



GREENRU – A CHAMNESS COMPANY

Dear Applicant: Per FMCSR 391.21(d) Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment or leasing history may be used, and the applicant's prior employers or lessors may be contacted, for the purpose of investigating the applicant's safety performance history information. The prospective motor carrier must also notify the driver in writing of his/her due process rights as specified in § 391.23(i) regarding information received as a result of these investigations. You the applicant have the following rights: (i) The right to review information provided by previous employers or lessors; (ii) The right to have errors in the information corrected by the previous employer or lessor and for that previous employer or lessor to re-send the corrected information to the prospective motor carrier; (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer or lessor and the driver cannot agree on the accuracy of the information.

Driver Applicant
Printed Name

Driver Applicant
Signature

Date

Name _____ Phone (____) _____

Current Address _____
Street City State Zip

If at the above residence less than 3 years, list below all residences for the past 3 years.
Attach a separate sheet if necessary.

Previous Address _____
Street City State Zip

Previous Address _____
Street City State Zip

Date of Birth* / / * Drivers only to complete Date of Birth Social Security No. - -

In Case Of Emergency Notify: _____ (____) _____
Name Phone

Contact's Address _____
Street City State Zip

Position Applying/Qualifying for: _____ Rate of pay expected? _____

Part Time Full time Who referred you? _____

Have you worked for or with this company before? Yes No Dates: __/__/__ - __/__/__

Where? _____ Rate of Pay? _____

Position _____ Reason for leaving? _____

Have you ever worked for this company under another name? Yes No _____

List names of relatives working for this company: _____

Are you currently employed or contracting with another company? Yes No If not, how long since leaving last employment or contract? _____

Education	Name / Location of School	No. of Years Attended	Graduated?	Studied?
High School				
College / Trade School				

EMPLOYMENT RECORD Complete all data for EACH last employer or lessor COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past three years. Effective July 1, 1987, they must also show commercial driver employment for the seven years preceding this three year period. Sec. 391.21 (b) (10) (11). Account for any gaps in employment or contract between employers or lessors.

Last Employer or Lessor:

Name:	Phone:
Address:	City, State, Zip:
Position Held:	Dates: / / to / /
Type of Equip. Driven:	Were you regulated by FMCSA during this job? Yes / No
Reason for Leaving:	Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes / No

Second Last Employer or Lessor:

Name:	Phone:
Address:	City, State, Zip:
Position Held:	Dates: / / to / /
Type of Equip. Driven:	Were you regulated by FMCSA during this job? Yes / No
Reason for Leaving:	Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes / No

Third Last Employer or Lessor:

Name:	Phone:
Address:	City, State, Zip:
Position Held:	Dates: / / to / /
Type of Equip. Driven:	Were you regulated by FMCSA during this job? Yes / No
Reason for Leaving:	Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes / No

Fourth Last Employer or Lessor:

Name:	Phone:
Address:	City, State, Zip:
Position Held:	Dates: / / to / /
Type of Equip. Driven:	Were you regulated by FMCSA during this job? Yes / No
Reason for Leaving:	Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes / No

Fifth Last Employer or Lessor:

Name:	Phone:
Address:	City, State, Zip:
Position Held:	Dates: / / to / /
Type of Equip. Driven:	Were you regulated by FMCSA during this job? Yes / No
Reason for Leaving:	Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes / No

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Sixth Last Employer or Lessor:

Name:	Phone:
Address:	City, State, Zip:
Position Held:	Dates: / / to / /
Type of Equip. Driven:	Were you regulated by FMCSA during this job? Yes / No
Reason for Leaving:	Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes / No

Seventh Last Employer or Lessor:

Name:	Phone:
Address:	City, State, Zip:
Position Held:	Dates: / / to / /
Type of Equip. Driven:	Were you regulated by FMCSA during this job? Yes / No
Reason for Leaving:	Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes / No

Eighth Last Employer or Lessor:

Name:	Phone:
Address:	City, State, Zip:
Position Held:	Dates: / / to / /
Type of Equip. Driven:	Were you regulated by FMCSA during this job? Yes / No
Reason for Leaving:	Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes / No

Ninth Last Employer or Lessor:

Name:	Phone:		
Address:	City, State, Zip:		
Position Held:	Dates: / / to / /		
Type of Equip. Driven:	Were you regulated by FMCSA during this job? Yes / No		
Reason for Leaving:	Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes / No		
U.S. Military Service Branch:	Rank:	Type of Discharge:	Present Membership in National Guard or Reserves?

Professional References: Please list three persons not related to you, whom you know.

Name	Phone Number	How You Are Acquainted	Years Acquainted

DRIVER EXPERIENCE & QUALIFICATION LICENSES List all licenses held in the last 3 years.

