



Employment Application

Thank you for your interest in Geese Cartage & Courier!

We appreciate your time and look forward to receiving your application. Responding to you quickly is Important to us, so please read carefully, print clearly and answer all questions completely. If you have any questions, please call us at 757-791-8400.

Full Name: _____ Other names used: _____
(Last) (First) (Middle) (Suffix) (Last) (First) (Middle) (Suffix)
 Phone Number: _____ Alternate Phone Number: _____ Email: _____
 Social Security No: _____ (Required by FMCSA)
 If hired, are you able to provide proof that you are legally permitted to work in the United States? Yes No

ADDRESS

List all addresses for past three years, beginning with your present address.

<u>Street</u>	<u>City</u>	<u>County</u>	<u>State</u>	<u>Zip Code</u>	<u>How Long?</u>

LICENSES/PERMITS

List all licenses/permits held for past three years, beginning with your most current license.

<u>License No</u>	<u>State</u>	<u>Class</u>	<u>Endorsements</u>	<u>Expiration Date</u>

TRAFFIC CONVICTIONS/FORFEITURES

List all motor vehicle convictions and forfeitures for the past five years, excluding parking violations. None

<u>Date</u>	<u>Vehicle Type</u>	<u>City</u>	<u>State</u>	<u>Charge</u>	<u>Penalty</u>

ACCIDENT RECORD List all accidents in the past ten years. Include preventable and non-preventable. None

<u>Date</u> <small>(Mo/Yr)</small>	<u>Vehicle Type</u>	<u>Commercial Vehicle</u>	<u>Nature of Accident</u>	<u>Preventable</u>	<u>Fatalities</u>	<u>Injuries</u>	<u>Property Amount</u>
		<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		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

BACKGROUND QUESTIONS

Please answer all questions listed below. Unanswered questions will be considered a "Yes" answer.

Note: A "Yes" answer is not an automatic bar to employment.

- Yes/No Are there any restrictions on your license?
Yes/No Have you ever been convicted of an alcohol/drug related driving offense...
Yes/No Have you ever been convicted for possession, sale or use of a narcotic drug...
Yes/No Have you ever tested positive or refused a test for drugs or alcohol...
Yes/No Have you ever been convicted of a crime or have any charges pending?
Yes/No Have you ever been denied a license, permit or privilege to operate a motor vehicle?
Yes/No Have you ever had a license, permit or privilege to operate a motor vehicle suspended or revoked?
Yes/No Have you ever abandoned equipment?
Yes/No Is there any reason that would prohibit you from entering Canada in a Commercial Vehicle?

If you answered "Yes" to any of the questions above, please explain in full, indicating date, charge, location, under what name and action taken. Please use additional paper if necessary:

EDUCATION

Truck Driving School Attended: City: State: Graduation Date:

List special courses, seminars or training that will help you as a driver:

List any professional, trade or service organizations of which you are a member:

Which safe driving awards do you hold and from whom:

MILITARY

Have you ever served in the Armed Forces? Yes/No Branch: Dates: From To

If Yes, are you able to provide a copy of your DD214? Yes/No

Briefly describe any duties performed that are applicable to this position:

PHYSICAL REQUIREMENTS

Pursuant to Section 391.41, all applicants must be able to meet D.O.T. physical qualification requirements to perform essential job functions. Please indicate whether you are able to perform the following physical requirements (with or without reasonable accommodation):

- Yes/No STANDING - May be required to be on your feet for periods of time up to 3 or 4 hours
Yes/No WALKING - May be required for short periods of time
Yes/No SITTING - Required for prolonged periods of time
Yes/No LIFTING - Occasional heavy lifting may be required, with overhead lifting up to a maximum of 80 to 100 pounds
Yes/No CARRYING - Weights will coincide as described in lifting and may have to be carried during loading-unloading procedure, etc.
Yes/No PUSHING/PULLING - Pushing/pulling from moderate to maximum effort, mainly restricted to tarping and/or moving cargo
Yes/No CLIMBING - Adequate body balance is required to climb onto, around, and over cargo and vehicle while performing securement
Yes/No KNEELING - Kneeling may be required to perform certain functions such as checking tire pressure, brakes, and pre-trip inspections
Yes/No BENDING - Repeated bending at the waist may be required for loading-unloading duties as well as working in confined spaces
Yes/No CRAWLING - In conjunction with pushing/pulling, climbing, kneeling, and bending
Yes/No REACHING/TWISTING - Reaching to heights of trailer level to possible maximum heights of 14-16 feet may be required
Yes/No WRIST & HANDS - Free movement of the wrist and hands
Yes/No COORDINATION - Average to excellent body coordination
Yes/No HEARING - Adequate hearing capabilities as set forth by D.O.T. requirements
Yes/No DEPTH PERCEPTION - Better than average depth perception
Yes/No VISION - Vision as set forth by D.O.T. requirements with at least 20/40 (Snellen) with or without corrective lenses in both eyes

