

CARRIER PROFILE



Gholia Bros. Trucking, LLC

PO Box 9131, Covington, WA 98042

Delivering Your Needs!!!

~LIVE PHONE & EMAIL UPDATES & TRACKING~

REAL TIME SATELLITE TRACKING ON EVERY TRUCK

ALWAYS LOOKING FOR DEDICATED LANES

Office Dispatch: Harb & Raman 253-639-2630 OFFICE(LANDLINE)

Dispatch E-Mail: gholiabrostrucking@comcast.net and

cc: dispatch@gholiatruck.com

Owner: Harb Sidhu - 206-375-1183 cell (voice or text ok 24/7)

Office Administrator: Raman Sidhu - 253-639-2630 Office Phone (206-200-9491 Cell)

Office Support: Aileen Alvarez - 253-639-2630 Office Phone or gholiabilling@gmail.com

(206-900-6874 Billing Cell) M-F 6am-5pm Pacific Standard Time

Gholia Bros. Trucking, LLC ~ Fax# 253-639-9716 or Our E-fax# 253-883-2718

** Safety & Compliance: CLB Safety Compliance, LLC ~ Curt Burhenn 253-254-9673 or

E-mail; clbsafety20@gmail.com

Website: www.gholiabrostrucking.com

DOT#: 1393524

MC: 532386

ARBER#123388

SCAC Code: GHOL

ESTABLISHED IN 1996

Equipment: 30xTractors & 29x53' Dry Vans (Air Ride, Vented, Dura Plate, Logistic Post)

2x53' Reefer Units and 1x48' Conestoga(Flatbed)

Operating Lower 40 states and Canada, Seattle to Salt Lake City, Boise, Phoenix, Nor-Cal and Back Hauls

Also Back Hauls from SE, Mid-West, Central and Central South

*****FOR THE RIGHT MONEY WE WILL GO ANYWHERE!!!*****

NO HAZMAT!!!

NO HAZMAT!!!

NO HAZMAT!!!

Insurance & General Liability Coverage

1,000,000 Auto Liability ~ 250,000 Cargo ~ 75,000 Bailee

WE PROVIDE VERY RELIABLE SERVICE FOR YOU!!!

Our Contracted Owner Ops are well trained & qualified, most have 15-40 years' experience.

Our equipment is well maintained and safe for the road to prevent breakdowns.

OVER 20 Years of SOLID Experience ~ PROVEN RECORD



Gholia Bros. Trucking, LLC

PO Box 9131, Covington, WA 98042

dispatch@gholiastroucking.com

www.gholiastroucking.com

253-639-2630 phone

253-639-9716 fax

ATTN: NEW APPLICANTS

Please bring these following documents with you.
(Original or Legible clear copy)

1. CDL
2. Social Security Card
3. Medical Card
4. Medical Long Form
5. Passport or Green Card for I-9 document
6. Truck & Trailer Registration / Cab Card
7. Truck & Trailer DOT Annual Inspection
8. Tax ID document – BUSINESS TAX ID
9. If you resided in Washington State please get UBI number (WA)
<http://bls.dor.wa.gov/file.aspx>
10. Master Business License document
11. Voided Check or Deposit Slip from your required BUSINESS Bank Account;
we hand deliver your check to these banks in our area – US Bank, Chase,
Key Bank, Bank of America, Alaska USA Credit Union, Wells Fargo and
Sound Credit Union.
12. Please fill in 10-year work history on application (DOT Requirement).
Start with current or most recent employer, fill in gaps if “unemployed”
more than 30 days in between jobs. We need all your previous
employer's full name, address, phone, fax and email in order for us to
complete DOT mandatory background checks.
Please fill out application completely. Use N/A, None, Yes or No.
13. Resister for "Clearinghouse" – (SEE ATTACHED INSTRUCTIONS)



Gholia Bros. Trucking, LLC

PO Box 9131, Covington, WA 98042
253-639-2630 phone
253-639-9716 fax

December 3, 2015

Effective immediately

It is now required that owner operators have a Tax ID number (not just Social Security number)

Please also supply registered Business Name, or legal name attached to the Tax ID number

Washington State Resident;

Business License

UBI number

We require copies of these document at the time of hiring.

