

Application for Employment

JSJ Express LLC

PO Box 104, Aberdeen KY 42201

Applicant: _____ Date of Application: _____ DOB: _____
 SS#: _____ DL#: _____ ST: _____ Exp: _____

Yes	N/A	Item
<input type="checkbox"/>	<input type="checkbox"/>	Permission to run / receive: <input type="checkbox"/> MVR <input type="checkbox"/> Long Form Medical <input type="checkbox"/> Safety Performance Records
<input type="checkbox"/>	<input type="checkbox"/>	PSP <input type="checkbox"/> Signed Release <input type="checkbox"/> Given Fair Credit Reporting Form <input type="checkbox"/> PSP Received
<input type="checkbox"/>	<input type="checkbox"/>	Copy of commercial driver license (CDL) <input type="checkbox"/> Temporary <input type="checkbox"/> Not a CDL
<input type="checkbox"/>	<input type="checkbox"/>	MVR: Date: _____ Result: <input type="checkbox"/> Active <input type="checkbox"/> Valid
<input type="checkbox"/>	<input type="checkbox"/>	Long form physical & certificate <input type="checkbox"/> Fully completed & signed by doctor <input type="checkbox"/> BP under 140/90 <input type="checkbox"/> Marked as qualified Expiration Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Independent Contractor agreement, if appropriate
<input type="checkbox"/>	<input type="checkbox"/>	Declaration of Employment Status
<input type="checkbox"/>	<input type="checkbox"/>	Declaration of <input type="checkbox"/> Accidents & <input type="checkbox"/> Tickets / Citations last 5 years
<input type="checkbox"/>	<input type="checkbox"/>	Employment history – <input type="checkbox"/> No gaps, or <input type="checkbox"/> Explanation provided
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental employment page
<input type="checkbox"/>	<input type="checkbox"/>	Safety performance history records request
<input type="checkbox"/>	<input type="checkbox"/>	Past employment verified (preceding 5 years)
<input type="checkbox"/>	<input type="checkbox"/>	Experience: From: _____ to _____ Apx Miles: _____ <input type="checkbox"/> Intrastate <input type="checkbox"/> Interstate
<input type="checkbox"/>	<input type="checkbox"/>	Certification of compliance with driver license requirements
<input type="checkbox"/>	<input type="checkbox"/>	Certification of violations (signature only – used annually)
<input type="checkbox"/>	<input type="checkbox"/>	Statement of on-duty hours
<input type="checkbox"/>	<input type="checkbox"/>	Certification for other compensated work
<input type="checkbox"/>	<input type="checkbox"/>	Fair credit reporting act disclosure statement
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol and controlled substance consent and release
<input type="checkbox"/>	<input type="checkbox"/>	I-9 Completed <input type="checkbox"/> 1 item List A OR <input type="checkbox"/> 1 item List B PLUS <input type="checkbox"/> 1 item List C
<input type="checkbox"/>	<input type="checkbox"/>	New drivers, proof of successful completion of CDL driving course
<input type="checkbox"/>	<input type="checkbox"/>	New drivers (or drivers renewing), 6-month trial period has passed
<input type="checkbox"/>	<input type="checkbox"/>	Application for employment fully completed and signed by applicant
<input type="checkbox"/>	<input type="checkbox"/>	HazMat Certification: Type: _____ Expires: _____
<input type="checkbox"/>	<input type="checkbox"/>	Drug screen results: Date: _____ <input type="checkbox"/> CCF Form <input type="checkbox"/> Negative
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Road Test: Date: _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Training <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Accepted _____ years of experience in lieu of road test
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Brake Inspection / Certification: Date: _____ Notes: _____
<input type="checkbox"/>	<input type="checkbox"/>	Acknowledgement of Orientation <input type="checkbox"/> Handbook <input type="checkbox"/> Drugs & Alcohol <input type="checkbox"/> Hours of Service <input type="checkbox"/> CSA <input type="checkbox"/> Defensive Driving <input type="checkbox"/> Discipline / Incentives <input type="checkbox"/> Other: _____
Hired Date: _____ If not, why: _____		
Termination Date: _____ Reason: _____		
Eligible for Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____		

Equal Employment Opportunity Statement

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, veteran status, non-job related disability, or any other protected group status.

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 interviews 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 employers 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 employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected 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.

Specifically, I authorize you 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 (specific form detailing my permission follows).

