

SBR Express, LLC

1752 Ranchtown Rd
Hickory Flat, MS 38633

Ph: 662-224-4820
Fax: 662-510-0393

Applicant Name _____ Date _____

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 THE APPLICANT

I understand that the 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 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 _____

FOR COMPANY USE

APPLICANT HIRED _____	PROCESS RECORD
	REJECTED _____
DATE EMPLOYED _____	TERMINATION DATE _____
REASON _____	

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Position(s) Applied for: _____

Name _____ Social Security No. _____
(Last) (First) (MI)

List your addresses of residency for the past 3 years.

Current

Address _____

(Street)

(City)

How

long? _____

(State)

(Zip Code)

Previous Adresses

(Street)

(City)

(State/Zip)

Previous Adresses

(Street)

(City)

(State/Zip)

Previous Adresses

(Street)

(City)

(State/Zip)

Do you have the legal right to work in the United States? **YES or NO**

Date of Birth _____ / _____ / _____ Can you provide proof of age? **YES or NO**

Have you worked for this company before? _____ **Dates: From** _____ **To** _____

Rate of Pay _____ **Postition** _____

Reason for leaving _____

Who referred you? _____ Rate of pay expected _____

Can you perform, with or without reasonable accommodation, the essential functions of the job [as described in the attached job description]? **YES or NO**

EMPLOYMENT HISTORY

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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.

Applicants to drive a commercial motor vehicle*In intrastate or Interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

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

EMPLOYER	DATE
NAME	FROM: ____MO.____YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	
CONTACT PERSON PHONE NO.	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? __Y__N	REASON FOR LEAVING?
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ____YES____NO	

EMPLOYER	DATE
NAME	FROM: ____MO.____YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	
CONTACT PERSON PHONE NO.	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? __Y__N	REASON FOR LEAVING?
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ____YES____NO	

EMPLOYMENT HISTORY (CONTINUED)

EMPLOYER	DATE
NAME	FROM: ____MO.____YR.

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ADDRESS	POSITION HELD
CITY STATE ZIP	
CONTACT PERSON PHONE NO.	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? <u> </u> Y <u> </u> N	REASON FOR LEAVING?
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <u> </u> YES <u> </u> NO	

EMPLOYER	DATE
NAME	FROM: <u> </u> MO. <u> </u> YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	
CONTACT PERSON PHONE NO.	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? <u> </u> Y <u> </u> N	REASON FOR LEAVING?
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <u> </u> YES <u> </u> NO	

EMPLOYER	DATE
NAME	FROM: <u> </u> MO. <u> </u> YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	
CONTACT PERSON PHONE NO.	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? <u> </u> Y <u> </u> N	REASON FOR LEAVING?
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <u> </u> YES <u> </u> NO	

ACCIDENTS

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				

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NEXT PREVIOUS			
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TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)
EXPERIENCE AND QUALIFICATIONS--DRIVER
DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Y__ N__
- B. Has any license, permit or privilege ever been suspended or revoked? Y__ N__
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS--**

DRIVING EXPERIENCE

CLASS OF EQUIPMENT (Circle Yes or No)	TYPE OF EQUIPMENT (Circle)	DATE FROM (M/Y)	DATE TO (M/Y)	APPROX. MILES
STRAIGHT TRUCK <i>YES OR NO</i>	Van, Tank, Flat, Dump, Reefer			
TRACTOR AND SEMI-TRAILER <i>YES OR NO</i>	Van, Tank, Flat, Dump, Reefer			

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TRACTOR-DOUBLES YES OR NO	Van, Tank, Flat, Dump, Reefer			
TRACTOR-TRIPLES YES OR NO	Van, Tank, Flat, Dump, Reefer			
OTHER _____				

LIST STATES OPERATED IN THE LAST FIVE YEARS:

EXPERIENCE AND QUALIFICATIONS-OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST ANY SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH

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 _____ CITY, ST _____

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: _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.s. Department of Transportation (DOT) regulated drug and alcohol testing.

In accordance with 49 CFR 40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this Individual. **Under DOT rule 391.23(g), you *must* respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

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SECTION 1. TO BE COMPLETED BY THE PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, M.I., Last _____ Social Security Number _____

Hereby authorize:

Previous Employer: _____ Date of Birth _____
Email: _____

Street: _____ Telephone: _____

City, State, Zip _____ Fax No. _____

To release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substance Testing record within the previous 3 years from _____
(date of employment application)

**To: SBR Express, LLC
Attention: Brandy Rath 1752
Ranchtown Rd Hickory Flat, MS
38633 EMAIL:
sam@sbrxpress.com**

Applicant's Signature

Date

SECTION 2. TO BE COMPLETED BY PREVIOUS EMPLOYER

EMPLOYMENT VERIFICATION

The applicant named above was or is employed or used by us. YES _____ NO _____

Employed as (job title) _____ from (m/y) _____ to (m/y) _____

Did he/she drive a commercial motor vehicle for you? YES _____ NO _____ If yes, what type? _____

Completed by: _____

Company: _____

Street: _____

City, State, Zip _____

Signature _____ Date _____

Employee Name _____ Date _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Check here _____ if there is no accident register data for this driver and skip to Section 4. Complete the following for any accident included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown in SECTION 1.

DATE

LOCATION

NO. OF INJURIES FATALITIES HAZMAT SPILL

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1. _____
2. _____
3. _____
Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

SECTION 4. TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

Check here _____ and return if applicant was NOT subject to DOT testing requirements under 49 CFR Part 40 while employed by you. Applicant was subject to DOT testing requirements from _____ to _____. In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SECTION 1.

Within the past 3 years from the application date shown on SECTION 1:

- Has this person violated any of the drug and/or alcohol prohibitors under 49 CFR Part 40 or Subpart B of Part 382? Y ___ N ___
- 1. Did the employee have alcohol tests with a result of 0.04 or higher? Y ___ N ___
- 2. Did the employee have verified positive drug tests? Y ___ N ___
- 3. Did the employee refuse to be tested? Y ___ N ___
- 4. Did a previous employer report a drug and alcohol rule violation to you? Y ___ N ___
- 5. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Y ___ N ___
- 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? Y ___ N ___

Comments _____

Signature _____ Title _____ Date _____

SECTION 5. FOR J&C TRANSPORTATION, LLC USE ONLY

This form was: _____ FAXED _____ EMAILED _____ MAILED _____ OTHER _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (391.23(c)(1)):

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Complete below when information is obtained.
Received from: _____
Recorded by: _____
Date: _____

MOTOR VEHICLE DRIVER'S CERTIFICATION OF Violations/Annual Review of Driving Record

COMPLETED BY DRIVER-CERTIFICATION OF VIOLATIONS			
_____	_____	_____	_____
Name of Driver (PRINT)	ID NUMBER	DATE OF EMPLOYMENT	
_____	_____	_____	_____
TERMINAL (CITY,STATE)	DRIVER'S LICENSE #	STATE	EXPIRATION DATE
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 during the past 12 months. <i>(If you had no violations, check the following box-- _____ NONE.)</i>			

