

American Spotting Companies/Gateway Companies/Q1 Truck & Trailer

American Spotting Company of California - American Spotting Company of Missouri - American Spotting Company of Ohio
American Spotting Company - Gateway Warehouse of Georgia, Inc. - Gateway Transportation of Georgia, Inc.
Q1 Truck & Trailer Repair, Inc.

Non-DOT Application for Employment

The above-named companies are Equal Opportunity Employers. If applicable to Company, reasonable accommodation under the Americans with Disabilities Act will be provided as required by law.

Name _____			Social Security Number _____		
Last Name	First Name	Middle Initial			
Address _____					
Street			City/State		Zip Code
Phone Number _____			Date of Birth _____		

Position Desired _____ Wage/Salary Desired _____ Full Time/Part Time _____

If hired, can you provide evidence of legal eligibility to work in the U.S.? * _____

*Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.

Have you ever been convicted of a felony or a misdemeanor involving any violent act, use or possession of a weapon, or act of dishonesty for which the record has not been sealed or expunged, or do you have such a case pending?

Yes/No _____ If Yes, when was the incident? _____

No further explanation needed at this time.

Date you can begin work _____

Are you 18 years of age or older? _____ If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by federal law.

Name of high school attended _____

City & State _____ Did you graduate? _____ GED? _____

Name of college or technical school attended _____

City & State _____ Did you graduate? _____ Degree? _____

Major/Area of Study _____

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COMPLETE ONLY IF APPLYING FOR A DRIVING POSITION

Do you presently hold a CDL? _____ If no, do you presently hold a valid Driver's License? _____

Date CDL or Driver's License was issued _____

Have you ever had your CDL or Driver's License suspended, revoked, or refused? _____

If Yes, please give date (month/year) and describe the reason _____

Please list all traffic violations, in a personal or commercial motor vehicle, in the last 36 months. Please list date (month/year) and type of violation:

List all traffic accidents/incidents, while driving a personal or commercial motor vehicle, in the last 36 months. Please list date (month/year). Please indicate if this was an at-fault accident/incident and give a brief description of the accident/incident.

List any job-related skills or accomplishments, including military service _____

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Total hours per week you are available to work _____

Do you have any special requests or needs for a work schedule? _____

List two references that are not former employers who we may contact

1. Name & Occupation _____

How do you know them, and for how long? _____ Phone Number: _____

2. Name & Occupation _____

How do you know them, and for how long? _____ Phone Number: _____

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Employment History: List names of employers with present or last employer listed first, for the **last 5 years**.
Please note if we may not contact your present employer until after you are offered a position.

DO NOT LEAVE ANY GAPS IN EMPLOYMENT

Employer _____

Job Title _____ Was this a safety-sensitive position? _____

Where you subject to FMCSA regulations? _____

Address _____
Street City/State Zip Code

Dates of Employment _____ to _____
(month/year) (month/year)

Were you paid hourly or salary? _____ Starting pay _____ Ending pay _____

Supervisor Name & Phone Number _____

Reason for leaving _____

Employer _____

Job Title _____ Was this a safety-sensitive position? _____

Where you subject to FMCSA regulations? _____

Address _____
Street City/State Zip Code

Dates of Employment _____ to _____
(month/year) (month/year)

Were you paid hourly or salary? _____ Starting pay _____ Ending pay _____

Supervisor Name & Phone Number _____

Reason for leaving _____

Employer _____

Job Title _____ Was this a safety-sensitive position? _____

Where you subject to FMCSA regulations? _____

Address _____
Street City/State Zip Code

Dates of Employment _____ to _____
(month/year) (month/year)

Were you paid hourly or salary? _____ Starting pay _____ Ending pay _____

Supervisor Name & Phone Number _____

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Employer _____

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Dates of Employment _____ to _____
(month/year) (month/year)

Were you paid hourly or salary? _____ Starting pay _____ Ending pay _____

Supervisor Name & Phone Number _____

Reason for leaving _____

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in the employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background and motor vehicle record report. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with the companies listed above, any employment relationship is considered "employment at will". This means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause, and with or without advanced notice.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature _____ Date _____