

Ground Travel Specialist

APPLICATION FOR DRIVER SERVICES

Date _____

An Equal Opportunity Employer M/F/V/D

YOU MAY ATTACH YOUR RESUME IF YOU HAVE ONE

This Company does not unlawfully discriminate with respect age, sex, race, religion, national origin, disability or Veteran status. The age Dissemination in Employment Act of 1967, as amended, prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

Please Complete and print all information in ink. If a question does not apply, respond N/A.

After reading the printed statement on the back, sign and date the application in ink.

Ground Travel Specialist initially uses drivers as self contractors and chooses drivers based on performance to become employees of the company after a review period. This serves as you agreeing to work as a self contractor.

I _____ License # _____ a resident of the state of _____; wants AND accepts their status/position as a self contractor. I understand that I waive certain rights gained by normal employment status. These include, but are not limited to, Unemployment Insurance, taxes being taken out, and no tax contribution. I also understand that I am responsible for reporting my income to the proper authorities, and will get a 1099 within 31 days of the end of the year.

PERSONAL

FULL NAME: _____ SOCIAL SECURITY # _____

ADDRESS: _____ DATE OF BIRTH: _____

CELL PHONE NUMBER :(_____) _____ HOME NUMBER :(_____) _____

BACK-UP Phone NUMBER:(_____) _____ EMAIL: _____

RESIDENCE

LIST ALL ADDRESSES FOR THE PAST 10 YEARS BEGINNING WITH THE CURRENT ADDRESS (USE A SEPARATE SHEET IF NECESSARY)

NUMBER AND STREET	CITY	STATE	ZIP	FROM MO/YR	TO MO/YR
					PRESENT

EDUCATION

	NAME /ADDRESS OF SCHOOL	CITY/STATE	GRADUATED? (Y/N)	MAJOR/MINOR	DEGREE	GRADE AVERAGE
HIGH SCHOOL						
COLLEGE / UNIVERSITY						
OTHER						

LICENSE INFORMATION

List all unexpired state motor vehicle operator's license(s) or permit(s) you currently hold or have held in the past 12 months:

DRIVER LICENSE, CDL, OR CDL PERMIT NUMBER	ISSUING STATE	EXPIRATION DATE

Are you 22 years of age or older? YES NO

Are you a U.S Citizen or do you otherwise have a legal right to work in this country? YES NO

Have you ever used another name (including maiden name if applicable)? YES NO

If yes, print name used _____

Have you ever been convicted or pleaded guilty or no contest (nolo contendere) with regard to a criminal offense other than a traffic violation? YES NO

If yes, state nature offense(s), date(s), of conviction, and location(s) of court. _____

Have you ever been disciplined or discharged for theft, unauthorized removal of company property, or similar offense? YES NO

Have you ever been disciplined or discharged for fighting, assault or related offense? YES NO

Have you ever been disciplined or discharged for insubordination? YES NO

Have you ever been disciplined or discharged for violating a safety rule? YES NO

Have you ever been discharged or asked to leave a company? YES NO

Have you ever tested positive for drugs or alcohol? YES NO

Where you discharged or disciplined? YES NO

Have you ever received a dishonorable discharge from the military service? YES NO

Such convictions will not absolutely prohibit employment but will only be considered in relation to specific job requirements. If you've answered "Yes" to any of the above questions, Please EXPLAIN the circumstance (include city, state and company if applicable) in the "APPLICANTS COMMENTS" section of this application

Has your driver license, other permit, or privilege to operate a motor vehicle ever been revoked, denied, suspended, or restricted (whether dismissed or reinstated)? YES NO if yes, State _____ Year _____

State in "APPLICANTS COMMENTS" in detail the facts & circumstances of any Denial, Revocation, Suspension, or restrictions (whether dismissed or reinstated) of any license, permit or privilege to operate a motor vehicle that has been issued to you.