Thank you,

Harb Sidhu

Gholia Bros. Trucking, LLC

253-639-2630

gholiabrostrucking@comcast.net

www.gholiabrostrucking.com



Gholia Bros. Trucking, LLC.
PO Box 9131, Covington, WA 98042

DOT Application
Contractor

Read and complete all portions of this application in ink. **Please note that applications that are incomplete will not be processed or considered.** Be advised that your prior employers will be contacted for the purpose of investigating your background as required by DOT Regulation Part 391.23. A copy of your Driver's License must accompany this application for employment. The Civil Rights Act of 1964 prohibits discrimination because of race, color, religion, sex or national origin. PL90-202 prohibits discrimination because of age. The Americans with Disabilities Act prohibits discrimination because of disability.

Date of Application _____ Social Security Number _____

COMPANY POSITION APPLYING FOR

Contractor Driver Other _____

PERSONAL INFORMATION

Name _____ Home Phone () _____
 Last First Middle

Cell Phone _____ E-mail _____

Present Address _____ How Long? _____
 Street City, State, Zip

(Previous Address) _____ How Long? _____
 Street City, State, Zip

(Previous Address) _____ How Long? _____
 Street City, State, Zip

Date of Birth (Req'd by DOT) _____ Names of relatives in our employment _____

How did you hear of us? _____ Recruiter _____

- | | |
|---|--|
| <p>A. Have you ever been denied a license, permit or privilege vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>B. Has any license, permit or privilege been suspended or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>C. Have you been convicted, or are charges pending for reckless or careless operation of a vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>D. Have you ever been denied bonding? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>E. Have you ever been convicted for possession, sale, or use to operate a motor drug, amphetamine, or a derivative thereof? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>F. Are any charges pending or have you been convicted for driving under the influence of alcohol, a narcotic drug, Amphetamines or derivatives thereof? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>G. Have you ever been convicted of a felony? (A conviction will not necessarily bar from employment.) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>H. Have you ever tested positive or refused a pre-employment drug test for a job where you were not hired? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
|---|--|

IF ANSWER IS YES TO ANY OF THE ABOVE, state circumstances and dates _____

EDUCATION

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

MILITARY RECORD Branch _____ Dates: From _____ To _____ Attach DD214 _____

MOTOR VEHICLE LICENSES (List all Driver Licenses held in the past **10 years** -- include additional pages if needed)

State	License Number	Type	Endorsements	Expiration Date

TRAFFIC CONVICTIONS (List all Traffic Convictions in the past 5 years) **IF NONE, WRITE NONE.**

Date	Location (State)	Violation	Penalty

ACCIDENT RECORD (List all accidents/incidents in any motor vehicle in the past 5 years; preventable or non-preventable) **IF NONE, WRITE NONE.**

Date	Vehicle Type	Nature of Accident	Were you at fault?	Fatalities	Injuries	\$ Damages

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/ SEMITRAILER				
TRACTOR/2 TRAILERS				
OTHER:				

EMPLOYMENT HISTORY

In accordance to FMCSA Subpart C § 383.35 Complete the following information regarding your employment history during the past **10 (ten) years** including any time you were self-employed or unemployed. If you have had your CDL for 3 (three) years or less, provide only 3 (three) years employment history including any time you were self-employed or unemployed. Attach additional pages if necessary in the same application format, a resume' is **NOT** acceptable. Start with your current employment or unemployment.

Period of Unemployment (if any) From (month/year) _____ to _____ **NOTE: ALL unemployment periods are required to be verified by Gholia Bros. Trucking, LLC.**

From	To	Company Name	Position Held
Phone Number ()		Address	Full Time <input type="checkbox"/> , Part Time <input type="checkbox"/> , Salary _____
Name of Supervisor		City/State	Reason For Leaving

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? 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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Please apply an additional page if required.

