



PLEASE READ!!! - DRIVER REQUIREMENTS:

- Provide a High School Diploma or GED
- Must submit and pass a DOT pre-employment drug test.
- Must show Two-Years or Equivalent Commercial Truck Driving Experience
- Provide a Valid Class A or B CDL with Air Brakes
- In the most recent 36-month period, As Verified by a Current MVR/Driver Abstract:
 - No More than One Moving Violation or Accident
 - No Suspensions or Revocations due to a Moving Violation or Accident, and
 - No DUI /DWI Infractions
- May consider an Equivalent Combination of Education and Experience.
- Must be able to Read a Map, Route Sheet, and speak **ENGLISH**.

DRIVER APPLICATION

Incomplete information could disqualify you from further consideration.

Please provide the following items with the completed application: *Driver's License, Current Motor Vehicle Record (Dated Within 30 days)*

Last Name	First	Middle Initial	Application Date
Current Street Address			
City, State, Zip			
E-mail Address			
Home Phone #		Mobile Telephone	
Are you legally eligible to work in the United States? [] Yes [] No			
Are you at least 18 years or older? [] Yes [] No (If not, you may be required to provide authorization to work.)			
Have you ever been terminated from employment or asked to resign by an employer? [] Yes [] No (If yes, please provide the company name and brief details.)			
Can you work any shift? [] Yes [] No		If no, explain:	
Work shifts? [] Full-Time [] Part-Time			
Are you able to arrive at work by 5:00 am? [] Yes [] No			
Can you work overtime, including weekends? [] Yes [] No			
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? [] Yes [] No			
The date you can start work?		Hourly Rate or Salary Desired?	



GCI Residential, Inc. is an Equal Opportunity Employer. GCI Residential, Inc. does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status, or unfavorable discharge from military service or any other characteristic protected by law.

Position Desired _____

Are you currently employed? Yes No (If so, may we inquire about your present employer? Yes No

How did you hear about us? Walk-In Indeed LinkedIn Advertisement Other: _____

Referral: Name of the person referred you _____

Do you know anyone who works for our company? Yes No If yes, who? _____

Have you ever applied for employment with us before? Yes No If yes: MM/YY _____ Location: _____

Were you previously employed by us? Yes No If yes: MM/YY _____ Location: _____

Explain: _____

EDUCATION	Name and Location of School	No. of Years Attended	Degree or Diploma Received	Major
High School				
College or University				
Trade, Business or Correspondence School, Technical				



EMPLOYMENT HISTORY

Include your last ten (10) years of employment history, including periods of unemployment, starting with the most recent and working backward in time. Incomplete information could disqualify you from further consideration. Use an additional sheet of paper if necessary.

1	Company Name	Telephone
	Address	Employed (State MM/YY) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed (State MM/YY) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed (State MM/YY) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone
	Address	Employed (State MM/YY) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact them. **DO NOT CONTACT** Employer Number(s) _____ Reason _____

Do you have any specific skills, experience, and/or training that would enhance your ability to perform the position applied for?
 Yes No If yes, explain:



REFERENCES

Give the names of three people not related to you, whom you have known for at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1.			
2.			
3.			

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for GCI Residential, Inc. to hire me. If I am hired, I understand that it would be on an at-will basis, either GCI Residential, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of GCI Residential, Inc. has the authority to make any assurance to the contrary.

I attest with my signature below that I have given GCI Residential, Inc. true and complete information on this application. No requested information has been concealed. I authorize GCI Residential, Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or If I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date

Signature

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.



FOR EMPLOYER'S USE ONLY

REFERENCE	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

TEST RESULT	Tests Administered	DOT'S Physical	Drug and Alcohol Rating	Analysis and Comments

INTERVIEW	Interviewer Name and Comments	

_____ Date of Interview

_____ Interviewer Signature