Do you have a current DOT card? YES NO If yes, what is the expiration date? _____

If you have CDL, do you have a passenger endorsement? YES NO

CHECK THE TYPE OF VEHICLE OPERATED AND HOW LONG

CAR _____ YEARS _____ TRUCK _____ YEARS _____ TRUCK/TRACTOR _____ YEARS _____ BUS _____ YEARS _____

List violations of motor vehicle laws or ordinances ("traffic citations") other than parking, in the last 5 years where you were convicted, pled guilty, forfeited bond or collateral. Continue in the "APPLICANT'S COMMENTS" section of this application if needed.

LIST TRAFFIC CITATIONS (NOT PARKING) IN THE LAST 5 YEARS – CONTINUE ON A SEPARATE SHEET IF NECESSARY

MONTH/YEAR	TYPE OF CITATION	CITY/STATE	PLED GUILTY/ CONVICTED		DISPOSITION (Fine, Suspended Sentence, Other)
			YES	NO	

LIST ALL ACCIDENTS INVOLVED IN AS A DRIVER – CONTINUE ON A SEPARATE SHEET IF NECESSARY

MONTH/YEAR	NATURE OF ACCIDENT	CITY/STATE	NUMBER OF INJURED	NUMBER OF FATALITIES	WERE YOU CITED?

EMPLOYMENT HISTORY

You **MUST** account for all activities including past employment (part time/or full time), schooling, military service or periods of unemployment for the Past 10 years. List your previous employment beginning with the current or most recent. Please print. The Department of Transportation, Federal Motor Carrier Safety Regulations require that any person applying for a job as a commercial vehicle driver must inform the prospective of all previous employment history.

Employer 1)	Name & Title of Immediate Supervisor	Your Position	Reasons for leaving
Address		Your Hourly/Yearly Salary Start: End:	
City/State Zip	Phone	Employed From: To:	
Position subject to FMCSR? YES NO Was position designed as a safely sensitive function subject to alcohol and controlled substances testing as required by 49 CFR part 40? YES NO			
Employer 2)	Name & Title of Immediate Supervisor	Your Position	Reasons for leaving
Address		Your Hourly/Yearly Salary Start: End:	
City/State Zip	Phone	Employed From: To:	
Position subject to FMCSR? YES NO Was position designed as a safely sensitive function subject to alcohol and controlled substances testing as required by 49 CFR part 40? YES NO			
Employer 3)	Name & Title of Immediate Supervisor	Your Position	Reasons for leaving
Address		Your Hourly/Yearly Salary Start: End:	
City/State Zip	Phone	Employed From: To:	
Position subject to FMCSR? YES NO Was position designed as a safely sensitive function subject to alcohol and controlled substances testing as required by 49 CFR part 40? YES NO			
Employer 4)	Name & Title of Immediate Supervisor	Your Position	Reasons for leaving
Address		Your Hourly/Yearly Salary Start: End:	
City/State Zip	Phone	Employed From: To:	
Position subject to FMCSR? YES NO Was position designed as a safely sensitive function subject to alcohol and controlled substances testing as required by 49 CFR part 40? YES NO			
Employer 5)	Name & Title of Immediate Supervisor	Your Position	Reasons for leaving
Address		Your Hourly/Yearly Salary Start: End:	
City/State Zip	Phone	Employed From: To:	
Position subject to FMCSR? YES NO Was position designed as a safely sensitive function subject to alcohol and controlled substances testing as required by 49 CFR part 40? YES NO			
Employer 6)	Name & Title of Immediate Supervisor	Your Position	Reasons for leaving
Address		Your Hourly/Yearly Salary Start: End:	
City/State Zip	Phone	Employed From: To:	
Position subject to FMCSR? YES NO Was position designed as a safely sensitive function subject to alcohol and controlled substances testing as required by 49 CFR part 40? YES NO			
Employer 7)	Name & Title of Immediate Supervisor	Your Position	Reasons for leaving
Address		Your Hourly/Yearly Salary Start: End:	
City/State Zip	Phone	Employed From: To:	
Position subject to FMCSR? YES NO Was position designed as a safely sensitive function subject to alcohol and controlled substances testing as required by 49 CFR part 40? YES NO			
Employer 8)	Name & Title of Immediate Supervisor	Your Position	Reasons for leaving
Address		Your Hourly/Yearly Salary Start: End:	
City/State Zip	Phone	Employed From: To:	
Position subject to FMCSR? YES NO Was position designed as a safely sensitive function subject to alcohol and controlled substances testing as required by 49 CFR part 40? YES NO			
Employer 9)	Name & Title of Immediate Supervisor	Your Position	Reasons for leaving
Address		Your Hourly/Yearly Salary Start: End:	
City/State Zip	Phone	Employed From: To:	
Position subject to FMCSR? YES NO Was position designed as a safely sensitive function subject to alcohol and controlled substances testing as required by 49 CFR part 40? YES NO			

