NATIONAL CRIM... SSN... MVR... CDL: YES / NO
EMPLOYMENT... EDUCATION...

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

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

hereby authorize:

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: _____