

Goal Transports, Inc. dba
TRANS-NATIONAL EXPRESS
8600 GATEWAY EAST
EL PASO, TEXAS 79907

No Pets _____
PLEASE INITIAL

Owner/Operator _____
Company Driver _____
Lease Driver _____
Lease Company _____

DRIVER APPLICATION

Date Completed _____

Date of Hire _____

This application is current for ninety (90) days only. Thereafter, if you wish to be considered, you must fill out a new application.
All information must be completed, if a question does not apply, write N/A. PLEASE PRINT IN INK.

PERSONAL

NAME _____		SSN _____		CITIZEN OF THE U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRESENT ADDRESS _____	LAST _____	FIRST _____	MIDDLE _____	HOW LONG? _____	PHONE # () _____
HOW LONG HAVE YOU LIVED IN THIS AREA _____	STREET _____	CITY _____	STATE _____	ZIP _____	AREA CODE _____
NOTIFY IN CASE OF EMERGENCY _____		DATE OF BIRTH _____		CDL ENDORSEMENTS _____	
		MO. / DAY / YEAR			
ADDRESS _____				PHONE # () _____	
				AREA CODE _____	
HAVE YOU EVER APPLIED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE _____			
HAVE YOU HAD ANY PREVIOUS ASSOCIATION WITH THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
DATES FROM _____ TO _____		POSITION _____			
REASON FOR LEAVING _____					
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT? _____			
WERE YOU REFERRED TO OUR COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO		BY WHOM? _____			

RESIDENCE ADDRESSES

LIST RESIDENCE ADDRESSES FOR THE PAST 3 YEARS.

(1) _____	Street _____	City _____	State _____	Zip _____
(2) _____	Street _____	City _____	State _____	Zip _____
(3) _____	Street _____	City _____	State _____	Zip _____

EDUCATION

TRUCK DRIVING SCHOOL

HAVE YOU ATTENDED TRUCK DRIVING SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		START DATE _____		GRADUATION DATE _____			
NAME _____		LOCATION _____					
GRADE, HIGH SCHOOL AND COLLEGE							
CIRCLE HIGHEST GRADE COMPLETED.		Grade School 1 2 3 4 5 6 7 8		High School 1 2 3 4		College 1 2 3 4	
OTHER _____		LAST SCHOOL ATTENDED _____		NAME _____		ADDRESS _____	
DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE LAST ATTENDED OR GRADUATION DATE _____					
OTHER EDUCATION _____							

MILITARY STATUS

HAVE YOU SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO					
BRANCH _____		DATES: FROM _____ TO _____			
ARE YOU CURRENTLY A MEMBER OF THE ACTIVE RESERVES OR NATIONAL GUARD? <input type="checkbox"/> YES <input type="checkbox"/> NO					
LIST ANY SPECIAL SKILLS OR TRAINING THAT YOU RECEIVED _____					

DRIVING EXPERIENCE — (Student must complete this section also)

TYPE OF EQUIPMENT	LENGTH OF EXPERIENCE	APPROXIMATE # OF MILES
STRAIGHT TRUCK _____		
TRACTOR & SEMI TRAILER _____		
TRUCK & FULL TRAILER _____		
OTHERS _____		

IN WHAT STATES HAVE YOU DRIVEN REGULARLY? _____ _____ _____ _____	WHAT AWARDS DO YOU HOLD FOR SAFE DRIVING? _____ _____ _____ _____
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WORK EXPERIENCE — Please include dates of unemployed time.

Show the past ten (10) years employment history. List below past and present employers, Beginning with your present or most recent employer, all time must be accounted for including unemployment!