MAY WE CONTACT YOUR CURRENT PLACE OF EMPLOYMENT? **YES **NO****
If no, please supply the name/title of a current work reference other than your immediate supervisor / manager.
Name _____ Phone _____

IMPORTANT· PLEASE READ CAREFULLY BEFORE SIGNING

An inquiry will be made by a third party working on behalf of Ground Travel Specialist to verify the accuracy and truthfulness of the information you have provided. Present and prior employers may be contacted for the purpose of investigating your qualifications, to include but not limited to employment verification, motor vehicle record and safety performance history, and drug and alcohol testing history.

I hereby authorize education institutions, law enforcement authorities, companies, any other organizations and individuals to release such information and documents as deemed appropriate or necessary by Ground Travel Specialist. I release all parties providing information from all liability connected with providing the information. NOTE: You have the right to be provided a copy of the safety performance history data provided Ground Travel Specialist by Your previous employer/s'. If you want to receive a copy of the safety performance history provided by your previous employer/s, you must request the copy in writing. If you want the previous employer to correct the data, you must request the previous employer to correct the data, or you may provide a written rebuttal.

Should any omissions or discrepancies arise in this application, your employment history, medical history, and motor vehicle record, due to incorrect or incomplete information furnished by you, the Company reserves the right to cease any further consideration of you for employment. Omissions or discrepancies discovered after employment will be grounds for termination.

Except as set forth in the Company's collective bargaining agreements, or as otherwise required by law, employment can be terminated at any time by the Company or the employee with or without prior notice. Only the President and his executive staff can modify this policy in individual cases. Any modifications must be in writing and signed by the authorizing officer to be enforceable. Should any information deemed negative by the Company be discovered in the course of your background investigation, the Company reserves the right to cease any further consideration of you for employment. Any such negative information discovered in the course of your background investigation after employment will be grounds for termination.

Company policy prohibits the unlawful manufacture, distribution, dispensation, possession, or use of drugs or alcohol on Company property or while in Company uniform or any room or facility paid for or provided by the Company. Being under the influence or testing positive of any alcoholic beverage or illegal drug while on Company property or on duty, is cause for termination. For the purpose of this policy "drugs" are defined as any drug which is not legally obtainable and/or any drug which is legally obtainable, such as prescription drugs, but which is not legally obtained, and is not being used for prescribed purposes, and/or is not being taken according to prescribed dosages.

Compliance with the drug and alcohol policy is a condition of original and continued employment OR use as a self contractor. Consequently, a violation of any aspect of our policies will render Company employees subject to disciplinary action up to and including termination. This policy supplements other Company directives and policies on the issue. A urine sample will be collected and tested for controlled substance and a breath alcohol test (BAT) will be conducted for the detection of alcohol. I hereby agree to submit to a urine drug screen analysis and BAT.

All offers of employment are conditioned on the applicant's providing proper proof of eligibility to be employed in the United States. In addition, all offers of employment are conditioned upon meeting all Department of Transportation and Ground Travel Specialist requirements for commercial drivers and successful completion of GTS Driver Training Program.

This application is valid for six months from the date submitted. If you have not been hired within that time period, you must submit a new application to be considered. By signing below, you acknowledge you have read and understood all the information provided above. This certifies that this application was completed by you, and that all entries on it and information in it are true and complete to the best of your knowledge.

