

* Please Fill Out Highlighted Areas Only *

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: _____ Contact Person: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Confidential Fax #: _____

Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382, 383 and 391 Subpart G, within the past three years, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I understand should I refuse to provide the written consent requested, the prospective motor carrier employer shall not permit me to operate a commercial motor vehicle for that motor carrier per FMCSA 391.23(f).

I _____, hereby authorize this company to release all records of employment, including assessments
Print Name

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: _____ Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

I worked for this company from the dates of ____/____/____ to ____/____/____

Applicant's Signature SSN or ID Number D.O.B. Today's Date

SECTION I - Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information, as required by FMCSR Part 391.23(e) and 40.25. If no drug and alcohol information is available on above-named applicant, check here.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Within the previous three (3) years, has the driver had violated any of the alcohol and controlled substance prohibitions under FMCSR 382, Subpart B, or 49 CFR 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If the answer to number one is "yes", did the driver fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to FMCSR 382.605, or 45 CFR 40, Subpart O? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If the answer to number two is "yes", if the driver successfully completed the SAP rehabilitation referral and remained in your employment, did the driver have any of the following testing violations subsequent to the completion of the rehabilitation program described above? | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Any alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Any verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) Any refusals to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ. * | <input type="checkbox"/> | <input type="checkbox"/> |

J & J TRANSPORT SERVICES, LLC

APPLICATION FOR EMPLOYMENT

(answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability. I understand that the information in this application may be used and that prior employers may be contacted for purposes of investigation as required by the Federal Highway Administration, 49 CFR & 391.23, Investigation and Inquiries.

Date of Application: _____

Referred by: _____ Position Applied for: _____

Name: _____ Social Security #: _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address: _____
Street City

State Zip Code Phone: _____ How Long? _____
yr. /mo.

Previous Addresses _____ How Long? _____
Street City State & Zip Code yr. /mo.

Street City State & Zip Code How Long? _____
yr. /mo.

Street City State & Zip Code How Long? _____
yr. /mo.

Emergency Contact: _____ Relationship: _____ Phone: _____

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 this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay: _____ Position: _____

Reason for leaving: _____

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

Have you ever been convicted of a felony, or have you pled guilty or no contest (nolo contendere) to a felony offense? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, please explain: _____

EDUCATION

CIRCLE 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) (Date)

