

GAMER LOGISTICS

U.S. Department of Transportation - Motor Carrier Safety Program

QUALIFIED APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, VETERAN STATUS OR DISABILITY. EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

11333 ROJAS DR.

Fax #: 915-533-5701

PERSONAL INFORMATION

Date of Application: _____ Name _____
Social Security # _____ Driver's License # _____ State _____
Drivers License Expiration Date _____ Phone _____
Present Address _____
Previous Address(es) during last 3 years (FMCSR 391.21 (3)):

Date of Birth (required by FMCSR 391.21 (2) to verify motor vehicle report): _____
In case of emergency notify _____ Phone _____ Alternate Emergency
Phone # _____

Have you applied for work and/or worked for this company before? Yes No When? _____
Expected Pay _____

How many years of experience do you have as a driver position? _____
If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and
work in this country? Yes No

Position which applying _____ Are you able to
for: _____ perform the essential functions and duties of the job as contained in the job description with
reasonable accommodation? Yes No

How did you find out about GAMER LOGISTICS? Employee Referral Who _____
Other _____

FOR COMPANY USE ONLY

APPLICANT HIRED _____ REJECTED _____
DATE EMPLOYED _____ POINT EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____
SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPT. RELEASED FROM _____
DISMISSED VOLUNTARILY QUIT OTHER _____
TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

PLEASE READ CAREFULLY

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle Yes No

B. Any license, permit or privilege been suspended or revoked? Yes No

C. Have you ever been stopped while intoxicated? Yes No

D. During the past two (2) Years have you tested positive on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a Driver position regulated by the DOT drug and alcohol testing rules? Yes No

E. During the past two (2) Years have you refused to test on a a Pre-employment alcohol or drug test administered by an Employer to which you applied for but did not obtain a Driver position regulated by the DOT drug and alcohol testing rules? Yes No

F. Have you ever been convicted for possession of, sale, or use of a narcotic drug, amphetamine, or a derivative thereof? Yes No

G. Have you ever been convicted of a criminal offense? (A conviction will not necessarily disqualify you from employment.) Yes No

H. Do you currently have any criminal actions pending in which you are a defendant? (A "yes" answer will not necessarily disqualify you from employment.) Yes No

I. Are you currently on probation or parole status? (A "yes" answer will not necessarily disqualify you from employment.) Yes No

If yes to any of the above questions, state circumstances and dates:

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 Graduate School 1 2 3

List other specialty training or schools _____

MILITARY STATUS

Have you served in the U.S. A Forces? Yes No Branch _____ Dates: From _____ To _____ Duties _____

EMPLOYMENT RECORD FOR PAST 10 YEARS

All applicants must list all full and part-time employment including military service, self employment, and periods of unemployment during preceding 5 years. DOT Requires that employment for at least 3 years and /or Commercial Driving Experience for the past 10 years be shown.

NOTE: List employers in reverse order starting with the most recent. Use an additional sheet if necessary.

CURRENT OR MOST RECENT EMPLOYER May We Call? Yes ___ No ___

Date / From _____ To _____

Phone # _____ Fax # _____

Supervisor _____ Type of Equip. Driven _____

Company Name _____ Address _____

Position Held _____

Reason For Leaving _____

Gap in Employment From _____ To _____ Explain _____

SECOND PRIOR EMPLOYER May We Call? Yes ___ No ___

Date / From _____ To _____

Phone # _____ Fax # _____

Supervisor _____ Type of Equip. Driven _____

Company Name _____ Address _____

Position Held _____

Reason For Leaving _____

Gap in Employment From _____ To _____ Explain _____

THIRD PRIOR EMPLOYER May We Call? Yes ___ No ___

Date / From _____ To _____

Phone # _____ Fax # _____

Supervisor _____ Type of Equip. Driven _____

Company Name _____ Address _____

Position Held _____

Reason For Leaving _____

Gap in Employment From _____ To _____ Explain _____

FOURTH PRIOR EMPLOYER May We Call? Yes ___ No ___

Date / From _____ To _____

Phone # _____ Fax # _____

Supervisor _____ Type of Equip. Driven _____

Company Name _____ Address _____

Position Held _____

Reason For Leaving _____

Gap in Employment From _____ To _____ Explain _____

FIFTH PRIOR EMPLOYER May We Call? Yes _____ No _____
Date / From _____ To _____
Phone # _____ Fax # _____
Supervisor _____ Type of Equip. Driven _____
Company Name _____ Address _____
Position Held _____
Reason For Leaving _____
Gap in Employment From _____ To _____ Explain _____

SIXTH PRIOR EMPLOYER May We Call? Yes _____ No _____
Date / From _____ To _____
Phone # _____ Fax # _____
Supervisor _____ Type of Equip. Driven _____
Company Name _____ Address _____
Position Held _____
Reason For Leaving _____
Gap in Employment From _____ To _____ Explain _____

SEVENTH PRIOR EMPLOYER May We Call? Yes _____ No _____
Date / From _____ To _____
Phone # _____ Fax # _____
Supervisor _____ Type of Equip. Driven _____
Company Name _____ Address _____
Position Held _____
Reason For Leaving _____
Gap in Employment From _____ To _____ Explain _____

EIGHT PRIOR EMPLOYER May We Call? Yes _____ No _____
Date / From _____ To _____
Phone # _____ Fax # _____
Supervisor _____ Type of Equip. Driven _____
Company Name _____ Address _____
Position Held _____
Reason For Leaving _____
Gap in Employment From _____ To _____ Explain _____