Signature _____

Print Name _____

Date Submitted: _____

Previous Employee Safety Performance History

The purpose of this document is to check with previous employers your work and safety record as required per FMCSA Regulations (391.23).

*If you are the potential employee you must fill one of these out for EVERY employer you've worked for in the last three years.

You do have rights under part 391.23 of the FMCSA regulations to review this information once received by a previous employer, have errors corrected by previous employer and resent, and/or attach a rebuttal to a received report if previous employer and you cannot agree on what is the correct information.

**If you are the previous employer please take a minute to fill this out, and mail or fax it back to our office.

BACKGROUND RELEASE: SIGNED BY DRIVER

By signing this release you acknowledge that you have read, understand, and authorize your previous employer to release any information regarding your previous employment. You hold them and Ground Travel Specialist, Inc. harmless for asking and giving out this information. This information will only be seen by those involved in considering your employment, and regulatory agencies. This information can include but is not limited to: Time of employment, Motor Vehicle Record, Accident Record, Safety Performance History, Medical History, Drug & Alcohol Testing History AND Results!

Name _____ Signature _____ Date _____

Social Security Number _____ Date of Birth _____ Contact Number _____

PREVIOUS EMPLOYER INFORMATION: FILLED OUT BY DRIVER

Name of Previous Employer: _____ Position _____

Dates Employed: Start _____ to _____ Contact Name & Title _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Filled out by GTS: This form was sent by (circle one): Mail Fax Email Relayed by phone

Filled out by: _____ Date: _____

SAFETY PERFORMANCE HISTORY: FILLED OUT BY PREVIOUS EMPLOYER

Name of person filling out form: _____ Title: _____ Date received: _____

Type of vehicle operated (circle all that apply): Straight Truck Tractor-Semi trailer School Bus Motorcoach

Transit Vehicle Doubles/Triples DOT Regulated Driver Cargo Tank Other: _____

Reason for leaving (circle one): Discharged (Fired) Resignation (Quit) Lay-Off (Job Cuts) Military Duty

Is all the above information that was filled out by the driver correct: Yes / No If No, which part: _____

Accident History: Please fill out completely & send any supporting information allowed pursuant to FMCSA Regulation 391.23(d)(2)(ii).

Date	Location	Vehicle Type	# of Injuries	# of Fatalities	Hazmat Material Spill

Drug/Alcohol History & Testing: Under DOT or other drug and alcohol testing requirements for the past 3 years.

Question	Yes	No
This person was employed in a safety-sensitive function that required alcohol & controlled substance testing specified by 49 CFR Part 40 (If no, skip the rest of this section)		
This person had an alcohol test with a result of 0.04 or higher alcohol concentration		
This person tested positive or adulterated or substituted a test specimen for controlled substances		
This person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test		
This person committed other violations of Subpart B of 382, or Part 40		
IF APPLICABLE: This person violated a DOT drug and alcohol regulation and completed a SAP-Prescribed rehabilitation program in our employ, including return-to-duty and follow-up tests. If yes documentation is enclosed.		
This person, after successfully completing a SAP's rehabilitation referral, remained in our employment but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested.		

Any other remarks: _____

Signature: _____ Date: _____

Mail to: Ground Travel Specialist Attn: General Manager Address: 18385 Dix Toledo Hwy, Brownstown, MI 48193

Or email to: bill@gtsbus.com Or fax to: (313) 295-8467 (put coversheet stating confidential & Attn: General Manager)

*****PREVIOUS EMPLOYERS: PLEASE KEEP A COMPLETED COPY OF EACH REQUEST FOR ONE YEAR*****

Driver EMERGENCY INFORMATION:

Drivers are required to fill out this form!

Name _____ Age/DOB _____ Full Address _____

Insurance company (if any) _____ Policy number _____

Doctor's Name _____ Doctor's phone (____) _____ - _____

In case of emergency please notify:

Name(s) _____ Full Address _____

Phone _____ (____) _____ - _____ Phone _____ (____) _____ - _____

Name(s) _____ Full Address _____

Phone _____ (____) _____ - _____ Phone _____ (____) _____ - _____

List any physical problems of which a doctor(s) should be made aware of.

