



JSK TRUCKING COMPANY INC

167 ROCKBRIDGE ROAD SW

LILBURN, GA 30047

Applicant Name: _____
(print name)

Date of Application: _____

In compliance with Federal and State equal 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.

MUST 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. 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 the information I provide regarding current and/or past 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 291.23(d) and (e). I understand that I have the right to:

- Review information provided by 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.

Signature: _____ Date: _____

Referral Name and Phone

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APPLICANT TO COMPLETE

(answer all questions - please print)

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Position(s) Applied for: _____

Name: _____ Social Security No: _____

Phone number: _____ Mobile Number: _____

List previous address of residency for the past 3 years

Current Address: _____

Street

City

How Long? _____

yr./mo.

State

Zip Code

Previous Address

Street

City

State & Zip Code

How Long? _____

yr./mo.

Previous Address

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State & Zip Code

How Long? _____

yr./mo.

Previous Address

Street

City

State & Zip Code

How Long? _____

yr./mo.

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

Date of Birth: _____ Can you provide proof of age? Yes No

(Commercial Drivers - Only)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years.

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION

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 the answer to either question above is checked "Yes," you must provide explanation:



ACCIDENT RECORD

Must report accident record for the past 3 years or more (attach additional sheet if more space is needed) if none, write NONE.

	DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES	HAZARDOUS
Last Accident					
Previous					
Previous					
Previous					

TRAFFIC CONVICTIONS

Must report traffic convictions and forfeitures for the past 3 years (other than parking violations) if none, write NONE.

LOCATION	DATE	CHARGE	PENALTY

DRIVING EXPERIENCE EQUIPMENT CLASSIFICATION

CLASS OF EQUIPMENT			CIRCLE TYPE					FROM	TO	MILES
	Yes	No	Van	Tank	Flat	Drump	Refer			
Straight Truck	Yes	No	Van	Tank	Flat	Drump	Refer			
Tractor & Semi-Trailer	Yes	No	Van	Tank	Flat	Drump	Refer			
Tractor - 2 Trailers	Yes	No	Van	Tank	Flat	Drump	Refer			
Tractor - 3 Trailers	Yes	No	Van	Tank	Flat	Drump	Refer			
Motor Coach more than 6 Passengers	Yes	No								
Motor Coach more than 15 Passengers	Yes	No								
Other										

EMPLOYMENT HISTORY

All driver applicants who are applying to drive in interstate commerce must provide the following information on all previous employers during the preceding 3 years. Applicants to drive commercial motor vehicles shall also provide an additional 7 years' information on those employers for the applicant operated such vehicle (49 CFR 383) providing a total of 10 years of employment history. Each employer must complete mailing address, street number, city, state and zip code. When completing information for each employer start with the most recent and list in reverse order. Add another sheet as necessary.

Applicants to drive commercial motor vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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EMPLOYMENT HISTORY (continued)

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EMPLOYER			DATE	
Name			From	To
Address			Month /Year	Month /Year
City	State	Zip		
Contact	Phone		Position	
Reason for Leaving				
Were you subject to the FMCSR safety regulations with this employer? 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 49CFR Part 40? Yes No				

EMPLOYER			DATE	
Name			From	To
Address			Month /Year	Month /Year
City	State	Zip		
Contact	Phone		Position	
Reason for Leaving				
Were you subject to the FMCSR safety regulations with this employer? 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 49CFR Part 40? Yes No				

EMPLOYER			DATE	
Name			From	To
Address			Month /Year	Month /Year
City	State	Zip		
Contact	Phone		Position	
Reason for Leaving				
Were you subject to the FMCSR safety regulations with this employer? 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 49CFR Part 40? Yes No				

EMPLOYER			DATE	
Name			From	To
Address			Month /Year	Month /Year
City	State	Zip		
Contact	Phone		Position	
Reason for Leaving				
Were you subject to the FMCSR safety regulations with this employer? 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 49CFR Part 40? Yes No				

EMPLOYER			DATE	
Name			From	To
Address			Month /Year	Month /Year
City	State	Zip		
Contact	Phone		Position	
Reason for Leaving				
Were you subject to the FMCSR safety regulations with this employer? 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 49CFR Part 40? Yes No				



EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
Name			From	To
Address			Month /Year	Month /Year
City	State	Zip		
Contact	Phone		Position	
Reason for Leaving				
Were you subject to the FMCSR safety regulations with this employer? 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 49CFR Part 40? Yes No				

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TO BE READ AND SIGNED BY APPLICANT

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.

Signature: _____ Date: _____

APPLICANT AFFADAVIT

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. I have completed the attached application and the information provided is correct to the best of my knowledge. I have been given my Right to Due Process statement. You, as my prospective employer, are authorized to check my background and previous employment history. This includes medical, personal and financial history and matters that may be necessary for potential employment. Any misleading or false information may be grounds for discharge. I will follow the rules and procedures of the company.

Signature: _____ Date: _____



PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

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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 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 the employee documents successful completion of the return to duty process (see Sec. 40.25(b)(5) and (e).

