



Global Construction Transport LLC

2066 S Raber Road
Columbia City, IN 46725
Fax# 260-454-2047

E-mail App to ceverly@globalcs.biz

Independent-Contractor/Driver's Application

(Please Print)

Applicant Name _____ Date _____
Last First Middle

Social Security Number _____ / _____ / _____ Date of Birth _____ / _____ / _____

Current Address _____ City _____

State _____ Zip Code _____ How Long? _____ Phone _____

E-Mail _____

List Addresses for previous 3 years. Use Additional Sheet if necessary.

_____ How Long? _____
Street City State & Zip

_____ How Long? _____
Street City State & Zip

Do you have the legal right to work in the United States? _____

Have you worked for this Company before? _____ When? From _____ To _____

Position Held _____ Reason for leaving _____

Have you ever been convicted of a felony? _____ If yes, please explain in detail on a separate sheet of paper. Conviction of a felony is not an automatic denial of becoming an Independent-Contractor. All circumstances will be reviewed and considered.

Education

Last grade completed _____ College _____ Additional Training _____

Last School Attended _____ City _____ State _____



Declaration of Employment Status

(This form must be completed by applicant if there are periods of time that cannot be verified, for instance: unemployment, self-employment, traveling, retirement, etc.)

Under Federal Motor Carrier Safety Regulations, Section 391.21, you are required to list **ALL** employers, their address, dates of employment with that employer, and reason for leaving **for the previous three years**. In addition to this you are required to list the 7 years preceding where you were an operator of a Commercial Motor Vehicle. This form is to help you fill any gaps that you may have in your employment that are not verifiable by any other means. **In the section below, please fill in the dates and describe your activities during this time.**

Dates: From (Month/Year) _____ To (Month/Year) _____

During the period specified I was engaged as follows: _____

I also confirm that during the above period, the statements I have checked below are true:

- I was not employed in any capacity on a full or part-time basis, paid or unpaid
- I was self-employed
- I did not collect unemployment during this period
- I was not convicted of a crime or felony involving a motor carrier or any aspect of the carrier industry
- My license was not suspended, revoked, or cancelled during this time.
- I was not involved in a motor vehicle accident of any type

Dates: From (Month/Year) _____ To (Month/Year) _____

During the period specified I was engaged as follows: _____

I also confirm that during the above period, the statements I have checked below are true:

- I was not employed in any capacity on a full or part-time basis, paid or unpaid
- I was self-employed
- I did not collect unemployment during this period
- I was not convicted of a crime or felony involving a motor carrier or any aspect of the carrier industry
- My license was not suspended, revoked, or cancelled during this time.
- I was not involved in a motor vehicle accident of any type

Dates: From (Month/Year) _____ To (Month/Year) _____

During the period specified I was engaged as follows: _____

I also confirm that during the above period, the statements I have checked below are true:

- I was not employed in any capacity on a full or part-time basis, paid or unpaid
- I was self-employed
- I did not collect unemployment during this period
- I was not convicted of a crime or felony involving a motor carrier or any aspect of the carrier industry
- My license was not suspended, revoked, or cancelled during this time.
- I was not involved in a motor vehicle accident of any type

I realize that this form is part of my application. This certifies that it was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date

Printed Name

Social Security #



Previous Employment History

All driver applicants who operate in interstate commerce must provide the following information on all current and previous employers for the previous 3 years. You must also provide previous employer information for an additional 7 years where you drove in commercial motor vehicle.

