



800-589-6004 - WWW.GOEXPRESSTRAVEL.COM

Employment Application

US DOT 600548

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. *GO Express Travel is required to collect specific information aligning with FMCSA (Federal Motor Carrier Safety Administration) requirements and regulations.*

Position(s) applied for		Date of application	
Print full name			
Street address		City	State ZIP
Social Security #	Main Phone #	Email	
Driver License	State of Issuance of Driver's License	State Born In	
Do you have a limb impairment or amputation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, describe type of Prosthesis worn below)			



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US DOT 600548

Employment Experience

List the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give company name and supply business references. ****For drivers, include all commercial driving experience for the past 10 years (no employment gaps).** An additional page is included at the end of this application, if needed.

Name of employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street address		
Phone number	Dates employed (month/year)	
	From	To
Job title and duties	Reason for leaving	

Were you subject to the FMCSRs while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

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800-589-6004 - WWW.GOEXPRESSTRAVEL.COM

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US DOT 600548

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Have you ever been involuntarily terminated or asked to resign from any job? Yes No

If yes, explain.

Explain any gaps in your employment history.



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List any other experience, job-related skills, additional languages, or other qualifications that you believe should be considered.

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Education

Describe your educational background in the table provided below. **If you have provided a resume, please skip this section.**

	School name	Diploma/ degree (Yes/No)	Area of study/ major	Specialized training, skills, or extracurricular activities
High school				
College/ university				
Graduate/ professional school				
Trade school				
Other				

Business and Professional References

List three professional references of individuals who are *not* related to you.

Name and title	Relationship	Phone number or email



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US DOT 600548

Driver Information

If you are not applying for a driver position, please skip this section.

Class Of Equipment	Date From/To	Approximate # of Miles
Straight Truck		
Tractor & Semi trailer		
Tractor & two trailers		
Other		

Accident Record (last 3 years, please attach sheet if needed)

Date of Accident	Nature of Accidents (Head-On, Rear-End, etc)	Fatalities	Injuries

Traffic Convictions & Forfeitures (last 3 years, please attach sheet if needed)

Date	Location	Charge	Penalty

Driver License (last 3 years, please attach sheet if needed)

State	License #	Type	Exp Date



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Employment Application

US DOT 600548

List states operated in, for the last 5 years: _____

List special courses/training completed (PTD/DDC, HAZMAT, etc) _____

List any safe driving awards you hold and from whom: _____

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

Physical Exam Expiration Date _____

General Information

1. Have you ever used another name? Yes No

If yes, please list name _____

2. Have you ever worked for this company before? Yes No

If yes, provide dates and position:

Reason for leaving _____

3. Do you have friends and/or relatives working for this company? Yes No

If yes, name(s) and relationship(s):

On what date are you available to begin work? _____

4. Days/hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

5. Are you available to work? Full time Part time Shift work Temporary

6. If hired, do you have a reliable means of transportation to and from work? Yes No

7. Can you travel if the position requires it? Yes No

8. Have you ever been convicted of a felony? Yes No



800-589-6004 - WWW.GOEXPRESSTRAVEL.COM

Employment Application

US DOT 600548

9. Are you at least 18 years old? Yes No

Note: If under 18, hire is subject to verification that you are of minimum legal age.

10. If hired, can you present evidence of your identity and legal right to work in this country?

Yes No

11. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation? Yes No

12. How did you hear about this position? Indeed Website Friend Referred

If referred, please list name and phone _____

Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

Applicant Statement and Agreement

Read and initial each paragraph below. Ask if there is anything that you do not understand.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ In the event of my employment with the company, I understand that I am required to comply with all rules and regulations of the company.

_____ If hired, I understand and agree that my employment with the company is at will and that neither I nor the company is required to continue the employment relationship for any specific term. I further understand that the company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that the safety of employees is extremely important to the company and that the company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing



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Employment Application

US DOT 600548

all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.

My signature attests to the fact that I have read, understand, and agree to all of the above terms.

Signature: _____

Name (print): _____

Date: _____



800-589-6004 - WWW.GOEXPRESSTRAVEL.COM

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US DOT 600548

Additional Employment Experience

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