Is there any reason you may be unable to perform the essential functions of this position in a safe manner? Yes/No
If Yes, you may explain, if you wish:

NOTE: The company is willing to make reasonable accommodations whenever possible to accommodate those drivers with disabilities unless to do so would cause undue hardship to the company.

****REMINDER****

Before you submit your application, please go over the following list to ensure your application is complete and will be processed in a timely manner.

- Make sure your application is legible, especially employment dates, phone numbers, etc.
- Make sure you have listed all traffic convictions and accidents
- Answer all background questions. Unanswered questions will be considered a “yes” answer
- For gaps of employment due to Unemployment, Self-Employment and Employment by a company no longer in business, be sure you have completed and submitted the Declaration of Employment Status, which must be signed by two non-family members and/or notarized
- Copy of your Grades Transcript and Certificate, if you have graduated
- Copy of your military form DD214, if applicable
- Copy of any accident reports, if applicable

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IMPORTANT – PLEASE READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

I hereby declare the above information is complete and accurate to the best of my knowledge and belief. I agree that my employment is based on the facts that I have given and any intentional misrepresentation on my part will constitute a release to the employer for any liability that may be encountered by having acted on such facts. I hereby certify that the answers to the foregoing questions are true and correct. I understand that any material omission, wholly or in part, including failure to reveal prior employment, and/or furnishing any false or misleading information will be grounds to cease consideration for employment, or grounds for termination after hire. I hereby authorize Arrow Trucking Company to investigate and verify the facts claimed by me on this application.

AS A VEHICLE DRIVER, I UNDERSTAND THAT I WILL BE SUBJECT TO IMMEDIATE TERMINATION IF I AM OR BECOME UNINSURABLE AS A DRIVER DUE TO TRAFFIC VIOLATIONS OR ACCIDENTS, REGARDLESS OF FAULT.

I agree that in the event I am granted a conditional offer of employment, I will be required to submit to and pass a drug/alcohol test and physical examination on a pre-employment, periodic, reasonable cause, and random basis, as well as drug/alcohol testing after any reportable accident or otherwise as may be required or permitted by law or company policy. I hereby authorize Arrow Trucking Company and its medical review officers to release any such drug/alcohol test results to the Company, its attorneys, government and law enforcement agencies and personnel, future prospective employers and any other person or agency having a legitimate interest therein, and I release the Company and its medical review officers from any liability as a result of the release of such information.

I hereby further acknowledge that I am expected to abide by all Company rules and regulations, written or unwritten, promulgated by the Company or my supervisor, but that such rules and regulations do not create a contract between me and the Company or otherwise restrict the right of either me or the Company to terminate the employment relationship. This at-will employment relationship may not be modified by any oral or implied agreement or by the provisions of any Company policy or handbook. It is understood that this application for employment in no way obligates the employer to employ me.

By signing this document, I certify 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.

I have read, understand, and agree to the above conditions.

Applicant's Signature

Application Date

Geese Cartage & Courier, LLC. is an Equal Opportunity and Affirmative Action Employer

IT IS THE POLICY OF ARROW TRUCKING COMPANY TO RECRUIT AND HIRE EMPLOYEES ON THE BASIS OF INDIVIDUAL QUALIFICATIONS AND COMPETENCIES AS RELATED TO THE SPECIFICATIONS OF THE POSITION BEING FILLED. ARROW TRUCKING COMPANY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL STATUS, NON-JOB RELATED DISABILITY OR ANY OTHER BASIS PROHIBITED BY LAW.