(Please begin with the most recent employer)

Name:	From:	To:
Address:	Position:	
City:	State:	Zip:
Contact	Reason for leaving:	
Phone:		
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40: _____ Yes _____ No		
	Wage:	
Name:	From:	To:
Address:	Position:	
City:	State:	Zip:
Contact	Reason for leaving:	
Phone:		
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40: _____ Yes _____ No		
	Wage:	
Name:	From:	To:
Address:	Position:	
City:	State:	Zip:
Contact	Reason for leaving:	
Phone:		
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40: _____ Yes _____ No		
	Wage:	
Name:	From:	To:
Address:	Position:	
City:	State:	Zip:
Contact	Reason for leaving:	
Phone:		
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40: _____ Yes _____ No		
	Wage:	
Name:	From:	To:
Address:	Position:	
City:	State:	Zip:
Contact	Reason for leaving:	
Phone:		
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40: _____ Yes _____ No		
	Wage:	



Name:	From:	To:
Address:	Position:	
City:	State:	Zip:
Contact	Phone:	
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40: _____ Yes _____ No	Wage:	
Name:	From:	To:
Address:	Position:	
City:	State:	Zip:
Contact	Phone:	
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40: _____ Yes _____ No	Wage:	
Name:	From:	To:
Address:	Position:	
City:	State:	Zip:
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Name:	From:	To:
Address:	Position:	
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Name:	From:	To:
Address:	Position:	
City:	State:	Zip:
Contact	Phone:	
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40: _____ Yes _____ No	Wage:	

(Please use additional sheet if necessary)



Accident Record:

Please list all accidents regardless of fault for the previous 3 years.

Write NONE if non-applicable

Date of Accident	Type of Accident	Fatalities	Injuries	Hazmat Spill
1.				
2.				
3.				

All Traffic convictions and forfeitures for The previous 3 years. (other than parking)

Write NONE if non-applicable.

Date	Charge	Location	Penalty
1.			
2.			
3.			
4.			

- 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** ___

If yes to A or B please provide specific details:

License Information

License Class	License State	License Number	License Expiration

Driving Experience

Equipment	Dates From/ To	Approximate Miles
Straight Truck		
Tractor-Trailer		
Tractor-Double Trailers		
Tractor-Triple Trailers		
Tractor-Flatbed Trailer		
Tractor-Tank Trailer		
Tractor-Dump Trailer		
Other		

List states operated in: _____

List safe driving awards: _____

List any special training: _____



Consumer Report Disclosure and Drug Release

In connection with my application for employment (including contract for services) with **Global Construction Transport LLC**.

I understand that consumer reports which may contain public record information may be requested from Compliance Advantage, LLC. These reports may include the following type of information: Names and dated of previous employers, reasons for termination of employment, work experience, accidents, safety performance, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation history, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies which maintain such records. **I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY COMPLIANCE ADVANTAGE TO FURNISH THE ABOVE MENTIONED INFORMATION TO THE EXTENT AUTHORIZED BY STATE AND FEDDERAL LAW.**

I have the right to make request to Compliance Advantage LLC, upon proper identification, to request the nature and substance of all information in the files on me at the time of my request, to have incorrect information corrected and to have a rebuttal statement included if necessary. I also understand that Compliance Advantage LLC forwards all information obtained on me to the carrier listed below and does not retain information in their files for future reference. I hereby consent to your obtaining the above information from Compliance Advantage LLC.

In conformity with 49 C.F.R. Part 40, I hereby authorize the carriers (company/school) listed on my application to furnish to Compliance Advantage LLC on behalf of the Company listed below the following information concerning drug and alcohol tests, DOT drug and alcohol testing violations including pre-employment tests during the past three years (I) the dates on which I tested positive for drugs and the drugs involved; (II) the dates on which I tested .04 or greater for alcohol and the test result levels; (III) the dates on which I refused to be tested for drugs and/or alcohol; (IV) any failure to undertake or complete a rehabilitation program prescribed by a Substance Abuse Professional; (V) other violations of DOT drug and alcohol testing regulations; and (VI) any information the carriers have received regarding violations of drug/alcohol testing regulations from my previous employers observed by DOT. I fully understand that the information I authorize Compliance Advantage LLC to receive involves tests which were required by the Department of Transportation (DOT). If any carrier (company/school) listed on my application furnishes Compliance Advantage LLC with information concerning items (I) through (V) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the names and phone numbers of any substance abuse professional who evaluated me during the past three years.