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Please apply an additional page if required.

TO BE READ AND SIGNED BY APPLICANT:

By completing and submitting this application, I: _____

- understand that **Gholia Bros. Trucking, LLC.** is under no obligation to hire me and that any employment I am offered is "at-will" as stated in the "Application for Employment".
- hereby authorize, without liability, any person or organization whose name I have given as reference, or by whom I have been previously employed to furnish **Gholia Bros. Trucking** any information they may have concerning my character, ability, financial responsibility, job performance, habits, reasons for leaving employment and all information concerning my employment, and I authorize release of that information to companies requesting such information. I hereby release all persons and organizations from any claims for damages of any kind which may occur to me by reasons for furnishing such information.
- acknowledge that I may be required and agree to submit to drug and alcohol testing as part of the employment process, authorize release of my results to **Gholia Bros. Trucking**, and agree that any offer will be contingent on the results.
- authorize any law enforcement agency or court of record to furnish **Gholia Bros. Trucking** information concerning Motor Vehicle Record, CSA scores with the use of the PSP, or any felony or misdemeanor of which I have been convicted.
- acknowledge and agree that I will familiarize myself with and abide by all present and subsequently issued rules, policies, or procedures of **Gholia Bros. Trucking**.
- certify by my signature that this application was completed by me and that all entries and information in it are true and complete to the best of my knowledge. Any false, misleading, or incomplete statements of the information shall be grounds for denial of employment or for immediate termination regardless of when such information is discovered.

Date _____

Signature _____

Print Name _____

Gholia Bros Trucking

Gholia Bros Trucking is making this contract offer based on your qualifications as represented in the in your contractor application.

This offer is pending the receipt of acceptable criminal and employment background checks by our Safety Department. Any misrepresentation of your work history, safety history or any pertinent information you failed to disclose or reveal on your application or interview may be cause to terminate your contract.

Gholia Bros Trucking reserves the right to cancel any contract for previously undisclosed information that is discovered in our background inquiries, that fails to meet our contractual standards.

Sincerely,

Harb Sidhu
Gholia Bros Trucking

Accepted by: _____

Date _____

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

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

Neither the Prospective Employer 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.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Gholia Bros. Trucking, LLC ("Prospective Employer") 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 the Prospective Employer to make a determination regarding my suitability as an employee.

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

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
 - (a)(2) An investigation of the driver's employment record during the preceding three years.
 - (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
 - (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
 - (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
 - (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.
- Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document

Driver's Signature: _____ Date: _____

Driver Name (Printed): _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

Applicant Signature _____ **Date** _____

Remarks (For office use only)

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

*CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process.
(See Section 40.25(b)(5) and (e).*

Applicant Name: _____ ID Number: _____
(Please Print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes No

2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

Yes No

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____ Date: _____



Gholia Bros. Trucking, LLC.

SEVEN-DAY PRIOR LOG FORM

(Data sheet for new, casual, or temporary drivers)

NAME: _____ SOC. SEC. # _____

ADDRESS: _____ PHONE#: _____

DRIVERS LICENSE #: _____ STATE: _____

Instructions:

At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation [Section 395.8(j)(2)] require the motor carrier to obtain from you a signed statement giving the local time on duty during the immediately preceding 7 days and the time at which you were last relieved from duty prior to beginning to work for the motor carrier. In the spaces below, Show the number of hours worked (on duty) in each of the last 7 days.

DAY	1	2	3	4	5	6	7	TOTAL
DATE								
HOURS WORKED								

I hereby certify that the information given above is correct to the best of my knowledge and belief. And that I was last relieved from work at:

_____ On _____
Time day month year

Signature: _____

Witness: _____

Company Representative

Date: _____



Gholia Bros. Trucking, LLC.

