

Print this file double-sided starting at page 3.

Type in the requested information to populate the documents

Today's Date	
Employer Representative Name	

EMPLOYER

Name	
Street Address	
City, State, Zip	
Phone Number	
Fax Number	

EMPLOYEE

Full LEGAL Name	
LAST (Family) Name	
FIRST Name	
MIDDLE Name	
Date of Birth	
Social Security Number	
Street Address (including Apt #)	
City	
County	
State	
Zip	

DRIVER

Employment Application Date	
Name as it appears on Drivers' License	
Driver's License Number	
Drivers' License State of Issue	
Driver's License Class	

•EMPLOYMENT APPLICATION•

If for driver position, this application must be completed by the applicant.

This company is AN EQUAL OPPORTUNITY EMPLOYER and does not discriminate against any applicant because of his or her race, color, religion, national origin, sex, age, disability, or any other legally recognized protected basis under applicable federal, state, or local laws.

(Please Print In Ink)

Position Applying For _____ Full-time Part-time Temporary
Date Available For Work _____

PERSONAL INFORMATION

Name _____
Last First Middle Social Security Number

Present Address _____
Number, Apt. # and Street

_____ City, State, Zip Code How Long? Phone Number Home Cell

If hired, can you furnish proof of age? Yes No

Previous Residence Address(es) for past 3 years:

What days and hours are you available to work? _____

Any objection to overnight travel? Yes No

Have you ever been employed by this company or any company primarily selling or manufacturing drywall products? Yes No If yes, when? _____

Company Name _____ City, State _____

Referred by: Employee Newspaper Employment Agency State Employment Service
 Other _____

EDUCATION & TRAINING

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 13 14 15 16 17 18 19
 Associate Degree Bachelor's Degree Master's Degree Ph.D.

Are you currently attending school? Yes No Name of School: _____

List machines, work appliances, etc., on which you have had experience. _____

Describe experience, education, or training applicable to position for which you are applying. _____

W.P.M. Accuracy: Typing _____ Shorthand _____

EMPLOYMENT HISTORY (*Past 10 years for drivers with Commercial Driver's License)

Begin with present or last employer	Dates of Employment	Kind of Work Performed and Supervisors	Earnings	Reason(s) for Leaving	Were you subject to the Federal Motor Carrier Safety Regulations while working for this employer?	Was your job designated as a "safety sensitive function" subject to DOT drug and alcohol testing?
Company Name	From _____ to _____	Job(s) Held:	\$ ____ per hour week month year		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Address						
City, State, Zip		Supervisor(s):				
Phone No.						
Company Name	From _____ to _____	Job(s) Held:	\$ ____ per hour week month year		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Address						
City, State, Zip		Supervisor(s):				
Phone No.						
Company Name	From _____ to _____	Job(s) Held:	\$ ____ per hour week month year		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Address						
City, State, Zip		Supervisor(s):				
Phone No.						
Company Name	From _____ to _____	Job(s) Held:	\$ ____ per hour week month year		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Address						
City, State, Zip		Supervisor(s):				
Phone No.						

Place an "X" next to the name(s) of the employers above you DON'T want us to contact.

*Continue on page 4, if necessary.

PERSONAL REFERENCES - DO NOT LIST RELATIVES - LIST AT LEAST TWO REFERENCES KNOWN AT LEAST ONE YEAR - LIST ADDITIONAL REFERENCES ON PAGE 4.

Name	Name
Address	Address
City, State, Zip	City, State, Zip
Phone No.	Phone No.

Current Unexpired Driver's Licenses or Permits:

State	License Number	Type/Class	Expiration Date

Commercial Vehicle Driving Experience for Past 3 Years (List additional on Page 4):

Class of Equipment	Type of Equipment	Total Miles	Dates of Operation		Employer Name (Must be filled out)
	(Van, Tank, Flat, etc.)	of Operation	From	To	
Bus					
Straight Truck					
Tractor/Semi-Trailer					
Other					

***Please note that your previous employment information may be used and your prior employers may be contacted for the purposes of investigating your safety performance history as required by law.

Accident record for past 3 years (List additional on Page 4):

	Date of Accident	Nature of Accident (head-on, rear-end, upset, etc.)	Number of Fatalities	Number of Injuries
Last Accident				
Next Previous				
Next Previous				
Next Previous				

**Traffic convictions and forfeitures (other than parking violations) for the past 3 years
(List additional on Page 4):**

Location (City, State)	Date	Charge	Penalty

- A. Are you at least 21 years of age? Yes No
- B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
If "Yes," explain below.
- C. Has any license, permit or privilege ever been suspended or revoked? Yes No
If "Yes," explain below.
- D. Have you been driving at least 3 years? Yes No

**Details of Driver's License/Permit/Privileges Denials, Suspensions and Revocations
(List additional on Page 4):**

State	License Number	Reason for Denial or Loss of Privilege	Dates of Denial or Loss of Privilege	
			From	To

I hereby authorize _____ or its agents to make a thorough investigation of my past employment and activities, including driver investigations required by 49 CFR 391.23.