Company	City	State	Phone Number
Global Construction Transport LLC	Columbia City	IN	260-348-5857

By signing below, I certify that I have read and fully understand the release.

Print Name: _____

Signed: _____

Social Security No: _____

Date: _____



APPLICANT READ COMPLETELY AND SIGN

In connection with my application for employment (including contract for services) with **Global Construction Transport LLC**,

I understand that consumer reports which may contain public record information may be requested from **Global Construction Transport LLC**. These reports may include the following types of information: Names and dates of previous employers, reason for termination of employment, work experience, accidents, safety performance, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation history, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies which maintain such records. I **AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY Global Construction Transport LLC TO FURNISH THE ABOVE MENTIONED INFORMATION TO THE EXTENT AUTHORIZED BY STATE AND FEDERAL LAW.**

I have the right to make request to **Global Construction Transport LLC**, upon proper identification, to request the nature and substance of all information in the files on me at the time of my request, to have incorrect information corrected and to have a rebuttal statement if necessary. In conformity with 49 C.F.R. Part 40. I hereby authorize motor carriers (company/school) listed on my application to furnish to **Global Construction Transport LLC**, the following information concerning drug and alcohol test, DOT drug and alcohol testing violations including pre-employment tests during the past three years (I) the dates on which I tested positive for drugs and the drugs involved; (II) the dates on which I tested .04 or greater for alcohol and the test result levels; (III) the dates on which I refused to be tested for drugs and/or alcohol; (IV) any failure to undertake or complete a rehabilitation program prescribed by a Substance Abuse Professional; (V) other violations of DOT drug and alcohol testing regulation; and (VI) any information the carriers have received regarding violations of drug/alcohol testing regulations from my previous employers observed by DOT.

I fully understand that the information I authorize **Global Construction Transport LLC** to receive involves tests which were required by the Department of Transport (DOT). If any carrier (company/school) listed on my application furnishes **Global Construction Transport LLC** with information concerning items (I) through (V) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the names and phone numbers of any substance professional who evaluated me during the past three years.

Driver Signature _____ Date _____

APPLICANT READ COMPLETELY AND SIGN

In compliance with Federal and State equal opportunity laws, qualified applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job disability, or other group protected status.

I certify that the information presented on this application was completely by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____



Global Construction Transport LLC

2066 S Raber Road

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CDL Driver Applicants for Hire:

§40.25 (j) of the Federal Motor Carrier Safety Regulations requires a motor carrier to ask if you have ever tested positive, or refused to test, on my pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes: _____ No: _____

Signature: _____ Date: _____



Request From Previous Employer

Applicant's name: _____

Social Security No.: _____

<p>I authorize the release of the following information to Compliance Advantage, LLC for pre-employment inquiries by <i>Global Construction Transport LLC</i>.</p>	
<p>_____</p> <p>(Date)</p>	<p>_____</p> <p>(Applicant's Signature)</p>

Applicant's do not write below the line

Company: _____

Phone Number: _____

1. Employment Dates: _____ from _____ to _____

2. Type of Equipment Used _____

3. Was the applicant subject to the FMCSR while employed? **Yes** **No**

4. Was the applicant's job designated as a safety sensitive function in any DOT regulated mode? **Yes** **No**

	Good	Fair	Poor
5. Equipment Care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Safe driving habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Driver reliability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Driver/Dispatcher relations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Customer relations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Timelines of loads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is this driver eligible for rehire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Upon Review
12. Preventable accidents in the past three years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Please explain below)	

Date	City/Town	#Injuries	#Fatalities	Hazmat Released
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Contact: _____

Signature: _____

Title: _____

Date: _____



REQUEST FOR DRUG/ALCOHOL RESULTS

Applicant: _____ Social Security Number: _____

Applicant's do not write below the line

	<u>Yes</u>	<u>No</u>
Has this driver had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
Has this driver had a controlled substance test with a positive result in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
Has this driver refused (includes verified adulterate or substituted result) a controlled substance test and/or alcohol test within the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
Has this driver violated other DOT drug/alcohol regulations in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
Has the driver failed to undertake or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received information from a previous employer that the individual violated DOT drug and alcohol regulations in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>

Any additional comments: _____

Print name of authorized signer: _____

Date: _____

Authorized Signature: _____

Title: _____

Company: _____

Phone: _____



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Driver Statement of On-Duty Hours

Day	1 (Yesterday)	2	3	4	5	6	7	
Date								
Hours Worked								Total Hours

I hereby certify that the information given above is correct to the best of my knowledge.

