

APPLICATION FOR LEASE CONTRACTOR/DRIVER

G-DIAMOND TRANSPORT, INC.

2500 Middlebury Street

Suite Number 2

Elkhart, Indiana 46516

APPLICATION DATE: ___/___/___

NAME: _____ PHONE: () _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

DATE OF BIRTH: ___/___/___ SOCIAL SECURITY # _____ - _____ - _____

ADDRESSES FOR THE PAST THREE (3) YEARS:

1. ADDRESS _____

CITY _____ STATE _____ ZIP _____

2. ADDRESS _____

CITY _____ STATE _____ ZIP _____

3. ADDRESS _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

COMMERCIAL DRIVER'S LICENSE INFORMATION:

_____/_____/_____
LICENSE # TYPE(A,B,C) STATE EXP. DATE

ENDORSEMENTS: (CIRCLE)

1. Double/Triple Trailers

3. Tank Vehicles

2. Passenger Vehicles

4. Hazardous Materials

HAS YOUR CDL EVER BEEN SUSPENDED OR REVOKED: YES ___ NO ___

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER WORKED FOR G-DIAMOND TRANSPORT, INC. BEFORE? Y___ N___

IF YES,

WHERE _____ WHEN _____

WORK HISTORY

Beginning with your current position, list ALL jobs and contracts held by you during the LAST TEN YEARS. EXPLAIN ANY GAPS IN YOUR WORK HISTORY and LIST ALL PHONE NUMBERS AND AREA CODES!

WE CANNOT PROCESS YOUR APPLICATION WITHOUT THIS INFORMATION!

CURRENT

ASSOCIATION _____ PHONE: () _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to FMCSR's at this job? _____

COMPANY: _____ PHONE: () _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason For Leaving: _____

Were you subject to FMCSR's at this job? _____

COMPANY: _____ PHONE: () _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to FMCSR's at this job? _____

COMPANY: _____ PHONE: () _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to FMCSR's at this job? _____

WORK HISTORY (CON'T)

COMPANY: _____ PHONE: () _____

Address: _____ City: _____ State: ___ Zip: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to FMCSR's at this job? _____

COMPANY: _____ PHONE: () _____

Address: _____ City: _____ State: ___ Zip: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to FMCSR's at this job? _____

COMPANY: _____ PHONE: () _____

Address: _____ City: _____ State: ___ Zip: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to FMCSR's at this job? _____

COMPANY: _____ PHONE: () _____

Address: _____ City: _____ State: ___ Zip: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to FMCSR's at this job? _____

ACCIDENTS

PLEASE LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU WERE INVOLVED DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE:

DATE	WHAT HAPPENED?	#FATALITIES	#INJURIES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFIETURES

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFIETURES FOR THE PAST THREE YEARS (OTHER THAN PARKING):

LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DRIVING EXPERIENCE

EQUIPMENT CLASS	TYPE OF EQUIPMENT (VAN, TANK, FLAT, etc.)	DATES		STATES DRIVEN
		From	To	
STRAIGHT TRUCK _____	_____	_____	_____	_____
TRACTOR & SEMI TRAILER _____	_____	_____	_____	_____
OTHER _____	_____	_____	_____	_____

EDUCATION

Please Circle the highest grade completed: **HIGH SCHOOL:** 1 2 3 4 5 6 7 8 9 10 11 12 **COLLEGE:** 1 2 3 4

Other Training _____

Have you ever been convicted of a criminal offense which would preclude you from entering Canada? (Yes/No)

If Yes, Please Explain: _____

Have you ever received any safety awards or special training? _____

Do you have knowledge of the Federal Motor Carrier Safety Regulations? _____

Have you ever failed a DOT pre-employment drug screen? YES or NO

If answer above is yes, please provide MRO & SAP information below. _____

Please return this document by fax to 574-296-7491 or mail to:
Thank You!

2500 Middlebury Street
Suite Number 2
Elkhart, IN 46516

G-Diamond Transport Inc.

A request for: _____ Fax # _____
The individual named below has made inquiry to **G-Diamond Transport, Inc.** We would appreciate your time in completing, in confidence, the information listed below.