NINTH PRIOR EMPLOYER May We Call? Yes _____ No _____
Date / From _____ To _____
Phone # _____ Fax # _____
Supervisor _____ Type of Equip. Driven _____
Company Name _____ Address _____
Position Held _____
Reason For Leaving _____
Gap in Employment From _____ To _____ Explain _____

TENTH PRIOR EMPLOYER May We Call? Yes _____ No _____
 Date / From _____ To _____
 Phone # _____ Fax # _____
 Supervisor _____ Type of Equip. Driven _____
 Company Name _____ Address _____
 Position Held _____
 Reason For Leaving _____
 Gap in Employment From _____ To _____ Explain _____

USE SEPARATE SHEET FOR ADDITIONAL EMPLOYMENT HISTORY

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT VAN-FLAT-ETC.	DATE FROM	DATE TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND				
SEMI-TRAILER				
TRACTOR AND				
TWO TRAILERS				
OTHER				

LICENSE

LIST ALL DRIVERS LICENSES HELD IN PAST FIVE YEARS (NOTE: A COPY of your valid drivers license or CDL must be attached for your application to be considered.)

STATE	LICENSE NUMBER	TYPE	ENDORSEMENTS	EXPIRATION DATE
		A		

MOVING TRAFFIC CONVICTIONS LIST FOR PAST FIVE (5) YEARS. IF NONE WRITE NONE.

DATE	LOCATION (STATE)	CHARGE	PENALTY

ACCIDENT RECORD IF NONE WRITE NONE.

LIST ALL INVOLVEMENT WITH TRUCK AND CAR INCLUDING PROPERTY DAMAGE FOR PAST FIVE YEARS, INCLUDING PREVENTABLE AND NON-PREVENTABLE.

DATE	TYPE VEHICLE	NATURE OF ACCIDENT (HEAD ON, REAR END, UPSET, ETC.)	INDICATE PREVENTABLE OR NON-PREVENTABLE	FATALITIES	INJURIES	AMOUNT OF PROPERTY DAMAGE

STATES IN WHICH YOU HAVE OPERATED A CLASS-A MOTOR VEHICLE IN THE PAST FIVE YEARS / LIST ALL STATES: _____

REFERENCES (Please list 2 people able to verify your employment and personal history. Such as co worker, neighbor, customer or an upstanding citizen of your community. Do not list relatives.)

1. Name _____ Relationship _____
Address _____
Phone # _____

2. Name _____ Relationship _____
Address _____
Phone # _____

3. Name _____ Relationship _____
Address _____
Phone # _____

GAMER LOGISTICS

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's signature

Date

Print Name

ID number

ACKNOWLEDGEMENT

I give **GAMER LOGISTICS** (the Company) the right to investigate all references and to secure additional information about me, if job-related. I release from liability the Company and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. A copy of this page serves as my authorization to seek/provide this information. I agree to sign all documents and consent forms which the Company deems necessary to verify the facts provided in this application. I give my consent and release from liability the Company and its representatives, to respond to any inquiries made about me as part of a reference check by any subsequent or potential employer.

From time to time the company may find it necessary to conduct investigations. If it does, employees are expected to truthfully participate and cooperate in such investigations, including submission to searches of property. Failure to do so may subject employees to disciplinary action, which may include termination of employment.

I realize as a condition of employment I will be required to undergo a post offer/pre-employment medical examination and substance abuse screening test at the expense of and as prescribed by the Company, and that any offer of employment is conditioned upon the successful completion of these tests. I agree to furnish such additional information and undergo any other examinations or tests to complete the employment file, or to continue my employment with the Company, if employed. These tests may include, but are not necessarily limited to random, for cause, reasonable suspicion or post accident alcohol and substance abuse screening tests. Further, I release the Company, its agents or employees from any and all claims or actions arising out of such alcohol and substance abuse tests including, but not limited to, the testing procedures, the analysis or the disclosure of test results.

I understand that any offer of employment is contingent upon my ability to produce documentation verifying my identity and legal authorization to be employed, as required by the Immigration Reform & Control Act of 1986 (IRCA).

This application is active for sixty (60) days from the date it is completed, or until the specific position opening for which it was submitted is closed, whichever is earlier. Subsequent to the preceding consideration period, I must submit a new application to be considered for this, or any other position.

I understand and agree that any misrepresented, inaccurate, misleading, incomplete or omitted information provided by me in this application will be sufficient cause for cancellation of this application and/or separation from the Company's service if employed. Further, **I understand that just as I am free to resign at any time, for any reason, with or without prior notice, the Company reserves the right to terminate my employment at any time, for any reason, with or without prior notice.** I understand that no representative of the Company has the authority to make any verbal or written assurances to the contrary. I recognize the employment relationship to be an at-will relationship and not for a specific period of time. This application represents the complete and final expression of the intent of the parties and may not be modified except by a writing duly executed by the undersigned and the President of the Company.

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this or formal application. I further agree, in the event that I am offered employment by the company, as a condition to that employment, all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration in lieu of any Federal or State investigative, administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

I have read carefully the above information, understand and accept the contents thereof. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature

Name

Date

For Human Resources Department Use Only

Instructions: Return to **EL PASO Office - Attn: Human Resources**

Info Collected by:	Verified by:	Date:

