

# Driver Qualification Application

Genox West Transportation, LLC.  
2900 E. San Augustine St.  
Deer Park, TX 77536-4432  
Phone: (281) 479-0338 Fax: (713) 588-8678

Genox West Transportation, LLC. does not discriminate on the basis of race, color, religion, sex, national origin, or disability. Please Note: Read each question and then complete all portions of this application and complete in your own handwriting (please print legibly)

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Have you ever been known by any name other than the one appearing on this application (i.e. Maiden Name?) Yes No If yes, what name? \_\_\_\_\_ When? \_\_\_\_\_

Present Address: \_\_\_\_\_

How long have you lived there? \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Last 5 years:

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_

Any relatives or friends currently contracted with Genox? Yes No Name (s): \_\_\_\_\_

How were you referred to Genox? Newspaper: \_\_\_\_\_ Other: \_\_\_\_\_

Personally Referred by: \_\_\_\_\_

Do you own your own tractor? \_\_\_\_\_ Specifications of Tractor: \_\_\_\_\_

Miles Expected per week? \_\_\_\_\_ Rate of Compensation expected? \_\_\_\_\_

Have you ever made application to work here before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever been contracted with Genox before? \_\_\_\_\_ Position \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## References

List the names of three (3) persons who are not related to you. They must be householders of good standing who have known you well at least three (3) out of the past five (5) years (not former employers).

Name	Address	Occupation	Phone Number	Years Known
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

### Education

Indicate your highest grade level completed: Grade School      High School      College

Last School Attended: \_\_\_\_\_

Have you ever attended a truck driving school?    Yes    No Name & Date: \_\_\_\_\_

Have you ever been trained in Hazardous Materials?    Yes    No By Whom? \_\_\_\_\_

Have you ever been trained in refrigerated equipment operation?    Yes    No By Whom? \_\_\_\_\_

Have you ever transported cryogenic liquids/gases?    Yes    No By Whom? \_\_\_\_\_

Have you ever transported liquid natural gas?    Yes    No By Whom? \_\_\_\_\_

Have you ever been trained in tanker equipment operation?    Yes    No By Whom? \_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving awards have you received and from whom? \_\_\_\_\_

List below current drivers licenses and any other license you have had in the past ten (10) years (even if expired):

	State	License Number	Class	Expiration Date
Operators Licenses				

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?      Yes      No
- B. Has any license, permit, or privilege ever been suspended or revoked?      Yes      No
- C. Have you ever been disqualified from driving under the Federal Motor Carrier Safety Regulations?      Yes      No
- D. Have you ever been convicted of a crime or felony?      Yes      No

This is not an automatic bar to qualification; explain all circumstances fully: \_\_\_\_\_

This is the most significant part of the application. It must be answered accurately and in detail. List any and all tickets or arrests for any Motor Vehicle Law violations with any type vehicle in the past five (5) years (other than parking tickets).

Violation	Date	Place	Fine or Bond	Type of Vehicle

Are you employed at this time? \_\_\_\_\_ If not, how long since leaving your last employment? \_\_\_\_\_

## Employment History

Begin with your present employer and work backward, in order, listing all of your previous employers, driving school and other training programs, periods of military service, self-employment, and periods of unemployment. List this information going back at least for the past 10 years. All time must be accounted for. Use additional paper if necessary. Fill in ALL blanks. If discharged from any job, please explain. Use the back side of this form or additional paper if needed.

**Please do not leave blanks or gaps in time for the past 10 year period. This may slow down the processing of your application.**

Dates: From _____ to _____		
Company:		Type of Trailer pulled
Address:		Type of Equipment driven:
City:	State:	Zip:
Phone:		Number of Accidents:
Fax:		States you Drove In:
Supervisor:		Position Held:
Full or Part Time?		Compensation/Pay:
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing?    Yes    No		
Were you subject to the Federal Motor Carrier Safety Regulations?    Yes    No		
Reason for leaving:		

Dates: From _____ to _____		
Company:		Type of Trailer pulled
Address:		Type of Equipment driven:
City:	State:	Zip:
Phone:		Number of Accidents:
Fax:		States you Drove In:
Supervisor:		Position Held:
Full or Part Time?		Compensation/Pay:
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing?    Yes    No		
Were you subject to the Federal Motor Carrier Safety Regulations?    Yes    No		
Reason for leaving:		

Dates: From _____ to _____		
Company:		Type of Trailer pulled
Address:		Type of Equipment driven:
City:	State:	Zip:
Phone:		Number of Accidents:
Fax:		States you Drove In:
Supervisor:		Position Held:
Full or Part Time?		Compensation/Pay:
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing?    Yes    No		
Were you subject to the Federal Motor Carrier Safety Regulations?    Yes    No		
Reason for leaving:		

Have you ever been discharged or suspended from any job?    Yes    No If yes, explain when and why?

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Dates: From				to	
Company:			Type of Trailer pulled		
Address:			Type of Equipment driven:		
City:	State:	Zip:	Number of Accidents:		
Phone:	Fax:		States you Drove In:		
Supervisor:			Position Held:		
Full or Part Time?			Compensation/Pay:		
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing?    Yes    No					
Were you subject to the Federal Motor Carrier Safety Regulations?    Yes    No					
Reason for leaving:					

Dates: From				to	
Company:			Type of Trailer pulled		
Address:			Type of Equipment driven:		
City:	State:	Zip:	Number of Accidents:		
Phone:	Fax:		States you Drove In:		
Supervisor:			Position Held:		
Full or Part Time?			Compensation/Pay:		
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing?    Yes    No					
Were you subject to the Federal Motor Carrier Safety Regulations?    Yes    No					
Reason for leaving:					

Dates: From				to	
Company:			Type of Trailer pulled		
Address:			Type of Equipment driven:		
City:	State:	Zip:	Number of Accidents:		
Phone:	Fax:		States you Drove In:		
Supervisor:			Position Held:		
Full or Part Time?			Compensation/Pay:		
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing?    Yes    No					
Were you subject to the Federal Motor Carrier Safety Regulations?    Yes    No					
Reason for leaving:					

Dates: From				to	
Company:			Type of Trailer pulled		
Address:			Type of Equipment driven:		
City:	State:	Zip:	Number of Accidents:		
Phone:	Fax:		States you Drove In:		
Supervisor:			Position Held:		
Full or Part Time?			Compensation/Pay:		
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing?    Yes    No					
Were you subject to the Federal Motor Carrier Safety Regulations?    Yes    No					
Reason for leaving:					

## Accident Record

List all accident involvements with any motor vehicle for the past 5 years, even if not at fault (if None, write NONE):

Date	Type of Vehicle	Nature of Accident (Head-on, Front-end, Rollover, etc.)	Were you at Fault?	Were you ticketed?	Number of Fatalities?	Number of Injuries?	Amount of Property Damage?

(Attach additional sheet if more space is needed)

Were you ever discharged by an employer because of an accident?      Yes      No

If so, when and by whom \_\_\_\_\_

Has your license ever been suspended because of an accident?      Yes      No

Please explain: \_\_\_\_\_

## Driving Experience

Class of Equipment	Type of Equipment	Date From	Date To	Approximate Number of Miles (Total)

List all states in which you have operated a commercial vehicle in the last 5 years: \_\_\_\_\_

\_\_\_\_\_

Length of time driving tractor trailer coast to coast: \_\_\_\_\_ Approximate Miles: \_\_\_\_\_

Length of time driving tractor trailer in winter: \_\_\_\_\_ Approximate Miles: \_\_\_\_\_

Length of time driving tractor trailer in mountains: \_\_\_\_\_ Approximate Miles: \_\_\_\_\_

Makes of tractors driven: \_\_\_\_\_

Twin Screw: \_\_\_\_\_ Single axle: \_\_\_\_\_ Conventional: \_\_\_\_\_ Sleeper Cab: \_\_\_\_\_

Types of Engines: Detroit \_\_\_\_\_ Cummins \_\_\_\_\_ Cat \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Kinds of Transmissions Driven: \_\_\_\_\_

Kinds of Freight Handled: Refrigerated \_\_\_\_\_ Dry Freight \_\_\_\_\_ Cryogenics \_\_\_\_\_ Liquid Bulk \_\_\_\_\_

Other: (Specify) \_\_\_\_\_

### **Military Status**

Have you served in the U.S. Armed Forces? \_\_\_\_\_ Branch \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ If other than honorable, please explain: \_\_\_\_\_

\_\_\_\_\_

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 further acknowledge that I have been informed that the above information may be used, and my prior employers may be contacted by this company or it's agent for the purpose of investigating my background, as required by 391.23 (or other regulations that may apply) of the Federal Motor Carrier Safety Regulations, including my rights of rebuttal to information that may be provided by either my previous or current employer(s).

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_

**Federal Motor Carrier Safety Regulations**  
**Drug and Alcohol Testing**  
**Dilute Specimens**

In accordance with Part 40.197 of the Federal Motor Carrier Safety Regulations, the company is informing you of the following provisions of the Drug and Alcohol Regulations:

Part 40.197 of the Federal Motor Carrier Safety Regulations refers to what a motor carrier’s responsibilities are when it received a report of a dilute specimen, and these are, in part, as follows:

1. If we are informed by the MRO that a positive drug test was dilute, the law requires that we treat the test as a verified positive test. We are not permitted to direct a driver to take another test based on the fact that the specimen was dilute.
2. If we are informed by the MRO that a negative drug test was dilute, we will direct you to take another test immediately. We must, and will, treat every such occurrence in the same manner.
3. The result of the second test – and not that of the original test – will be the test of record, upon which the company must rely for the purposes of this regulation.
4. If you, as the person that has been requested to take another test, decline to do so, the refusal to take another test will be considered a refusal to take a controlled substance test, which, under the Drug and Alcohol regulations will be considered as a positive test result and you will be considered ineligible to drive a commercial motor vehicle until you complete counseling, etc. and all of the return to duty provisions of the Federal Motor Carrier Safety Regulations before again being legally able to drive a commercial motor vehicle.

**Acknowledgement**

I hereby acknowledge with my signature that I have read and understand the above policy statement. I understand that in the event a urine sample that is provided by me as the result of the company’s request for a controlled substance and/or alcohol test is considered dilute by the MRO. I will be required to provide another urine sample for testing immediately upon request by the company. Failure to provide another sample when requested by the company will be considered a refusal to test under the Department of Transportation Drug and Alcohol Testing Regulations and will subject me to termination of my relationship with the company and disqualification as a driver.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Signature

\_\_\_\_\_  
Date



2421 West 7<sup>th</sup> Street, Suite 350  
Fort Worth, TX 76107

### FORMER EMPLOYER VERIFICATION FORM

**Please complete and fax to:**

Fax: 817-546-8306 /888-958-5293  
Phone: 817-332-0044 x 502  
Contact: Linda Wells or Sylvia Madrid

Sent to Attn of: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
  
1<sup>st</sup> attempt \_\_\_\_\_ 2<sup>nd</sup> attempt \_\_\_\_\_ 3<sup>rd</sup> attempt \_\_\_\_\_  
4<sup>th</sup> attempt Certified Letter/DOT Notified

#### SECTION 1: PREVIOUS EMPLOYEE INFORMATION AND RELEASE

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to release the below information to  
*Previous*

FLEET SCREEN for the purposes of investigation and qualifying me to drive a commercial motor vehicle, including to employment drug tests results. You are now required by the U.S. DOT and Federal Motor Carrier Safety Regulations 49 CFR Parts 40, 382, 391 to furnish this information. You are hereby released from and all liability that may result from furnishing such information. Your quick response to this request will be greatly appreciated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Requested by prospective employer: Genox Transportation, LLC.**

#### SECTION 2: PREVIOUS EMPLOYEE WORK HISTORY (to be completed by past employer)

Dates of employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Did the employee drive a motor vehicle..... Yes No

Types of equipment operated: \_\_\_\_\_

Please list any special equipment operated: \_\_\_\_\_

Reason for leaving: Discharged Resigned Laid off Other If other please list: \_\_\_\_\_

#### SECTION 3: SAFETY PERFORMANCE HISTORY PER 49 C.F.R. 391.23 (2)

Was the employee a safe and efficient driver? ..... Yes No  
Was the employee involved in accidents in the past three years? ..... Yes No  
If yes, were any accidents preventable: ..... Yes No  
If yes, please provide details, including dates: \_\_\_\_\_

#### SECTION 4: PREVIOUS DRUG AND ALCHOL RESULTS PER 48 C.F.R. 40.25

Was this applicant in a DOT controlled substance testing program with your company?

- |    |   |    |     |    |
|----|---|----|-----|----|
|    | YES   | NO |     |    |
| 1. | Did the employee have a verified positive drug test result? .....   |    | Yes | No |
| 2. | Did the employee refuse to be tested? .....   |    | Yes | No |
| 3. | Did the employee have other violations of DOT agency drug and alcohol testing regulations? ...                        |    | Yes | No |
| 4. | Did any previous employers report any drug or alcohol rule violations to you? .....                                   |    | Yes | No |
| 5. | If you answered yes to any of the above items, did the employee complete a SAP program and return to duty test? ..... |    | Yes | No |

\*\*\*If yes, please send the employee's SAP reports, return to duty documentation and any and all follow-up test information or records.

Name of person completing this form: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_



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**Genox West Transportation, LLC.**  
**APPLICANT NOTIFICATION AND RELEASE FORM**

**APPLICANT NOTIFICATION** (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 the purpose of a background investigation to see if you qualify for our program. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

**AUTHORIZATION AND GENERAL RELEASE**

I hereby authorize Genox West Transportation, LLC., and all of their agents, including Fleetscreen, LTD, Fort Worth, TX to request and receive any information and records concerning me, including, but not limited to, consumer credit, criminal record history, worker's compensation claims, driving record, past employment history, military service, bankruptcy proceedings, civil and educational data and reports, from any individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and other departments, courts law enforcement and licensing agencies, consumer reporting agencies and other federal, state agencies and entities, which maintain such records, including my present and previous employers. Information from Fleetscreen, LTD concerning previous driving record requests made by others from such state agencies, and state provided driving records would also be requested.

I further release and discharge Genox West Transportation, LLC., all of their agents, all of their subsidiaries and affiliates, and every employee and agent of any of them, and all individuals and personal business, private or public entities of any kind, including Fleetscreen, LTD of Fort Worth, TX from any and all claims and liability arising out of any request(s) for, or receipt of information or records pursuant to this authorization, or arising out of any compliance, with such request(s). I authorize the procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable. I understand that I have the right to make a written request within a reasonable period of time to Fleetscreen, LTD, Fort Worth, TX. upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which FLEETSCREEN has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from FLEETSCREEN, and I agree that such information which FLEETSCREEN has or obtains, and my contract history with you if I am contracted for services, will be supplied by FLEETSCREEN to other companies which subscribe to Fleetscreen, LTD.

**APPLICANT'S STATEMENT OF RELEASE**

I HEREBY AUTHORIZE, WITHOUT RESERVATION, GENOX WEST TRANSPORTATION, LLC., OR ANY PARTY OR AGENCY CONTACTED BY GENOX WEST TRANSPORTATION, LLC., OR ITS PARTICIPATING COMPANIES, INCLUDING FLEETSCREEN, LTD IN FORT WORTH, TX TO DO A COMPLETE BACKGROUND INVESTIGATION IN ACCORDANCE WITH STATE AND FEDERAL LAWS. I AUTHORIZE THE RELEASE OF ANY INFORMATION REGARDING MY EMPLOYMENT, INCLUDING, BUT NOT LIMITED TO, ALL INFORMATION RELATED TO MY ALCOHOL AND CONTROLLED SUBSTANCE TESTING AND TRAINING RECORDS BY ANY FORMER EMPLOYERS, AND HOLD THEM HARMLESS OF ANY AND ALL LIABILITY FROM RELEASE OF SAID INFORMATION. IF CONTRACTED, THIS AUTHORIZATION SHALL REMAIN ON FILE AND SHALL SERVE AS ONGOING AUTHORIZATION FOR YOU TO PROCURE CONSUMER REPORTS AT ANY TIME DURING MY CONTRACT PERIOD OR UNTIL WITHDRAWN BY ME IN WRITING.

Date Signed: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

In connection with your application for qualification with Genox West Transportation, LLC., Genox West Transportation, LLC., 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 Genox West Transportation, LLC uses any information it obtains from FMCSA in a decision to not qualify you or to make any other adverse qualification decision regarding you, Genox West Transportation, LLC 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, Genox West Transportation, LLC. 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 qualification is submitted by mail, telephone, computer, or other similar means, if Genox West Transportation, LLC uses any information it obtains from FMCSA in a decision to not qualify you or to make any other adverse qualification decision regarding you, Genox West Transportation, LLC 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 Genox West Transportation, LLC. who procured the report, then, within 3 business days of receiving your request, together with proper identification, Genox West Transportation, LLC. must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither Genox West Transportation, LLC. 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.

Genox West Transportation, Inc. cannot obtain background reports from FMCSA without your authorization.

If you agree that Genox West Transportation, LLC may obtain such background reports, please read the following and sign below:

I authorize, Genox West Transportation, LLC 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 Genox West Transportation, Inc. to make a determination regarding my suitability as a driver.

I further understand that neither Genox West Transportation, LLC nor the FMCSA contractor supplying the crash and safety information has the capacity 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 included 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 Genox West Transportation, LLC and I understand that if I sign this Disclosure and Authorization, Genox West Transportation, LLC may obtain a report of my crash inspection history. I hereby authorize Genox West Transportation, LLC and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)