VIOLATION AND REVIEW RECORD

Driver's Name: _____ Contractor Number: _____

CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of all traffic violations (including revocation, suspension or withdrawal of an operator's license, but not parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

Operator's License: (Revoked, Suspended,		
or Withdrawn)	Date: _____	Restored: _____
License Number: _____	State _____	Expiration Date: _____

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

Contractor's Signature

Date

Reviewed By

Date

REVIEW AND EVALUATION OF DRIVER'S RECORD

In accordance with Section 391.25 of the Federal Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him/ her in accordance with Section 391.27, has been reviewed for the past 12 months. Actions taken are detailed below (and on the reverse side of this form if additional room was necessary).

Reviewer Signature

Title

Date



Gholia Bros. Trucking, LLC.

Release of Information

By signing this Release of Information form, you hereby authorize, without liability, **Gholia Bros. Trucking, LLC.** (herein referred to "GHOLIA BROS.") to contact any person or organization whose name you have given as reference or by whom you have been previously employed. You hereby authorize your previous employer to release and forward all information regarding your duties, character, conduct, accident history and any Alcohol and Controlled Substances Testing /Training records while in you were employed. You hereby authorize GHOLIA BROS. to obtain and review your credit report/background. Your credit report/background will be obtained from a credit reporting agency chosen by GHOLIA BROS. You understand and agree that GHOLIA BROS. intends to use the credit report for the purpose of evaluating your employment ability. You hereby release all persons and organizations from any claims for damages of any kind which may occur to you by reasons for furnishing such information. You acknowledge that you may be required and agree to submit to drug and alcohol testing as part of the employment process, and authorize release of your results to GHOLIA BROS., and agree that any offer will be contingent on the results. You hereby authorize all past employers to release the following information to GHOLIA BROS. for purposes of investigations as required by Section 391.23 and 382.413 of the Federal Motor Carrier Safety Regulations. These employers are released from any and all liability that may result from furnishing such information. You authorize any law enforcement agency or court of record to furnish GHOLIA BROS. information concerning Motor Vehicle Record, CSA scores with the use of the PSP, or any felony or misdemeanor of which you have been convicted. You acknowledge and agree that you will familiarize yourself with and abide by all present and subsequently issued rules, policies, or procedures of GHOLIA BROS.

Print Name

Social Security Number

Signature

Date of Birth

Date

Gholia Bros. Trucking, LLC
(253)639-2630 OFFICE PHONE
(253)639-9716 OFFICE FAX
PO Box 9131, Covington, WA 98042

**PAST EMPLOYMENT
VERIFICATION**

I hereby authorize you to release the following formation to Gholia Bros. Trucking LLC. for purposes of investigations as required by section 391.23 and 382.413 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

I hereby authorize my previous employer to release and forward all information regarding my duties, character, conduct, accident history, and any Alcohol and Controlled Substances Testing/Training records while in your employ.

SS#: _____

X _____
(PRINT FULL NAME)

Date: _____

X _____
(Applicant's Signature)

-----**APPLICANT DO NOT COMPLETE ANYTHING BELOW THIS LINE**-----

Dear Sir/Madam (Company Name): _____.

Social Security #: _____ has applied to Gholia Bros. Trucking, LLC.
For a position and states that he/she was employed by your company as a:

From _____ to _____.

Thanks in advance for your help. **Please submit the completed form to Raman Sidhu at gholiabrostrucking@comcast.net and/or (253)639-9716.**

1. Employed from _____ to _____ as a:

2. Reason for leaving your company:

a. Resigned _____ Discharged _____ Lay off _____

Other (please explain):

3. If employed as a driver, specify type of equipment driven:

4. Was the applicant's driver's license ever suspended or revoked: Y or N

5. Was his/her general conduct satisfactory? _____ Eligible for rehire? _____

6. Driver Class _____ Type _____ (company, lease, own/op, solo, team, student, etc.)

7. Subject to FMSCA? Y or N Subject to maintain LOGS? Y or N Subject to DOT. D & A? Y or N

DRIVERS DO NOT FILL THIS PAGE.

If no accidents, check box to the left. # Preventable _____ # Non - Preventable _____
#DOT _____ Reportable: _____

Date	City/State	Description	Fatalities	Injuries	Hazmat?	Preventable?

