



McGuire Transportation Inc.

P.O. Box 184

Belton, TX 76513

Dear Prospective Driver,

Thank you for your interest in becoming part of a transportation company dedicated to being the best in the industry. It is our goal at McGuire Transportation to exceed industry standards in safety, on time deliveries, and professionalism. To meet this goal, we must employ drivers of the highest caliber. This means a good driving record, positive attitude, and a neat and professional appearance.

Whether you are interested in joining as a company driver or an owner-operator, you will be on a winning team. Texas Regional, or Long Haul, McGuire Transportation drivers always get plenty of home time and still earn good pay with benefits. Texas drivers are normally home every day or every other day and Regional drivers average dispatch is 3-5 days.

Attached, you will find details on employment qualifications, compensation, benefits, and an application with instructions along with drug/alcohol and previous employment history release forms. Please complete the application entirely (only sign and date release forms) and return it, along with a photocopy of your driver's license, social security card, and D.O.T. Physical, in the self addressed stamped envelope.

Sincerely,
Phil L. McGuire
McGuire Transportation, Inc.
President

2917 Eberhardt Rd.

Temple, TX 76504

(254) 791-1003

(800) 333-0794

Minimum Requirements

All Drivers are required to;

1. Have at least two years driving experience.
2. At least 23 years of age.
3. Have a working home telephone.
4. Be drug free.
6. Maintain a good driving record.
7. Cannot have any convictions of violent offenses. (Management of McGuire Transportation, Inc determines violent offense.)

Compensation

Compensation For Company Drivers

(Owner-Operator compensation packages are given verbally)

Per Mile Pay

Drivers mileage pay and raises after 90 days of employment. Regional drivers receive a \$0.02 per mile bonus for going out of the State of Texas.

Unloading Pay

Drivers are paid a flat fee and by the hundredweight then pro rated by stop for any unloading.

Stop Pay

Drivers are paid \$15.00 for each in transit stop after first pick up and before final destination.

Layover Pay

Drivers are paid \$50.00 per layover.

Guarantee Pay

All drivers are guaranteed to make \$100.00 minimum mileage pay for shorter Loads

Some restrictions apply, but all drivers fulfilling their responsibilities are eligible.

Benefits

Medical Insurance

Medical insurance is available for all employees after 90 days of employment. The employee is responsible for \$18.21/week of the premium additional cost for family plans. This is the Scott & White Health Plan and it includes:

- a. Major Medical
- b. Dental
- c. Optical
- d. Prescription



Retirement Program

After 90 days of employment all employees are eligible to participate in the Retirement plan. Contact Payroll Admin for Details on a Simple IRA plan.

Paid Vacation

Employees receive;

- a. 1 week paid vacation after 1 year of service
- b. 2 weeks paid vacation after 3 years of service

Uniforms

Drivers receive uniform shirts within 30 days of employment.

Rider Plans

A rider policy is available to qualified drivers.

DRIVER'S APPLICATION FOR EMPLOYMENT

**McGUIRE TRANSPORTATION, INC.
P.O. Box 184
Belton, TX 76513**

(ANSWER ALL QUESTIONS - PLEASE PRINT OR TYPE)

In compliance with Federal and State equal employment opportunity laws, all qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Positions Applying For	
Regional (OTR)	<input type="checkbox"/>
Texas Only	<input type="checkbox"/>
Shuttle (Local Temple, TX Area)	<input type="checkbox"/>
Office/Clerical	<input type="checkbox"/>
Other	<input type="checkbox"/>

If other please describe _____

Date Of Application ____/____/____ **Social Security No.** ____ - ____ - ____

Name _____
Last First Middle-

List your addresses of residency for the past 3 years.

Current Address _____
Street City

_____ **Phone** _____ **How Long** _____
State Zip

Previous Address _____ **How Long** _____
Street City State & Zip

_____ **How Long** _____
Street City State & Zip

_____ **How Long** _____
Street City State & Zip

Do you have the legal right to work in the United States? _____

Date Of Birth ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for McGuire Transportation or any related companies before? _____

Where? _____ Dates: From _____ To _____

Position _____ Rate of Pay _____

Are you employed now? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

Is there any reason you might be unable to perform the functions of the Job for which you have applied [as described in the job description]? _____

If yes, explain if you wish. _____

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicant to drive a commercial motor vehicle (as described by the Federal Motor Carriers Safety Regulations) in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. For a total of 10 years employment history.

Note: (List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer				Dates	
Name				From	To
				Month Year	Month Year
Address				Salary	
City		State		Reason For Leaving	
			Zip		
Contact Person			Phone Number	Position Held	

Employer				Dates	
Name				From	To
				Month Year	Month Year
Address				Salary	
City		State		Reason For Leaving	
			Zip		
Contact Person			Phone Number	Position Held	

Employer				Dates	
Name				From	To
				Month Year	Month Year
Address				Salary	
City		State		Reason For Leaving	
			Zip		
Contact Person			Phone Number	Position Held	

Employer				Dates	
Name				From	To
				Month Year	Month Year
Address				Salary	
City		State		Reason For Leaving	
			Zip		
Contact Person			Phone Number	Position Held	

Employer				Dates	
Name				From	To
				Month Year	Month Year
Address				Salary	
City		State		Reason For Leaving	
			Zip		
Contact Person			Phone Number	Position Held	

Accident Record

(Past 3 years)

If none you must enter NONE

Date	Nature Of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries

Traffic Convictions

(Moving Violations)

If none you must enter NONE

Location	Date	Charge	Penalty

(Attach Sheet If More Space Is Needed)

Education

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

Last School Attended _____
Name City State

Drivers License Qualifications

List all licenses held within last 3 years

Drivers License Number	State	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

B. Has any license, permit or privilege ever been suspended or revoked? _____

(If the answer to either A or B is yes, attach statement-giving details)

Driving Experience

Class Of Equipment	Type OF Equipment (Van, Tank, Flat, Etc.)	Dates		Approx Miles
		From	To	
Straight Truck				
Tractor And Semi-Trailer				
Tractor - Two Trailer				
Motor coach - School Bus				
Other				

List states operated in for last 5 years _____

Show special courses or training _____

Which safe driving awards do you hold and from whom? _____

Other Experience And Qualifications

Show any other experience that may help in your work for McGuire Transportation. _____

List courses and training other than shown elsewhere in this application. _____

List special equipment or technical material you can work with (other than those already shown) _____

To be read and signed by applicant

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. 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 McGuire Transportation.

Date

Applicants Signature

I, _____, hereby grant McGuire Transportation, Inc. the authority to obtain any personal information pertaining to my previous employment; up to and including Alcohol tests results, Drug Screen tests, Refusals to be tested, Other Violations of DOT agency drug & alcohol testing regulations, Documentation of any successful completion of DOT return to duty requirements (if applicable). In conjunction with this background check, I authorize you to release all information regarding my services, character, and conduct while in your employment as a CDL driver and you are released from any and all liability may result from furnishing such information.

Applicant's Name Printed

Applicant's Signature

Date Signed