G-Diamond Transport, Inc. Representative _____ Date _____

I, _____ hereby authorize you to release the following information for purposes of investigation as required by Section 391-23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from such information.

Applicant/Driver Signature _____ Social Security Number _____

DRIVER DO NOT WRITE BELOW THIS LINE

Provide dates applicant was active in your company: _____ to _____
Did this applicant operate/lease a commercial vehicle for you? _____ Yes _____ No
Was applicant a safe and efficient driver? Satisfactory conduct? _____ Yes _____ No
Type of equipment applicant operated for you:
A) _____ Straight Truck B) _____ Tractor C) _____ Semi-Trailer
D) _____ Bus E) _____ Other _____ F) Toter _____

Number of recordable accidents _____ Applicant ticketed/at fault _____
Please explain _____

Dates: _____
Was applicant's CDL/Chauffer Operator License suspended while active in your company?
_____ Yes _____ No
Did applicant leave your company _____ Voluntarily _____ By Request?
Is applicant eligible for rehire with your company? _____ Yes _____ No _____ Needs Review

Within the last three years has the Applicant ever:
Tested positive for a controlled substance? _____
Alcohol tested breath alcohol concentration of 0.004 or greater? _____
Refused a required test for drugs/alcohol? _____
If yes to the above, please supply the Substance Abuse Professional's name, address, and phone number for reference:

Please submit any other information that you feel would be beneficial:

Disclosure to Consumer
{As required by the 1997 Fair Credit Reporting Act 606 (a)}

As a routine part of our due diligence effort, G-Diamond Transport, Inc. intends to obtain an investigative consumer report on all applicants (including contract for services). To insure full compliance with the 1997 Fair Credit Reporting Act and to facilitate easy access to all information necessary, please read and sign this form.

I, _____, authorize all persons and entities including, but not limited to business, corporations, former supervisors, credit agencies, governmental agencies, law enforcement authorities, educational institutions, state insurance departments, the NASD, and all military services to release all written and verbal information about me to G-Diamond Transport, Inc. I release and agree to hold harmless from all liability and responsibility for doing so.

I specifically understand and authorize the procurement of an investigative consumer credit report and understand that in all likelihood it will contain information about my background, mode of living, character, reputation, and personal characteristics.

I further understand that upon written request I will be given a list of the areas which will be researched and included in the investigative report into my background.

I have read and understand the attached summary of my rights under the 1997 Fair Credit Reporting Act.

This release, in it's original or copy form, is valid now or at any time in the future. I agree with all the provisions shown in this disclosure form and have been provided a copy of this document.

Print or Type Applicant's Name

Social Security Number

Current Address

License Number and State

City, State, and Zip Code

Date of Birth

Applicant's Signature

Date of Signature

G-Diamond Transport, Inc.
2500 Middlebury Street, Ste. #2 Elkhart, IN 46516

Driver's Name _____

I. CERTIFICATION OF VIOLATIONS

I certify that the following is true and complete list of traffic violations (other than parking violations) for Which I have been convicted or forfeited bond or collateral during the past 12 months.

Date of Conviction	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral because of any violation required to be listed during the past 12 months.

_____/_____/_____
Date Driver's Signature

G-DIAMOND TRANSPORT, INC 2500 Middlebury Street, Ste #2 Elkhart, IN 46516

Reviewed by Title

II. REVIEW AND EVALUATION OF DRIVER'S RECORD:

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the Above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months.

Action taken: _____

G-DIAMOND TRANSPORT, INC. 2500 Middlebury Street, Ste #2 Elkhart, IN 46516

_____/_____/_____
Reviewed By Title Date

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 American Driving Records Services. 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 agencies which maintain such records; as well as information from American Driving Records Services concerning 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 AMERICAN DRIVING RECORDS SERVICES TO FURNISH THE ABOVE-MENTIONED INFORMATION.

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

Applicants Signature

Date

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with **G-Diamond Transport Inc.** ("Prospective Employer"), Prospective Employer, its employees, agents or contractors 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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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

I authorize **G-Diamond Transport Inc.** ("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 authorizing 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.

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 challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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 NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015

I certify that all information provided in this application is true and correct. I authorize G-Diamond Transport, Inc. to investigate my statements in this application in order to determine my qualifications.

Signature

Printed Name

Date signed