

*NOTE: Please disregard the page numbering system, this is for office use only.

APPLICATION FOR LEASE CONTRACTOR/DRIVER

G-DIAMOND TRANSPORT, INC.

2500 Middlebury Street
Suite Number 2
Elkhart, Indiana 46516

APPLICATION DATE: ___/___/___

NAME: _____ PHONE: () _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

DATE OF BIRTH: ___/___/___ SOCIAL SECURITY # _____ - _____ - _____

ADDRESSES FOR THE PAST THREE (3) YEARS:

1. ADDRESS _____

CITY _____ STATE _____ ZIP _____

2. ADDRESS _____

CITY _____ STATE _____ ZIP _____

3. ADDRESS _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

COMMERCIAL DRIVER'S LICENSE INFORMATION:

_____/_____/_____
LICENSE # TYPE(A,B,C) STATE EXP. DATE

ENDORSEMENTS: (CIRCLE)

- | | |
|---------------------------|------------------------|
| 1. Double/Triple Trailers | 3. Tank Vehicles |
| 2. Passenger Vehicles | 4. Hazardous Materials |

HAS YOUR CDL EVER BEEN SUSPENDED OR REVOKED: YES ___ NO ___
IF YES, PLEASE EXPLAIN:

HAVE YOU EVER WORKED FOR G-DIAMOND TRANSPORT, INC. BEFORE? Y ___ N ___
IF YES,
WHERE _____ WHEN _____

WORK HISTORY

Beginning with your current position, list ALL jobs and contracts held by you during the LAST TEN YEARS. EXPLAIN ANY GAPS IN YOUR WORK HISTORY and LIST ALL PHONE NUMBERS AND AREA CODES!

WE CANNOT PROCESS YOUR APPLICATION WITHOUT THIS INFORMATION!

CURRENT

ASSOCIATION _____ PHONE: () _____

Address: _____ City: _____ State: ____ Zip: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

COMPANY: _____ PHONE: () _____

Address: _____ City: _____ State: ____ Zip: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason For Leaving: _____

COMPANY: _____ PHONE: () _____

Address: _____ City: _____ State: ____ Zip: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

COMPANY: _____ PHONE: () _____

Address: _____ City: _____ State: ____ Zip: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

WORK HISTORY (CON'T)

COMPANY: _____ PHONE: () _____
Address: _____ City: _____ State: ___ Zip: _____
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for Leaving: _____

COMPANY: _____ PHONE: () _____
Address: _____ City: _____ State: ___ Zip: _____
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for Leaving: _____

COMPANY: _____ PHONE: () _____
Address: _____ City: _____ State: ___ Zip: _____
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for Leaving: _____

COMPANY: _____ PHONE: () _____
Address: _____ City: _____ State: ___ Zip: _____
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for Leaving: _____

ACCIDENTS

PLEASE LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU WERE INVOLVED DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE:

DATE	WHAT HAPPENED?	#FATALITIES	#INJURIES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFIETURES

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFIETURES FOR THE PAST THREE YEARS (OTHER THAN PARKING):

LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DRIVING EXPERIENCE

EQUIPMENT CLASS	TYPE OF EQUIPMENT (VAN, TANK, FLAT, etc.)	DATES		STATES DRIVEN
		From	To	
STRAIGHT TRUCK _____	_____	_____	_____	_____
TRACTOR & SEMI TRAILER _____	_____	_____	_____	_____
OTHER _____	_____	_____	_____	_____

EDUCATION

Please Circle the highest grade completed: **HIGH SCHOOL:** 1 2 3 4 5 6 7 8 9 10 11 12 **COLLEGE:** 1 2 3 4

Other Training _____

Have you ever been convicted of a felony which would preclude you from entering Canada? (Yes/No)

If Yes, Please Explain: _____

Have you ever received any safety awards or special training? _____

Do you have knowledge of the Federal Motor Carrier Safety Regulations? _____

Thank You!

Suite Number 2
Elkhart, IN 46516

G-Diamond Transport Inc.

A request for: _____ Fax # _____

The individual named below has made inquiry to **G-Diamond Transport, Inc.** We would appreciate your time in completing, in confidence, the information listed below.

G-Diamond Transport, Inc. Representative

Date

I, _____ hereby authorize you to release the following information for purposes of investigation as required by Section 391-23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from such information.

Applicant/Driver Signature

Social Security Number

DRIVER DO NOT WRITE BELOW THIS LINE

Provide dates applicant was active in your company: _____ to _____

Did this applicant operate/lease a commercial vehicle for you? _____ Yes _____ No

Was applicant a safe and efficient driver? Satisfactory conduct? _____ Yes _____ No

Type of equipment applicant operated for you:

A) _____ Straight Truck

B) _____ Tractor

C) _____ Semi-Trailer

D) _____ Bus

E) _____ Other _____

F) Toter _____

Number of recordable accidents _____ Applicant ticketed/at fault _____

Please explain

Dates: _____

Was applicant's CDL/Chauffer Operator License suspended while active in your company?

_____ Yes

_____ No

Did applicant leave your company _____ Voluntarily _____ By Request?

Is applicant eligible for rehire with your company? _____ Yes _____ No _____ Needs Review

Within the last three years has the Applicant ever:

Tested positive for a controlled substance? _____

Alcohol tested breath alcohol concentration of 0.004 or greater? _____

Refused a required test for drugs/alcohol? _____

If yes to the above, please supply the Substance Abuse Professional's name, address, and phone number for reference:

Please submit any other information that you feel would be beneficial:

As a routine part of our due diligence effort, G-Diamond Transport, Inc. intends to obtain an investigative consumer report on all applicants (including contract for services). To insure full compliance with the 1997 Fair Credit Reporting Act and to facilitate easy access to all information necessary, please read and sign this form.

I, _____, authorize all persons and entities including, but not limited to business, corporations, former supervisors, credit agencies, governmental agencies, law enforcement authorities, educational institutions, state insurance departments, the NASD, and all military services to release all written and verbal information about me to G-Diamond Transport, Inc. I release and agree to hold harmless from all liability and responsibility for doing so.

I specifically understand and authorize the procurement of an investigative consumer credit report and understand that in all likelihood it will contain information about my background, mode of living, character, reputation, and personal characteristics.

I further understand that upon written request I will be given a list of the areas which will be researched and included in the investigative report into my background.

I have read and understand the attached summary of my rights under the 1997 Fair Credit Reporting Act.

This release, in it's original or copy form, is valid now or at any time in the future. I agree with all the provisions shown in this disclosure form and have been provided a copy of this document.

Print or Type Applicant's Name

Social Security Number

Current Address

License Number and State

City, State, and Zip Code

Date of Birth

Applicant's Signature

Date of Signature

Driver's Name _____

I. CERTIFICATION OF VIOLATIONS

I certify that the following is true and complete list of traffic violations (other than parking violations) for Which I have been convicted or forfeited bond or collateral during the past 12 months.

Date of Conviction	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral because of any violation required to be listed during the past 12 months.

_____/_____/_____
Date Driver's Signature

G-DIAMOND TRANSPORT, INC 2500 Middlebury Street, Ste #2 Elkhart, IN 46516

Reviewed by Title

II. REVIEW AND EVALUATION OF DRIVER'S RECORD:

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the Above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months.

Action taken: _____

G-DIAMOND TRANSPORT, INC. 2500 Middlebury Street, Ste #2 Elkhart, IN 46516

_____/_____/_____
Reviewed By Title Date

In connection with my application for employment (including contract for services) with you. I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC SERVICES TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at time of my request, including the sources of information: and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Print Name

Social Security No.

Date of Birth

Applicants Signature

Date