Name of Company _____	()	Area Code — Phone # _____
Address of Company _____	City _____	State _____ Zip _____
Date Employment Began _____	Date Employment Ended _____	Reason for Leaving _____
Your Job Classification _____	Name of Supervisor _____	
Accidents _____		
Equipment Driven _____	Miles Per Week _____	

Name of Company _____	()	Area Code — Phone # _____
Address of Company _____	City _____	State _____ Zip _____
Date Employment Began _____	Date Employment Ended _____	Reason for Leaving _____
Your Job Classification _____	Name of Supervisor _____	
Accidents _____		
Equipment Driven _____	Miles Per Week _____	

Name of Company _____	()	Area Code — Phone # _____
Address of Company _____	City _____	State _____ Zip _____
Date Employment Began _____	Date Employment Ended _____	Reason for Leaving _____
Your Job Classification _____	Name of Supervisor _____	
Accidents _____		
Equipment Driven _____	Miles Per Week _____	

Name of Company _____	()	Area Code — Phone # _____
Address of Company _____	City _____	State _____ Zip _____
Date Employment Began _____	Date Employment Ended _____	Reason for Leaving _____
Your Job Classification _____	Name of Supervisor _____	
Accidents _____		
Equipment Driven _____	Miles Per Week _____	

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 Name of Company _____ Area Code -- Phone # _____
 Address of Company _____ City _____ State _____ Zip _____
 Date Employment Began _____ Date Employment Ended _____ Reason for Leaving _____
 Your Job Classification _____ Name of Supervisor _____
 Accidents _____
 Equipment Driven _____ Miles Per Week _____

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 Name of Company _____ Area Code -- Phone # _____
 Address of Company _____ City _____ State _____ Zip _____
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 Equipment Driven _____ Miles Per Week _____

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()
 Name of Company _____ Area Code -- Phone # _____
 Address of Company _____ City _____ State _____ Zip _____
 Date Employment Began _____ Date Employment Ended _____ Reason for Leaving _____
 Your Job Classification _____ Name of Supervisor _____
 Accidents _____
 Equipment Driven _____ Miles Per Week _____

HAVE YOU EVER BEEN CONVICTED OF DWI, DUI, CARELESS OR RECKLESS DRIVING, 15 MPH OVER POSTED SPEED LIMIT, LEAVING ACCIDENT SCENE, OR USING COMMERCIAL VEHICLE IN COMMISSION OF A FELONY?

YES NO DATE _____

EXPLAIN _____

HAS YOUR LICENSE OR PRIVILEGE TO DRIVE EVER BEEN SUSPENDED OR REVOKED FOR ANY REASON?

YES NO DATE _____

EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR OTHER THAN A TRAFFIC VIOLATION?*

YES NO DATE _____

EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY?*

YES NO DATE _____

EXPLAIN _____

LIST ALL DRIVERS LICENSES THAT YOU PRESENTLY HOLD OR HAVE HELD IN THE PAST 3 YEARS.

LICENSE #	STATE	EXPIRATION DATE

List and explain in detail giving dates and location of all accidents that you have been involved in during the past five years, in any type of vehicle, and regardless of whether you feel they were chargeable or non-chargeable **FAILURE TO LIST ALL ACCIDENTS MAY RESULT IN YOUR DISQUALIFICATION. IF YOU HAVE HAD NO ACCIDENTS IN THE PAST 5 YEARS, WRITE "NONE"**

Date	Type Vehicle	Whose Fault?	Fatalities? Yes or No	Injuries? Yes or No	\$ Amount of All Damage
Describe Accident					

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Describe Accident					

Date	Type Vehicle	Whose Fault?	Fatalities? Yes or No	Injuries? Yes or No	\$ Amount of All Damage
Describe Accident					

Date	Type Vehicle	Whose Fault?	Fatalities? Yes or No	Injuries? Yes or No	\$ Amount of All Damage
Describe Accident					

TRAFFIC VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 5 years. **FAILURE TO LIST ALL TRAFFIC VIOLATIONS MAY RESULT IN YOUR DISQUALIFICATION. IF YOU HAVE HAD NO TRAFFIC VIOLATIONS IN THE PAST 5 YEARS, WRITE "NONE"**

Traffic Conviction(s): Describe	Date	City & State	Penalty

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employer(s)
- Have errors in the information corrected by previous employers and for those previous employers to re-send the correct information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Date

Applicant's Signature

(MUST BE SIGNED AND DATED)

1st request: _____ 2nd request: _____ 3rd request: _____



Goal Transports, Inc. dba
TRANS-NATIONAL
EXPRESS

12250 Windermere Ave / El Paso, TX 79928
Phone (915) 595-2955 / Fax (915)-500-4024
Adriana – ext 110 asandoval@tnexpress.net

