



LINQ

LINQserv, Inc. 1553 Lyell Avenue, Rochester, NY 14606
Website: LINQserv.com Office: 585.723.1322 Fax: 585.723.8318

DRIVER APPLICATION FOR EMPLOYMENT

NAME _____
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS _____ HOW LONG? _____
(Street) (City) (State) (Zip Code)

DATE _____ DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

CONTACT PREFERENCE E-Mail Text Telephone Social _____
(Check all that Apply)

EMERGENCY CONTACT NAME: _____ PHONE NUMBER: _____

PREVIOUS THREE YEARS RESIDENCY

(Street Address) (City) (State) (Zip Code) (Number of Years)

(Street Address) (City) (State) (Zip Code) (Number of Years)

(Street Address) (City) (State) (Zip Code) (Number of Years)

(ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

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, the information for which is listed below:

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. TOTAL NUMBER OF MILES
		FROM	TO	
School Bus				
Motor Coach				
Straight Truck				
Tractor and Semi-Trailer				
Other				

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this Employer? Yes No

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this Employer? Yes No

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

FOURTH LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this Employer? Yes No

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

FIFTH LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this Employer? Yes No

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SIXTH LAST EMPLOYER:

NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this Employer? Yes No

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SEVENTH LAST EMPLOYER:

NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this Employer? Yes No

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

EIGHTH LAST EMPLOYER:

NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this Employer? Yes No

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

NINETH LAST EMPLOYER:

NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this Employer? Yes No

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TENTH LAST EMPLOYER:

NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this Employer? Yes No

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

ELEVENTH LAST EMPLOYER:

NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this Employer? Yes No

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TWELVETH LAST EMPLOYER:

NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this Employer? Yes No

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRTEENTH LAST EMPLOYER:

NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this Employer? Yes No

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

DRUG AND ALCOHOL TESTING

HAVE YOU TESTED POSITIVE OR REFUSED TO TEST, ON ANY PRE-EMPLOYMENT DRUG TEST ADMINISTERED BY AN EMPLOYER TO WHICH YOU APPLIED FOR, BUT DID NOT OBTAIN, SAFETY-SENSITIVE TRANSPORTATION WORK COVERED BY DOT AGENCY DRUG TESTING RULES DURING THE PAST TWO (2) YEARS?

Yes No

X

DATE

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

HAVE YOU TESTED POSITIVE OR REFUSED TO TEST, ON ANY PRE-EMPLOYMENT ALCOHOL TEST ADMINISTERED BY AN EMPLOYER TO WHICH YOU APPLIED FOR, BUT DID NOT OBTAIN, SAFETY-SENSITIVE TRANSPORTATION WORK COVERED BY DOT AGENCY DRUG TESTING RULES DURING THE PAST TWO (2) YEARS?

Yes No

X

DATE

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

MEDICAL CERTIFICATION ACKNOWLEDGEMENT

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA) Department of Transportation – Medical Certification Exam

“The FMCSA medical certification process is designed to ensure drivers are physically qualified to operate commercial vehicles safely. Each driver is required to complete the Health History section on the first page of the examination report and certify that the responses are complete and true. The driver must also certify that he/she understands that inaccurate, false, or misleading information may invalidate the examination and medical examiner’s certificate.

FMCSA relies on the medical examiner’s clinical judgment to decide whether additional information should be obtained from the driver’s treating physician. **DELIBERATE** omission or falsification of information may invalidate the examination and any certificate issued based on it. A civil penalty may also be levied against the driver under 49 U.S.C. 521 (b) (2) (b), either for making a false statement or for concealing a disqualifying condition.”

If you have concealed any information, your employment with LINQserv, Inc. and/or its subsidiary, G.M.T. will be terminated.

AGREED AND ACCEPTED

X

DATE

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries into my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

“I understand that the information I provide regarding current 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 employer(s).
- Have errors in the information corrected by previous employer(s) and for those previous employer(s) 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.”

I have read, understand and accept all conditions stated in this employment application including all attachments.

_____	_____	X _____
DATE	APPLICANT'S PRINTED NAME	APPLICANT'S SIGNATURE

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

_____	_____	X _____
DATE	APPLICANT'S PRINTED NAME	APPLICANT'S SIGNATURE