Specifically, I authorize you to access state and/or federal systems to seek information regarding my Motor Vehicle Records (MVR) history.

Specifically, I share with you the Medical Examination Report for Commercial Driver Fitness Determination (the long-form).

Specifically, I authorize you to perform a Safety Performance History Records Request with any former employer listed in this document.

Driver Name: _____

Signature: _____ Date: _____

Notice Regarding Background Reports

1. In connection with your application for employment with JSJ Express 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize JSJ Express 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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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.

Signature: _____ Date: _____

Printed Name: _____

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

You must be told if information in your file has been used against you.

Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free.

You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identity theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to

remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

Federal enforcers are:

Type of Business	Contact
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches or agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

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Applicant Information

Name: _____ (_____) _____
First Middle Last Telephone

Social Security #: _____ Date of Birth: _____

State	Driver License #	Type	Expiration Date
_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

If you answered yes to either of the above 2 questions, attach a statement of explanation.

Current Address: _____
Street City State, Zip How Long?

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

Need at least 3 years _____
Street City State, Zip How Long?

Do you have the legal right to work in the United States? Yes No

Can you provide proof of legal status? Yes No Can you provide proof of age? Yes No

Emergency Contact Name: _____ Relation: _____

Contact Address: _____ Phone #: (_____) _____

Employment Information

Have you worked for this company before? Yes No From: _____ To: _____

Reason for leaving? _____

Are you now employed? Yes No If not, date left last employment: _____

Have you ever been bonded? Yes No Name of bonding company: _____

Have you ever been convicted of a felony? Yes No If yes, 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?

Yes No If yes, please explain: _____

Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Higher: _____

Last school attended: _____ City, State: _____

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Declaration of Employment Status

There are no gaps in the last 10 years of over 1 month.

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

From: _____ To: _____, I was engaged in the following activity:

I was not employed 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.

From: _____ To: _____, I was engaged in the following activity:

I was not employed 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.

From: _____ To: _____, I was engaged in the following activity:

I was not employed 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.

Accidents for Past Five (5) Years

I have no accidents to report.

Date	Description	# of Injuries / Fatalities
_____	_____	_____
_____	_____	_____
_____	_____	_____

Traffic Convictions & Forfeitures for Past Five (5) Years

I have none to report.

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Employment Record

NOTE: DOT requires employment for three (3) years previous and/or commercial driving experience for past 10 years be shown. We will attempt to run records checks on employment for the past five (5) years.

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

- Were you subject to the FMCSRs while employed? Yes No
- Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

- Were you subject to the FMCSRs while employed? Yes No
- Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

- Were you subject to the FMCSRs while employed? Yes No
- Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

- Were you subject to the FMCSRs while employed? Yes No
- Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

* If additional space is needed to show commercial driving experience for past 10 years, please go to the next page.

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

Applicant: _____ Date: _____

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Supplemental Employment Record

NOTE: DOT requires employment for three (3) years previous and/or commercial driving experience for past 10 years be shown. We will attempt to run records checks on employment for the past five (5) years.

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

- Were you subject to the FMCSRs while employed? Yes No
- Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

- Were you subject to the FMCSRs while employed? Yes No
- Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

- Were you subject to the FMCSRs while employed? Yes No
- Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

- Were you subject to the FMCSRs while employed? Yes No
- Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

* If additional space is needed, please request an additional page.

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

Applicant: _____ Date: _____

Safety Performance History Records Request

Section 1: To Be Completed By Prospective Employee

I (print name): _____
First, M.I., Last _____ Social Security Number _____ Date Of Birth _____

Hereby Authorize:

Previous Employer: _____ Telephone: _____
Street: _____ Fax Number: _____
City, State, Zip: _____ Email: _____
[] Company uses web-based safety performance system: _____

To release and forward the information requested by Section 3 of this document concerning my Alcohol and Controlled Substance testing records within the previous three (3) years from _____ to _____ (dates of employment).

To: JSJ Express LLC Att: Rhonda Merideth Email: rem@truckingram.com
PO Box 104 Aberdeen KY 42201 Phone: 270.282.1548 Fax: 270.526.4799

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or email.

Applicant's Signature _____ Date _____

Section 2: To Be Completed By Previous Employer

Employment History: The applicant named above was employed by us. [] Yes [] No

Employed from (m/y) _____ to (m/y) _____

Did s/he drive a motor vehicle for you? [] Yes [] No If yes, what type? [] Straight Truck [] Tractor Trailer

[] Other: _____

Reason for leaving your employ: [] Discharged [] Resignation [] Lay-Off [] Military Duty

If there is no safety performance history to report, check here [], sign below & return.