VERIFICATION OF PREVIOUS EMPLOYMENT

Company Name: _____ Attention: _____

Fax #: _____ Email: _____

Applicant: _____ S.S. #: _____

Dates of employment: _____ to _____

Please indicate type of equipment:

*Tractor trailer *straight truck *other (specify) _____

*48 states *Northeast *Southeast *North Central *South Central *Northwest *Southwest *Local

If any accidents please specify:

Date: _____ Location: _____

Injuries: _____

Date: _____ Location: _____

Injuries: _____

Date: _____ Location: _____

Injuries: _____

Work Injuries: _____ Date: _____

Description:

Was this person's CDL ever suspended while under your employ? _____

Did applicant have any log problems: _____ If yes, please explain: _____

General conduct: *Excellent *Good *Satisfactory *Poor

Reason for leaving your employ:

*Resigned *Discharged *Laid Off *Abandoned Equip. *Co. Policy Violation

Eligible for rehire? _____ If no, please explain: _____

I authorize release of the following information concerning DOT drug and alcohol testing violations in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT regulated testing items:

1. Alcohol tests with a result of 0.04 or higher
2. Verified positive drug tests
3. Refusals to be tested
4. Other violations of DOT agency drug and alcohol testing regulations
5. Information obtained from previous employers of a drug and alcohol rule violation
6. Documentation, if any, of completion of the return-to-duty process following a rule violation

DRUG AND ALCOHOL HISTORY

- Has this person tested positive for a controlled substance in the last 2 years? Y N
- Has this person had an alcohol test with a BAC of 0.04 or greater in the last 2 years: Y N
- Has this person refused a required a required test for drugs in the last 2 years? Y N
- Has this person violated other DOT drug/alcohol regulations? Y N
- Have you received information from a previous employer that this person violated DOT drug and alcohol regulations? Y N

Name of Person providing information

Date

I hereby authorize Goal Transports, Inc its officers and agents to investigate and compile a complete history of my former employment with any and all information concerning my ability, character, criminal convictions, etc. I release Goal Transports, Inc its officers and agents from any and all liability for any damages whatsoever in the gathering and use of the information concerning me. I further release any and all agencies from all liability for furnishing information concerning me to Goal Transports, Inc.

Applicant's Signature: _____ Date: _____

Goal Transports, Inc VERIFICATION RELEASE

I hereby authorize, without liability, any person or organization, including but not limited to any educational institution, training facility, or any institution, whose name I have given as a reference, or by whom I have been previously employed, to furnish Goal Transports, Inc (Company) any information they may have concerning my character, habits, ability, financial responsibility, job performance, reasons for leaving employment, and all information concerning my employment or training to give such information to other companies and carriers requesting such information. Furthermore, there may be entities that the Company does business with that may request investigative reports or consumer reports which may apply to my background. In this case, these reports would apply to my assignment to projects related to the Customer, permission to be on the Customer's premises and to handle its products and other security concerns of the Customer. I hereby release all such persons and organizations from any claims for damages of any kind, which may occur to me by reasons of furnishing such information. I hereby authorize any law enforcement agency of court of record to furnish Goal Transports, Inc information concerning Motor Vehicle Record, or any felony or misdemeanor of which I have been convicted.

Under the authority granted me by 49 CFR parts 40 and 382, I hereby authorize and require my previous and/or current employers by whom I applied for employment in the three year period preceding the date of this application to release the date, type of test and result of all drug and alcohol test, to the Director of Driver Personnel, or the Employment Placement Specialist assigned to process my application at Goal Transports, Inc. If I tested positive on any controlled substance test, had an alcohol test with a concentration of 0.04 or greater or refused to take any drug or alcohol test, I also authorize the release of all information concerning my referral to Substance Abuse Professional (SAP) including all records pertaining to my evaluation and treatment (if required by SAP). I authorize this release by whatever means is most expedient and agree to hold harmless any past employer or any person or company I applied with as well as their employees, agents, or representatives from all liability or damage that may arise from the release of the information specifically authorized here.