1) _____

2) _____

3) _____

Indicate any allergies that you have which may necessitate treatment, the type of treatment and nature of reaction, if any.

1) _____

2) _____

3) _____

Indicate any medication that you will be taking with you on a trip, the purpose of the medication, and its schedule.

1) _____

2) _____

3) _____

Ground Travel Specialist, Inc. (GTS) & Travel Treasures & Tours (TTT) will use its best judgment in who they let what information be known. I give my permission to GTS/TTT to notify the above phone numbers and talk to whomever about my condition if they feel compelled to do so, and let this information be known to all relevant parties including medical personal. I give permission to any hospital, doctor or EMT to treat myself in case of illness or injury where I cannot respond myself. I hold harmless GTS/TTT and any of its employees from an error in judgment on what information is released and when. I understand that it is not GTS/TTT responsibility to make these phone calls to these listed numbers. GTS/TTT will always try to do what is in your best interest.

Signature _____ Date: _____

Drug & Alcohol Testing/Policy

This document is to confirm the Drivers understanding of Ground Travel Specialist, Inc (GTS) drug and alcohol testing policy. The outline provided below will summarize some of the key points of this policy. If you have any questions at all, it is imperative that you ask before signing this acknowledgment. By signing this document, it will represent that you understand the "Drug & Alcohol Testing Policy" and enforcement. This is to ensure you comprehend how and why GTS is working towards a safe, reliable, and healthy workforce for our customers and business. You do have the opportunity to ask for the complete "Safety Management Plan" that outlines more of how drug & alcohol testing will be conducted. Changes may be made at any time to stay in compliance with all FMCSA and DOT laws and guidelines. There is much more information available in the company's home office and on the internet at the FMCSA and DOT websites about the rules and guidelines. GTS will follow all of the below guidelines and the rest of the FMCSR.

- Before using a driver, you will have to produce a copy of your DOT Med Card and the long form physical. If you do not already have one you may take one at your cost at our MRO or another MRO on the list of DOT approved MRO's.
- You will have to take a pre-employment* drug test at our approved MRO. It is called pre-employment by the FMCSR but does not constitute a change in your self-contractor or employment status (per §382.301).
- You will be placed in GTS's Drug and Alcohol Consortium for the entire time of your driver services being used here at GTS. (per §382.305)
- If you are involved in an accident you may be required to take a drug test (per §382.303)
 - If there is a fatality during the accident OR if a car is disabled and you receive a citation OR if someone needs immediate medical attention away from the scene and you receive a citation you will be required to go.
 - GTS management is to be contacted at the time of any accident and informed of the circumstances of the accident to make an informed decision on if you need you to go report for testing.
 - At the time GTS management informs you testing is needed, it will be required that you immediately report with any given documents to take any test, drug or alcohol without any stops or interruption.
- You may be asked to take a test by management that has received reasonable suspicion training. Drivers who appear to be under the influence of drugs or alcohol can be immediately tested (§382.307).
- ANYTIME you are requested/instructed to take a drug or alcohol test for GTS:
 - All paperwork must be filled out completely and honestly, including the Chain of Custody.
 - The results will be sent "confidentially" to only the staff at GTS directly involved in the compliance
 - No other facility is allowed to substitute for our chosen MROs for the drug test
 - A minimum of 4 times a year a random will be done in compliance with Federal DOT Regulations.
 - Failure to take a drug or alcohol test when instructed to, OR if you do not follow the instructions of the MRO/Collector, will lead to automatic termination of employment since a refusal to go/follow instructions is looked at similarly as a positive drug test and will be reported as such.
 - All documentation will be placed in your file for all tests done including negative, positive, and refusal to test.
 - Any employer that asks for information on any results that we received for your drug or alcohol testing program will be informed of the results or refusals.
- GTS can add any random pulls, or test all or part of the staff at any time, without notice or require a driver to be tested because of reasonable suspicion.
- By signing this you are giving permission for GTS to seek information about your previous alcohol and controlled substances history from previous employers as required under FMCSA regulation (per 391.23)
- GTS reserves the right to modify this Policy at any time without any notice

GTS, Inc. and its entire staff find it very important to keep a drug free workplace and keep everyone free from concern of any safety issues that may come from drug or improper alcohol use. If you understand all that has been stated in this document please sign, print, and date below. Again...If you have any questions please ask now!