I do hereby release said company and its agents - and all persons, companies and corporations supplying such information to the said company and its agents - from any claims and all liability that might arise from this investigation into my application for employment.

I understand that any false answers or statements made by me on this application or other required documents may be considered sufficient cause for denial of employment or discharge.

On entering employment, I agree to observe all the work rules of my employer, and to perform satisfactorily such duties as may be assigned to me from time to time. I understand and agree that either I or the Company may terminate my employment with or without cause at any time and that my employment is not for any definite period of time. In addition, I understand and agree that these terms of employment may not be modified or waived except by the company president in a written document bearing his signature.

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. I understand that this application will remain active for a period of thirty (30) days, unless I renew it personally and in writing.

Signature of Applicant _____ Date _____

Signature of Witness _____

Thank you for your interest in employment with our company.

PREVIOUS EMPLOYER INFORMATION REQUEST

NOTE: This page MUST be copied to the back of Page 1

*** * * * * COMPLETE THIS PAGE ONLY IF THE APPLICANT DROVE FOR YOU * * * * ***

7. Driving/Safety Performance History [see 49 CFR 40.25, 390.5, and 390.15(b)(1)]

If there is no safety performance history to report (recordable accidents or drug and alcohol testing information under DOT regulations), check the box here and go to the next section.

(a) Did the applicant drive a vehicle: over 26,000 lbs. GVWR over 10,000 lbs. GVWR N/A
If "Yes," please indicate type: Bus Straight Truck Straight Truck w/trailer
 Tractor-Trailer Cargo Tank Doubles/Triples Other (Specify): _____

(b) Type(s) of cargo handled: _____

(c) Please list below any vehicle accidents in which the applicant was driving for the 3-year period previous to the application date shown above. If none, check here and proceed to the next section.

Date of Accident	Accident (or nearest) City/Town, State	Nature of Accident (head-on, rear-end, upset, etc.)	No. of Fatalities	No. of Injuries	HazMat Spill?

**** Please include copies of all accident reports required by State or other governmental entities or insurers. ****

8. Alcohol and Drug Testing

If this applicant did not hold a Commercial Driver's License, check the box here , sign below and return.

In the 3-year period previous to the application date shown above, did this applicant:

- (a) Have any alcohol tests with a result of 0.04 alcohol concentration or greater? Yes No
- (b) Have any verified positive controlled substance tests? Yes No
- (c) Have any refusals to be tested for either alcohol or controlled substances? Yes No
- (d) Have any other violations of DOT agency drug and alcohol testing regulations? Yes No
- (e) Fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to 49 CFR 40, Subpart O? Yes No Unknown (If "unknown," prospective employer must obtain documentation directly from driver.)
- (f) After successfully completing an SAP's rehabilitation referral and remaining in the employ of the referring employer, have any alcohol tests with a result of 0.04 alcohol concentration or greater, any verified positive controlled substance test results, or any refusals to be tested for either alcohol or controlled substances? Yes No N/A

(Previous Employer) Respondent's Printed Name _____ Date _____

(Previous Employer) Respondent's Signature _____

PROSPECTIVE EMPLOYER USE ONLY Previous employers have 30 days to return information to prospective employers.

Date _____ Mailed Faxed to # _____ Emailed to _____
Date _____ Mailed Faxed to # _____ Emailed to _____
Date _____ Mailed Faxed to # _____ Emailed to _____

Date received hard copy back _____

Verbally received info from (name) _____ at phone # _____

Information received by _____ Date _____

Authorization to Obtain Motor Vehicle Reports

's BACKGROUND INVESTIGATION of each employee and prospective employee may result in the preparation of a consumer report which may include a driving record (Motor Vehicle Report-MVR).

I hereby authorize _____ to obtain an MVR and release _____ and any person, company or institution that provides _____ information from any and all liability for any damage that may result from the investigation, use or disclosure of such information.

This authorization shall serve as ongoing authorization to procure motor vehicle reports (MVRs) at any time during my employment with _____

Date

Employee's Signature

Date of Birth

YARD LOCATION

Employee's Printed Name
(as it appears on driver's license)

Driver's License Number

State of Issue

License Class

MONITOR DRIVER IF POSSIBLE

YES

NO



DISCLOSURE AND AUTHORIZATION CONSENT FORM

Disclosure

GMS, or one of our subsidiaries (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me. **PLEASE PRINT**

Applicant's Full Legal First Name: _____

Applicant's Last Name: _____

Physical Address: _____

City: _____ State: _____ Zip code: _____

Email address: _____

Yard Location: _____

Title of Position: _____

Phone Number: _____

Date of Birth: _____

Social Security Number: _____

Driver's License: _____

Driver's License Issuing State: _____

Today's Date: _____

Applicant's Signature: _____

(Email completed form to backgrounds@gms.com)

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015