

4903 Old Louisville Rd
Savannah, GA 31408



Ph 800.961.GFWY (4399)
Fax 912-964-4951

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APPLICATION FOR EMPLOYMENT

(Please Print-Use Black or Blue Ink)

We consider applicants for all positions without regard to RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, VETERAN STATUS, DISABILITY, or any other legally protected status.

Signature of Applicant _____ Date _____

Name _____ Phone () _____

Date of Birth _____ Social Security Number _____

Current Address _____
Street City State Zip

Previous 3 years: _____
Address City State Zip

Address City State Zip

WHEN CAN YOU BEGIN WORKING? _____ POSITION APPLYING FOR: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? --() YES () NO IF NO EXPLAIN: _____

ARE YOU AVAILABLE TO WORK ALL SHIFTS, ANY DAY OF THE WEEK? --() YES () NO IF NO EXPLAIN: _____

HAVE YOU EVER BEEN EMPLOYED WITH US? -----() YES () NO IF YES, MONTH AND YEAR _____

DO YOU HAVE ANY RELATIVES WORKING FOR THIS COMPANY--- () YES () NO WHERE? __RELATION__

HAVE YOU EVER BEEN CONVICTED OF A FELONY? -----() YES () NO IF YES EXPLAIN AND GIVE DETAILS_

HAVE YOU EVER TESTED POSITIVE FOR CONTROLLED SUBSTANCES? () YES () NO _____

IN CASE OF AN EMERGENCY NOTIFY: _____
Name Relation Phone number

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LIST ALL DRIVER LICENCES HELD IN THE PAST THREE (3) YEARS

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

Has your license ever been suspended or revoked? () Yes () No If yes, explain, _____

Have you ever been convicted of driving under the influence of alcohol or drugs? () Yes () No When? _____

ACCIDENT RECORD

LIST ALL ACCIDENTS YOU HAVE BEEN INVOLVED IN WHILE OPERATING A TRUCK, CAR MOTORCYCLE, OR OTHER MOTORIZED VEHICLE INCLUDING PROPERTY DAMAGE. INCLUDE ALL ACCIDENTS WHETHER AT FAULT OR NOT AT FAULT IN THE PAST 10 YEARS (IF NONE WRITE NONE).

DATE	TYPE	NATURE OF ACCIDENT (head-on, rear end, upset, etc.)	WERE YOU AT FAULT	FATALITIES	INJURIES	AMOUNT OF PROPERTY DAMAGE

TRAFFIC CONVICTIONS AND FORFEITURES

LIST ALL TRAFFIC CONVICTIONS, FORFEITURES OR SUSPENSIONS OF A LICENSE IN A MOTOR VEHICLE (OTHER THAN PARKING) FOR THE PAST 10 YEARS (IF NONE, WRITE NONE)

DATE	LOCATION	CHARGE	PENALTY

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
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EMPLOYMENT RECORD

Begin with your present and most recent job and work backward in order, LISTING YOUR EMPLOYERS FOR THE LAST 10 YEARS and including all full and part time employment. All time must be accounted for including military service, school, self-employment and periods or unemployment. WE MUST HAVE TELEPHONE NUMBERS FOR ALL EMPLOYERS.

Name: _____ Supervisor: _____
Address: _____ Zip _____ Phone(____) _____
Position Held: _____ From: _____ To: _____
Reason for Leaving: _____

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Name: _____ Supervisor: _____

Address: _____ Zip _____ Phone() _____

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I hereby certify that all questions answered are correct, and authorize Georgia Freightways to contact my former employers, references furnished, and all other sources that they see fit in order to verify the facts and information furnished with regard to my character and qualifications. Included in these qualifications will be the appropriate documents furnished by me verifying citizenship or valid authority to work in this country. These will be furnished in conjunction with the immigration Reform and Control Act of 1986 and/or other applicable laws. In addition I understand that a pre-employment physical, including drug screening tests and breath/alcohol tests, will be part of determining my ability to perform in the position for which I am applying. I understand that the completion of this form or any other application form of the company does not assure me a position with said company or obligate the company in any way. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I further understand that this application is not nor is it intended to be a contract of employment and that any employment relationship established between the applicant and the company may be terminated at the will of either the applicant or the company. Should any employment relationship occur, I understand that I am required to abide by all rules and regulations of the company. I understand that any misleading, incorrect, or omitted statements may render this application void, and, if employed, would be cause of immediate discharge. I certify 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 also understand and agree that any conduct which would have been reason for my discharge can and will be used against me by Georgia Freightways Corporation even if it is acquired after my employment ceases. I agree to submit a urine sample and/or specimens testing including breath/alcohol tests for the purpose of drug/controlled substance screening for pre-employment medical qualifications and thereafter as warranted by Georgia Freightways Corporation policy or federal regulatory agencies.

DATE: _____

X _____

Signature of applicant