1. Has this person ever tested positive for a controlled substance in the past three years?
Y N N/A
2. Has this person had an alcohol test with a B.A.C of 0.04 or greater in the past three years?
Y N N/A
3. Has this person ever refused a required test for drugs or alcohol in the past three years?
Y N N/A
4. Has this person had other violations of D.O.T. Drug & Alcohol regulations in the past three years?
Y N N/A
5. Has this person violated a D.O.T. Drug or alcohol regulation in the past three years?
Y N N/A
If yes, has this person successfully completed follow - up and return to duty testing?
Y N N/A
This includes all pre-employment testing.
6. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations?

If you answered yes to any above questions, please give the SAP'S name address, and phone number for further reference:

NAME: _____

ADDRESS: _____

PHONE: _____

COMPLETED BY: _____ (Printed Name)

SIGNATURE: _____ TITLE _____ DATE: _____

PHONE: _____ COMPANY DOT#: _____

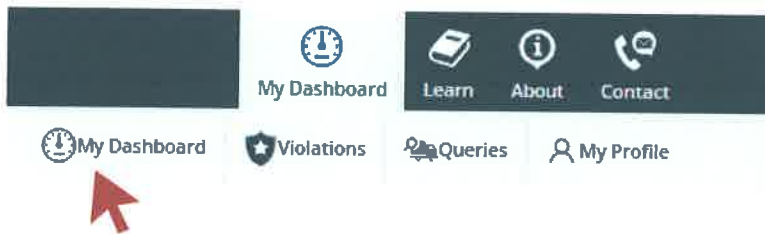
EMAIL: _____



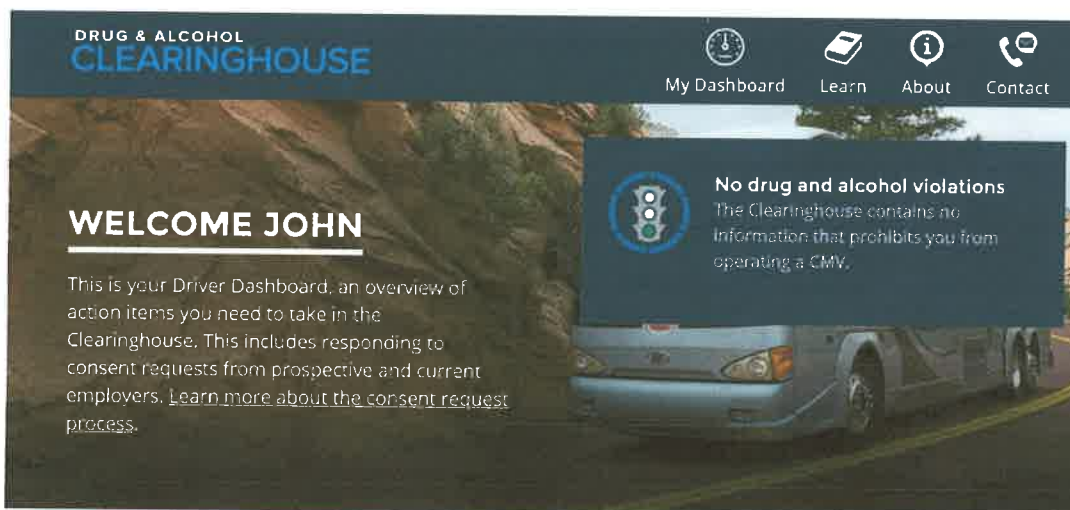
How do I respond to a consent request?

If an employer has requested your specific, electronic consent in the Clearinghouse, follow the instructions below.