Applicant Rights (pursuant to 49 CFR part 391.23 (i) effective October 29, 2004): I understand that I have the right to review information provided by my previous employees, to have errors corrected by the previous employers and re-sent to Goal Transports, Inc, once corrected, and to have a rebuttal statement attached to any alleged erroneous information should my previous and I not agree on the accuracy of the information. I further understand that information provided by me will be used for employment determinations and that my previous employer will be contacted for the purpose of investigating my safety performance history information as required by paragraphs (d) and (c) of 49 CFR Part 391.23. Request to review my previous employer information must be in writing. A release form for employment records can be requested by calling 915-595-2955 or mail to Drive Personnel–Information: 12250 Windermere Ave, El Paso, TX 79928.

Driver's Printed Name

Social Security Number

Driver's Signature

Date

Goal Transports, Inc
PRE-EMPLOYMENT NOTIFICATION OF TESTING FOR
ALCOHOL AND CONTROLLED SUBSTANCES

Federal Motor Carrier Safety Regulations, Section 302-301 – pre-employment testing requirements, apply to driver-applicants of this company.

302-301 Pre-Employment testing:

(A) Prior to the first time a driver performs safety-sensitive functions for an employer, the driver shall undergo testing for alcohol and controlled substances. No employer shall allow a driver to perform safety-sensitive functions unless the driver has been administered an alcohol test with a result indicating an alcohol concentration less than 0.01 and has received a controlled substances test result from the medical review officer indicating a valid negative test result. If a pre-employment alcohol test under this section indicated an alcohol content of 0.02 or greater but less than 0.01, the provisions of 382,505 shall.

As a condition of my employment, I agree to undergo testing for alcohol and controlled substances.

My written authorization is required for the alcohol and controlled substances test result to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Notification of Testing for Alcohol and Controlled Substances.

Applicant's Printed Name

Date

Applicant's Signature

Witnessed by:

Company Representative

Date

Goal Transports, Inc
**PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND
DRUG TEST STATEMENT sec. 40.25**

Sec. 40.25 (j) As the employer, you must also ask the employee 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 Department of Transportation (DOT) agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety sensitive functions for you until and unless the employee documents successful completion of the return-to-duty process (see Sec. 40.25(b) (5) and (e).

The prospective employee is required by Sec. 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, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?

Yes No

Company Name

Street Address

City

State

Zip Code

Prospective Employee Signature

Date

Witnessed By (signature)

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 Goal Transports, Inc dba Trans-National Express ("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 Goal Transports, Inc dba Trans-National Express ("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 12/22/2015

DECLARATION OF OCCUPATIONAL HISTORY GAPS

I understand that I must provide my complete occupational history for the past 3 years, and all CDL required history for the 7 years preceding that. Any gaps in occupational history longer than 1 month are explained as follows:

From: _____ To: _____

During this time, I was engaged in the following activity:

In addition:

_____ I was not contracted by any company or individual

_____ I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle

To Be Read and Signed By Applicant

I authorize you to make such investigations and inquiries of my personal, occupational history, financial or medical history and other related matters as may be necessary in arriving at an owner operator contractor decision. (Generally inquiries regarding medical history will be made only if and after a conditional offer has been extended.) I hereby release occupational history, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my driver application.

In the event of an offer, I understand that false or misleading information given in my application may result in termination of contract. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous occupational history may be used, and those contacts will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by the previous contacts;
- Have errors in the information corrected by previous contacts and for those previous contacts to re-send the corrected information to the prospective company; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous contact(s) and I cannot agree on the accuracy of the information.

Signature: _____

Date: _____

Goal Transports, Inc Pre-Employment Clearinghouse Consent Form

I, _____, hereby provide consent to Goal Transports, Inc, to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

This consent form authorizes Goal Transport to a single limited query and I understand this is for pre-employment hiring purposes.

I understand that if the limited query conducted by Goal Transports, Inc indicates that drug or alcohol violation information about me exists in the Clearinghouse, Goal Transports will request consent from me to conduct a full query. FMCSA will not disclose full query information to Goal Transports, Inc without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Goal Transports, Inc to conduct a full query of the Clearinghouse, Goal Transports, Inc will not offer me any type of driving position.

Driver's Printed Name

Social Security Number

Driver's Signature

Date