Company Name _____

Address _____

City, State, Zip _____

Applicant Name _____

ID Number _____

The applicant is required by Sec. 40.25(j) to respond to the following two questions:

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

Yes _____ No _____

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

Yes _____ No _____

Applicant Signature _____ Date _____

Witnessed By _____ Date _____



**U.S. DEPARTMENT OF TRANSPORTATION MOTOR CARRIER SAFETY PROGRAM
ANNUAL REVIEW OF DRIVING RECORD**

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Print Driver's Name _____

Social Security Number _____

I have reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations such as speeding, reckless driving, and operation while under the influence of alcohol and drugs, that indicate that the driver has exhibited a disregard for the safety of the public. I find that:

_____ the driver meets minimum requirements for safe driving, or

_____ the driver is disqualified to drive a motor vehicle pursuant to 391.15

Review date _____ Motor Carriers Name _____

Signature and Title of Reviewer _____

Review date _____ Motor Carriers Name _____

Signature and Title of Reviewer _____

Review date _____ Motor Carriers Name _____

Signature and Title of Reviewer _____



MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS
391.28(d) 391.51(b)(6)

I certify that the following is an accurate and complete list of traffic violations (other than parking) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	State	Vehicle Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed, I certify that have not been convicted or forfeited bond or collateral for any violation during the past 12 months.

Certification Date _____ Driver's Signature _____

Motor Carriers Name and Address _____

Reviewer's Signature _____

Reviewer's Title _____

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**INQUIRY TO STATE AGENCY FOR DRIVER'S RECORD
391.23**

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Driver's Name _____

Social Security Number _____

Operator's License Number _____

Dear _____

The above listed driver has applied for a driver position with our company. The applicant has indicated that the above license number has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make an inquiry into the applicant's driving record during the preceding 3 years of every State that he/she has held a motor vehicle license.

Please certify the individual's driving record for the past three years or certify that no record exists if that is the case.

If this form does not satisfy your requirements for making such inquiries, please send us such forms of yours as necessary for us to complete our inquiry into the driving record of this applicant.

Respectfully,

Signature of Prospective Employer

Print Name and Title of Prospective Employer

Motor Carrier Name

Motor Carrier Address



DRIVERS "DUE PROCESS RIGHTS" STATEMENT

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(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years-via the application form or other written document prior to any hiring decision-that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) 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,

(i)(1)(iii) 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.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (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.

(i)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

(i)(2) 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 a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.



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(j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

(j)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

(j)(4)(i) Forward a copy of the rebuttal to the prospective motor carrier employer,

(j)(4)(ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

(j)(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

(j)(6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at §386.12.

(k)(1) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.

(k)(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

(l)(1) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against

(l)(1)(i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,

(l)(1)(ii) A person who has provided such information; or

(l)(1)(iii) The agents or insurers of a person described in paragraph (l) (1) (i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

(l)(2) The protections in paragraph (l) (1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.



DUE PROCESS STATEMENT

I have received a "Due Process" statement.

Signature: _____

Date: _____

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DRIVER'S ROAD TEST EXAMINATION

Driver's Name: _____

Test Date: _____ Social Security No: _____

Phone number: _____ Mobile Number: _____

Current Address: _____

Street

City

State

Zip Code

The road test shall be given by the motor carrier or a person designed by the motor carrier. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who is taking the test has demonstrated that he/she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rate of Performance	Description of Activity
_____	The pre-trip inspection (49 CFR 392.7)
_____	Coupling and uncoupling of combination units, if the equipment he/she may drive includes combination units.
_____	Place the equipment in operation.
_____	Use of vehicle's controls and emergency equipment.
_____	Operating the vehicle in traffic and while passing other vehicles.
_____	Turning the vehicle.
_____	Braking and slowing the vehicle by means other than braking.
_____	Backing and parking the vehicle.
_____	Other, explain: _____

Type of equipment used in giving test: _____

Examiner's Signature: _____ Date: _____

If the road test is successfully completed the examiner shall complete a certificate of driver's road test.

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CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the examiner shall complete this Certificate of Driver's Road Test. The original of the Certificate shall be retained in the employing motor carrier's driver qualification file for the driver examined and a copy shall be given to the driver who completed the road test (49 CFR 391.31).

CERTIFICATE OF DRIVER'S ROAD TEST

Driver's Name: _____

Social Security Number: _____

Operator's License Number: _____ State: _____

Type of Power Unit: _____

Type of Trailer(s): _____

If passenger carrier, type of coach: _____

This is certify that the above named driver was given a road test under my supervision on _____, 20____, consisting of approximately _____ miles of driving

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

(Signature of Examiner)

(Title of Examiner)

(Organization and Address of Examiner)



FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

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In accordance with the provision 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 obtained on you for employment purposes. These reports are required by Section 382.413, 391.23 and 391.25 of the Federal Motor Cartier Safety Regulations.

Print Driver's Name _____

Driver's Signature _____

Date _____

Social Security Number _____



DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

Motor Carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier (49 CFR 395.8).

Driver's Name: _____

Social Security Number: _____

Operator's License Number: _____ State: _____

Class: _____ Endorsement(s): _____ Restriction(s): _____

Day	1 (Yesterday)	2	3	4	5	6	7	
Date								
Hours Worked								Total Hours

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

_____ A.M / P.M. on _____
Time Day Month Year

Driver Signature

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**DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK
(For Newly Hired Drivers)**

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When employed by a motor carrier, a new driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in 49 CFR 395.2 includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Driver's Name: _____

Social Security Number: _____

Operator's License Number: _____ State: _____

Class: _____ Endorsement(s): _____ Restriction(s): _____

Circle One

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.

Driver Signature

Date

Company Representative Signature

Date