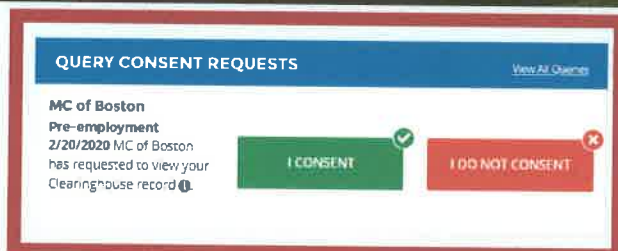
- 1 Visit <https://clearinghouse.fmcsa.dot.gov/> and log in to the Clearinghouse. If you have not yet registered for the Clearinghouse, click **Register** to [create your Clearinghouse account](#).
- 2 Upon logging in, you will see your Driver Dashboard. (If you don't see it, click **My Dashboard**.)



- 3 Locate the box labeled **Query Consent Requests**. From this screen, you can either click **I consent** to provide your consent, or click **I do not consent** to refuse your consent.



Note: For pre-employment queries, such as in the example at left, employers will be notified if there is an update to your driver record within 30 days of the original query. The employer would need to send you a new consent request to view this updated information.



If you believe information has been inaccurately reported, you can file a petition to initiate a data review.



4 Depending on your selection, you will be prompted to either confirm your consent, or confirm that you are refusing your consent. Be sure to read this information carefully, as your selection may impact your eligibility to operate a commercial motor vehicle for the employer requesting your consent.

I CONSENT

Confirm your consent for your employer to receive specific drug and alcohol violation information about you.

In accordance with 49 C.F.R. § 382.701(c), MC of Boston has requested access to any drug or alcohol violation information that exists about you in the Federal Motor Carrier Safety Administration (FMCSA) Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) for specific consent as required by 49 C.F.R. §§ 382.701(c), 40.301, and 390.25(a) in order for FMCSA to disclose to MC of Boston drug or alcohol violation information as required by Federal regulations. Learn more.

By confirming your specific consent below, you are authorizing FMCSA to disclose to MC of Boston any drug or alcohol violation information about you that exists in the Clearinghouse as of 12/26/2018.

In accordance with 49 C.F.R. § 382.701(c), your consent below further authorizes FMCSA to notify MC of Boston if any additional drug or alcohol violation information about you is recorded to the Clearinghouse within 30 days after MC of Boston's pre-employment query. MC of Boston must first obtain specific consent from you before FMCSA can disclose the additional violation information.

Do you recognize this employer?

If you receive a consent request from an employer for which you are not currently employed, or for which you are not currently applying for a position, you can reject this to FMCSA using the "No" button.

Do you consent to FMCSA releasing this information to MC of Boston?

YES
Disclose any information that exists about me in the Clearinghouse.

NO
Do not disclose any information that exists about me in the Clearinghouse.

I DO NOT CONSENT

You are refusing to provide your specific consent.

Failure to provide the specific consent requested by MC of Boston means that FMCSA will not disclose to MC of Boston any drug or alcohol violation information about you that exists in the Clearinghouse.

As a result of your refusal to provide specific consent, MC of Boston is prohibited from allowing you to perform safety-sensitive functions, such as driving a commercial motor vehicle, in accordance with 49 C.F.R. § 382.701(c).

Do you consent to FMCSA releasing this information to MC of Boston?

YES
Disclose any information that exists about me in the Clearinghouse.

NO
Do not disclose any information that exists about me in the Clearinghouse.

What will happen if I provide or refuse my consent for a full query?

Consult this table and find the information related to your situation.

	 If you have no drug and alcohol program violation(s) in your Clearinghouse record	 If you have drug and alcohol program violation(s) in your Clearinghouse record
<div style="background-color: #2e8b57; color: white; padding: 10px; border-radius: 5px; display: inline-block;"> I CONSENT </div>	<p>The employer will be informed that you are not prohibited from performing safety-sensitive functions such as operating a CMV.</p>	<p>Your violation information, including return-to-duty status, will be disclosed to the employer. You will receive a confirmation of this disclosure.</p>
<div style="background-color: #c00000; color: white; padding: 10px; border-radius: 5px; display: inline-block;"> I DO NOT CONSENT </div>	<p>FMCSA will not disclose any information to the employer. As a result of your refusal to provide specific consent, the employer will be informed that you are prohibited from performing safety-sensitive functions, such as operating a CMV.</p>	