Accident History

Complete the following for any accidents included on your accident register (§390.15(b) that involved the applicant in the 5 years prior to the application date shown above, or check here [] if there is no accident register data for this driver.

Table with 5 columns: Date, Location, # Injuries, # Fatalities, Hazmat Spill

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____ Title: _____ Date: _____

Section 3, continued: To Be Completed By Previous Employer

Drug & Alcohol History

If driver was not subject to DOT testing requirements while employed by this company, please check here [], fill in the dates of employment - from (m/y)_____ to (m/y)_____, complete bottom of Section 3, sign, and return.

Driver was subject to DOT testing requirements from (m/y)_____ to (m/y)_____. [] Yes [] No

- 1. Has this person had an alcohol test with a result of 0.04 or higher? [] Yes [] No
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? [] Yes [] No
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow up controlled substance test? [] Yes [] No
4. Has this person committed other violations of Subpart B of Part 382 or Part 40? [] Yes [] No
5. If this person has violated a DOT drug & alcohol regulation, did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation with this form. [] Yes [] No
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? [] Yes [] No

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Name: _____ Telephone: _____

Company: _____

Street: _____ City, State, ZIP: _____

Signature: _____ Title: _____ Date: _____

Section 4: To Be Completed By Prospective Employer

1st Attempt [] Faxed [] Mailed [] Emailed [] Other: _____

By: _____ Date: _____

2nd Attempt [] Faxed [] Mailed [] Emailed [] Other: _____

By: _____ Date: _____

3rd Attempt [] Faxed [] Mailed [] Emailed [] Other: _____

By: _____ Date: _____

Information was received by: [] Fax [] Mail [] Email [] Other: _____

Received by: _____ Date: _____

Driver Experience

<i>Type of Equipment</i>	<i>From (Date)</i>	<i>To (Date)</i>	<i># of Miles</i>
Straight Truck (CIRCLE: van, tank, flat, dump, refer)	_____	_____	_____
Tractor & Semi-Trailer (CIRCLE: van, tank, flat, dump, refer)	_____	_____	_____
Tractor – Two Trailers (CIRCLE: van, tank, flat, dump, refer)	_____	_____	_____
Tractor – Three Trailers (CIRCLE: van, tank, flat, dump, refer)	_____	_____	_____
Motorcoach – School Bus (9-15)	_____	_____	_____
Motorcoach – School Bus (16+)	_____	_____	_____

- United States: The Lower 48 States AK AL AR AZ CA CO CT DE FL GA
ID IL IN IA KS KY LA MA MD ME MI MN MO
MS MT NC ND NE NH NJ NM NY NV OH OK OR
PA RI SC SD TN TX UT VT VA WA WV WI WY
 Canada: AB BC MB NB NF NS NT ON PE PQ SK YT

Driver-related special training: _____

Certification of Compliance with Driver License Requirements

Motor Carrier Instructions: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding. The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

Driver Requirements: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows: You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990. If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it: you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver’s license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

Driver Certification: I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Driver License #: _____ State: _____ Exp. Date: _____

Driver Signature: _____ Date: _____

Certification of Violations

Motor Carrier Instructions: Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (including violations for parking only) of which the driver has been convicted, or on account of which he has forfeited bond or collateral during the preceding 12 months. (Section 391.27)

Drivers who have provided information required by Section 383.31 need not repeat that information.

Driver Requirements: Each driver shall furnish the list as required by the motor carrier above if the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he shall so certify. (Section 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Table with 4 columns: Date, Offense, Location, Type of Vehicle Operated. Multiple empty rows for data entry.

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver License #: _____ State: _____ Exp. Date: _____

Driver's Signature _____

Motor Carrier's Name _____

Motor Carrier's Address _____

Certification Date _____

Reviewed By: Signature _____

Title _____

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Driver Statement Of On-Duty Hours

Motor carriers, when using a driver for the first time, must obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the carrier, as required by section 395.8(j)(2) of the Federal Motor Carrier Safety Regulations. Hours for any work during the preceding 7 days, including any compensated work for a non-motor carrier, must be recorded on this form.