State	License Number	Type/ Endorsements	Expiration Date

Do you currently hold more than one valid license?	Yes	No
Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes	No
Has any license, permit or privilege ever been suspended or revoked?	Yes	No
Have you ever been disqualified for violations of the Federal Motor Carrier Safety Reg's?	Yes	No

If answered Yes to any of the above questions, please give details: _____

Experience:

Class of Equipment	Type (Van, Tank, Etc.)	Dates From / To

Accident Review for past 3 years:

Date	City, State	# Fatalities	# Injuries	Nature of Accident (Head-on, Rear-end, etc)

Motor Vehicle Laws & Ordinances for the past 3 years other than parking violation:

Location	Date	Charge	Penalty

Applicant: Read and sign before submitting this application.

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty and reason for non-consideration or subsequent dismissal if hired or denial of authorization to drive. It is also agreed and understood that GreenRU or its agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his/her furnishing such information. I understand that nothing contained in this application or in the granting of any interview or a road test is intended to create an employment contract between this company and myself, for either employment, authorization to drive, or for the providing of any benefits. No promises regarding employment or authorization to drive have been made to me, and no such promises exist unless specifically made by GreenRU in writing. It is agreed and understood that if qualified, hired or contract started, I may be on a probationary period during which time I may be disqualified without recourse. I understand employment or authorization to drive with GreenRU is on an "at-will" basis that allows me to quit, be fired, or lease agreement revoked at any time with or without notice and with or without cause. 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 of Applicant

Date

DISCLOSURE STATEMENT

Applicant: Read and sign before submitting this application.

By this document, GreenRU, Inc. discloses to you that a consumer report, including an investigative report containing information as to your character, general reputation, personal characteristics, driving record, and mode of living may be obtained for driving qualification purposes as part of the pre-qualification background investigation and at any time during your employment or contract. Should an investigation consumer report be requested, you have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to signify receipt of the foregoing disclosure.

I agree to furnish such additional information that may be necessary and complete such examinations as may be required to complete my application file including, but not limited to, a pre-qualification negative urine test and successful completion of a human performance evaluation including a Department of Transportation Physical.

Applicant's Printed Name Applicant's Signature Date

As a motor carrier, GreenRU, Inc. must ask whether you have tested positive or refused to be tested on any pre-qualification drug or alcohol test. Applicable tests would have been administered by a motor carrier to which you worked for, or applied to, but did not obtain safety-sensitive transportation work (as covered by DOT agency drug and alcohol testing rules) during the past three years.

I, APPLICANT Print Name _____, have have not tested positive or refused any such test in the past three years. If I have, then I am including below the appropriate substance abuse provider information.

SAP Name _____ Phone _____

City, State _____

Applicant Signature _____ Date _____

Requested in accordance with 49 CFR 40.25(j) for all applicants since August 1, 2001.

**CONSENT TO OBTAIN CONSUMER REPORTS
FOR EMPLOYMENT PURPOSES**

In connection with, and for the duration of, my employment (including contract services) with GreenRU, Inc., I understand that you may obtain consumer reports for employment purposes that relate to my credit, criminal, driving, employment or education history. This information will, in whole or in part, be obtained from Acxiom Information Security Services, Inc., 6111 Oak Tree Blvd, 4th Floor, Independence, Ohio 44131, telephone 800-853-3228. These reports may include information as to my general reputation, character, personal characteristics, mode of living, work habits, job performance and experience along with termination from past employment from previous employers. I understand that you may be requesting information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to driving, credit, civil, education and other experiences.

I authorize, without reservation, any party, institution, or agency contacted by Acxiom or GreenRU, Inc. to furnish the above mentioned information:

_____/_____/_____ _____/_____/_____
Applicant Name Date of Birth* Social Security Number
* Date of Birth requested in order to obtain accurate retrieval of records

Alias/Previous Name(s)

Current Address _____ City & State _____ Zip Code

Driver's License # _____ State GreenRU, Inc.
Prospective Employer

Phone Number _____ Email Address

LAST 10 YEARS RESIDENCY HISTORY

Address _____ City & State _____ Zip Code

Address _____ City & State _____ Zip Code

LAST 10 YEARS RESIDENCY HISTORY (continued)

Address	City & State	Zip Code
Address	City & State	Zip Code
Address	City & State	Zip Code
Address	City & State	Zip Code
Address	City & State	Zip Code
Address	City & State	Zip Code
Address	City & State	Zip Code
Address	City & State	Zip Code
Address	City & State	Zip Code

California, Minnesota & Oklahoma Applicant Only: Please check here to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants will receive a copy directly from Acxiom. California applicants may receive a copy from either GreenRU, Inc. or Acxiom.



Notice to CALIFORNIA Applicants

Under Section 1786.22 of the California Civil code, you have the right to request from Acxiom, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which Acxiom has previously furnished within the two-year period preceding your request. You may also obtain a copy of this file upon submitting proper identification and paying the cost of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

Notice to NEW YORK Applicants

Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

APPLICANT SIGNATURE: _____ **Date:** _____