



## JOB APPLICATION ADDENDUM FOR DRIVING JOBS

**DIRECTIONS:**

In addition to the GCC Job Application, please complete the following addendum.

**GENERAL INFORMATION:**

First Name, Middle Initial:	Last Name:
Location Applied At:	Position Applied For:
Date of Birth:	Social Security Number:

**PREVIOUS 3 YEARS RESIDENCE:**

Street	City	State and Zip Code	Number of Years

**DRIVER'S LICENSE INFORMATION:**

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.    Yes <input type="checkbox"/> No <input type="checkbox"/>				
Do you have a valid driver's license?  Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver's License Number	Class of License	State Licensed In	Expiration Date
Have you had your driver's license suspended or revoked or have you been denied a driver's license, permit, or privilege to operate a motor vehicle in the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, give details:		

**DRIVING EXPERIENCE:**

Class of Equipment	Type of Equipment	Dates	Approximate Number of Miles
Straight Truck		From: _____ To: _____	
Tractor and Semi		From: _____ To: _____	
Tractor – Two Trailers		From: _____ To: _____	
Other		From: _____ To: _____	

**TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (other than parking violations):**

Date Convicted	Violation	State of Violation	Penalty



**ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE:**

Dates	Nature of Accident	Number of Fatalities	Number of Injuries	Chemical Spills
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Indicate if any of your previous companies were subject to the Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, which company(s)?
Were any of the positions considered safety sensitive? Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you subject to alcohol and controlled substance testing in any of your previous companies? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which company(s)?

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 49 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.

In accordance with DOT Regulation 49 CFR part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed above to Sterling for the purpose of Sterling transmitting such records to GCC. I understand that information/documents released pursuant to this is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e. violations of 49 CFR 382 Subpart B; (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed furnishes Sterling with information concerning items (i) through (vi) above, I authorize such company to furnish the following information to Sterling, if applicable: (i) dates of my negative drug/and/or alcohol tests and/or test with a result below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

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