Name _____ Signature _____ Date _____

Driver Agreement to Policies

DO NOT SIGN THIS DOCUMENT UNTIL A MANAGER WITH THE COMPANY REVIEWS THIS WITH YOU. This document serves as your agreement to the company policies listed below. There is a brief explanation for each of the below topics. There is more to each topic that you are expected to know. The materials for further explanation were handed to you during the on-boarding process OR are available in the office.

_____ You give the company permission to make phone calls to the numbers you have provided us, send you texts and emails without reimbursement.

_____ You have received a copy of the Base Pay Sheet, understand it, and agree to the pay that we have set up. You have also received a copy of the Driver Status sheet. You understand that these statuses are flat rate bonuses for good performance. It is set-up so that you can increase your compensation from the company by moving up to a higher status but you must prove your abilities to move up to a status and receive a review. Reviews can be done every 90 days.

_____ You have received a copy of the deductions sheet, understand it, and agree to the deductions we have set up. You understand that the deductions are based on the fact that we pay rates based on the job you are performing and can make deductions based on portions of the job not being done or done right. We can also make deductions for things that weren't supposed to be done such as using company money/funds for personal use (\$20/20% rule), body damage, etc.

_____ You understand that gratuity/tips are the responsibility of the customer and NOT the responsibility of GTS. There are customers that will pay GTS to have the tips forwarded to the driver which we will do.

_____ You understand and agree that paperwork needs to be turned in, in a timely manner for the office to review, and to have on file for the FMCSA, DOT, IFTA, Excise Tax, IRS and more. This paperwork includes your driver's envelope, receipts including fuel, tolls, and hotel, A copy of your legally completed logs and DVIR. In a timely manner means before the Friday you would normally be paid for a trip. A job is not considered complete until this paperwork is completed; therefore you understand & agree that you should not be paid until the Friday following when the paperwork is turned in.

_____ You understand and agree that PRE/Post Trips are important. You agree to do them every day you work including on days you are out of town on a trip. You agree to properly fill out the DVIR in the beginning and end of your trip.

_____ You will document all issues, big and small, important and negligible, safety related, or passenger comfort issues on our master "Garage To-Do List" located on the pad of paper in the drivers room. You will write up bus issues every time you drive a bus that has an issue EVEN IF YOU HAVE WRITTEN IT UP ON PREVIOUS DAYS.

_____ You have received a copy of the "Dress Code/Uniform" sheet, understand it, and agree to what we have set up.

_____ You have received a copy of the "Fueling Policy" sheet, understand it, and agree to what we have set up. This includes when to fuel, saving all fuel receipts, documenting on your envelope when you did not fuel, etc.

_____ You agree to drive all company vehicles in a safe and legal manner. This includes not speeding, staying out of the left lane, not tailgating, using mirrors, staying off your phone as much as possible with NO TEXTING EVER ALLOWED, etc.

_____ You understand and agree to keep both your Med-Card and CDL License current and updated with state agencies, with NO LAPSE between expiration date and getting a new one. If for some reason either expires you will let the office know immediately, to have yourself taken off the schedule until you resolve the expiration.

_____ You fully understand the rule and regulations (laws) of the DOT and in the FMCSR including regulations on having your log for the day being current, having your previous 7-days worth of logs on you BEFORE you start driving for the day, understand hours of service regulations including the fact that hours are non-consecutive, and the ability to go OFF-DUTY when the group is not in need of the vehicle EVEN IF YOU ARE STILL AT THE VEHICLE, etc

_____ You agree to not make any disparaging remarks about the company, any of its drivers, employee's, or managers.

_____ You know and understand that company rules, pay, deductions, and other policies given to you may change from time to time. GTS will give as much notice as possible, but you agree to abide by the new policies once notified of them.