Day	1	2	3	4	5	6	7 (yesterday)
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 (time) ____ AM PM on (date) _____.

I am still employed.

Applicant's Signature

Date

Driver Certification For Other Compensated Work

When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, and performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer?

Yes No

At this time, do you intend to work for another employer while still employed by this company?

Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Applicant's Signature

Date

Witness Signature

Date

Application for Employment

JSJ Express LLC

PO Box 104, Aberdeen KY 42201

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number

Employer Witness

Company Name

Alcohol and Controlled Substances

Have you ever refused to be tested for drugs and/or alcohol at any time in the last two (2) years? Yes No

Have you ever tested positive for drugs and/or alcohol at any time in the last two (2) years? Yes No

Have you ever tested positive on any pre-employment drug or alcohol test for a job which you applied for but did not obtain? Yes No

If you answered yes to any of the above questions, attach a statement of explanation and provide proof of return to duty process.

Alcohol and Controlled Substance Consent and Release

I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post Accident

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

Applicant's Signature

Date

Print Name

Social Security Number

Employer Witness

Company Name



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Form with fields for Last Name, First Name, Middle Initial, Other Names Used, Address, Apt Number, City or Town, State, Zip Code, Date of Birth, U.S. Social Security Number, E-mail Address, Telephone Number.

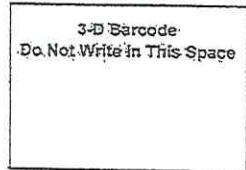
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
A noncitizen national of the United States (See instructions)
A lawful permanent resident (Alien Registration Number/USCIS Number):
An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

- 1. Alien Registration Number/USCIS Number:
OR
2. Form I-94 Admission Number:



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number:

Country of Issuance:

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: Date (mm/dd/yyyy):

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: Date (mm/dd/yyyy):

Last Name (Family Name) First Name (Given Name)
Address (Street Number and Name) City or Town State Zip Code

STOP Employer Completes Next Page STOP

Section 2: Employer or Authorized Representative Review and Verification
 (Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space.

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3: Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Hire (if applicable): Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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Acknowledgement of Orientation & Training

Initials: _____ I acknowledge that I have received training on the Driver Handbook, which includes the following:

- Safety Policy, Hiring Process, Cell Phone / Texting, Load Securement, Maintenance Program, Speeding / Driving Recklessly, Accident Reporting / Investigation, Post-Accident Report, Driver Responsibilities, Designated Employee Representative (DER), Road Test

Initials: _____ I acknowledge that I have received training on the Drugs & Alcohol Policies, including:

- Drugs & Alcohol Policy, Effects of Alcohol & Controlled Substances, List of Treatment Centers, Reasonable Suspicion, Designated Employee Representative (DER)

Initials: _____ I acknowledge that I have received training on the Hours of Service Policies, including:

- Hours of Service Regulations, Hours of Service Limits, 14-Hour duty Limit, 11-Hour Driving Limit, 60/70 Hour Duty Limit, 34-Hour Restart, Travel Time, Off-Duty Time, Adverse Driving Conditions Exception, Driver's Daily Log

Initials: _____ I acknowledge that I have received training on CSA, which includes the following:

- BASICs, Scores for Both Drivers & Companies, Responsibility for Compliance, Time-Weighting Violations & Crashes, Data Collection, Interventions

Initials: _____ I acknowledge that I have received training on Defensive Driving, which includes the following:

- Accident Prevention, Schedules, Loads & Routes, DD in Various Situations, Recordable Accident Rates, Accident Analysis, Non-Preventable Accidents

Initials: _____ I acknowledge that I have received training on Discipline & Incentives as a driver for this company.

I understand that it is my responsibility to read the policies in their entirety and that that as an employee of this company, I am required to abide by the rules and regulations established by these policies, and by DOT regulations, and that I am subject to consequences if I violate the policies and regulations. I understand that the policies and regulations may change to comply with federal and state laws, and that I may obtain a current copy of the policies at any time during business hours from my employer's designated employee representative (DER). I understand that if I have any questions about these policies or regulations, or if I need assistance or resources related to any of these policies or problems, I may take those questions and concerns to my employer's DER without fear of consequence or retribution.

Printed Name of Employee

Employee's Signature

Social Security #

Date

Signature of Supervisor or DER

Date

DOT requires all DOT-covered employees to sign this acknowledgment form. The original of this form will be retained in the employee's file in compliance with DOT regulations.