Driver Signature

Date



Use of Electronic Equipment While Driving

Policy

It is the policy of Global Construction Transport, LLC that no employee will use any type of handheld electronic device while operating a company vehicle or while driving their personal vehicle on company business.

This includes, but is not limited to, cell phones, laptops, fleet communication tools, GPS systems, and calculators.

Responsibility

It is the responsibility of the Safety Manager to inform each employee of this policy during new-hire orientation.

It is the responsibility of all management and supervisory staff to assure compliance with this policy by all employees at all times.

Procedure

The Safety Manager will inform each employee at the time of hire as to the requirements of Global Construction Transport, LLC pertaining to this policy. The Safety Manager will note the time and the date that the policy was reviewed with each employee. A signed copy of the policy will be kept in the employee file.

Any employee found violating this policy will be subject to disciplinary action up to and including termination.

Any ticket received by a driver, for the illegal use of a cell phone or electronic device, will be the responsibility of the driver and must be reported to the Safety Manager within 24 hours of its issuance.

Signature

Printed Name

Date _____



**GLOBAL
CONSTRUCTION
TRANSPORT, LLC**

**2066 S Raber Rd
PO Box 656
Columbia City, IN 46725**

Drug Policy/ Safety Policy/ PPE Policy Acknowledgement Form

By signing this form, I _____ am stating that I have read and understand the Drug, Safety and PPE Policy Manual of Global Construction Transport, LLC. I have been given a copy to keep in my company binder along with the manual that is to be kept in my truck at all times.

I am also confirming that I understand all the PPE and Process Procedures that are required to operate for Global Construction Transport, LLC – Frac Sand Division. Drivers may be asked to leave the location by the Terminal Manager/ Safety Director/ Management if the driver cannot produce the copy of the PPE Process Procedures for Global Construction Transport, LLC – Frac Sand Division.

Print Driver Name _____

Driver Signature _____ Date _____

Please sign and return form to ceverly@globalcs.biz

by fax to 260-454-2047 for our records

Please keep a copy for your Company Binder also.

Thank You



Driver Quarterly Bonus Plan

The Purpose of our Driver Quarterly Bonus Plan is to provide incentives and rewards to the Drivers of Global Construction Transport, based on their time, talent and good conduct.

Eligibility

You will be eligible for this Bonus upon completing your first full quarter (calendar quarter) of driving for Global Construction Transport. You must maintain the following to be eligible;

- 1) Paperwork must be neat, organized and turned into the office in a timely manner. You must also assist the office staff in getting anything that may be missing.
- 2) No infractions with the law such as speeding, seat belts, etc.
- 3) No accidents with truck and/or trailer and **NO** smoking while in the truck.
- 4) Good conduct at the loading and unloading facilities as well as being on time. Respect and good conduct with the other drivers, (ie: **no jumping in line.**) We pride ourselves on honesty, integrity and dependability. We expect our drivers to uphold our reputation.
- 5) Making sure your truck and trailer are properly inspected on your pre and post trips to prevent from any accidents or unnecessary repairs. Your truck must be washed weekly.

Breakdown

Each Quarter the driver, if eligible, will receive a \$ 600.00 bonus. The bonus is broken down into the following categories.

- 1) \$200.00 – Paperwork
- 2) \$200.00 – Infractions and Accidents
- 3) \$200.00 – Conduct and Proper Inspections

Acknowledgement

By signing below, I understand that to be eligible for the Quarterly Bonus, I must adhere to the above listed guidelines.

Signature _____

Date _____