

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____

Company Jacks Or Better Express LLC

Address 3288 Bellwood Road

City Bardstown State KY Zip 40004

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 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 that 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

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

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APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____
 Name _____ Social Security No. _____
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 _____
Street City State & Zip Code How Long? _____
yr./mo.

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

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

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

Date of Birth _____ Can you provide proof of age? _____
 (Required for Commerical 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? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
 (Answer only if a job requirement)

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, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceeding 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 | | TO | |
| | | | | MO. | YR. | MO. | YR. |
| ADDRESS | | | | POSITION HELD | | | |
| CITY STATE ZIP | | | | SALARY/WAGE | | | |
| CONTACT PERSON | | | | REASON FOR LEAVING | | | |
| | | | | PHONE NUMBER | | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 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? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

EMPLOYMENT HISTORY (continued)

| EMPLOYER | | | DATE | |
|---|-------|--------------|--------------------|---------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | PHONE NUMBER | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

| EMPLOYER | | | DATE | |
|---|-------|--------------|--------------------|---------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | PHONE NUMBER | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

| EMPLOYER | | | DATE | |
|---|-------|--------------|--------------------|---------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | PHONE NUMBER | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

| EMPLOYER | | | DATE | |
|---|-------|--------------|--------------------|---------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | PHONE NUMBER | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

| EMPLOYER | | | DATE | |
|---|-------|--------------|--------------------|---------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | PHONE NUMBER | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

* Includes 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.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

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

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? YES _____ NO _____

B. Has any license, permit, or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

| CLASS OF EQUIPMENT | CIRCLE TYPE OF EQUIPMENT | DATES | | APPROX. NO. OF MILES (TOTAL) |
|---|----------------------------|-----------|---------|---------------------------------|
| | | FROM(M/Y) | TO(M/Y) | |
| STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN,TANK,FLAT,DUMP,REFER) | | | |
| TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN,TANK,FLAT,DUMP,REFER) | | | |
| TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN,TANK,FLAT,DUMP,REFER) | | | |
| TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN,TANK,FLAT,DUMP,REFER) | | | |
| MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small> | _____ | | | |
| MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small> | _____ | | | |
| OTHER _____ | | | | |

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

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 SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) _____

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, STATE) _____

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: _____

Prospective Employee Form For Release Of Information

APPLICANT MUST READ AND SIGN

As part of the application process for employment at Jacks Or Better Express LLC, I understand and voluntarily consent that they and/or their agents may conduct an investigation of my personal information to complete my FMCSA required drivers file per 391.51.

The investigation might include, but is not limited to:

- Names and dates of previous/current employers
- Work experience
- Workers comp claims
- Criminal history records (from state, federal, and other agencies)
- Motor vehicle records (for duration of my employment for required annual reviews as required in FMCSA Regulation 391.25.)
- Military records
- Names and Dates of Education
- Credit History/Bankruptcy
- Drug Testing

In addition, I release and discharge Jacks Or Better Express LLC, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process.

I authorize all persons and/or organizations that may have information relevant to this research to disclose such information to Jacks Or Better Express LLC (or their authorized agent). I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment at Jacks Or Better Express LLC.

I hereby give specific permission to past employers to release drug and alcohol test results or SAP information.

I certify that all information provided is correct on the application/resume to the best of my knowledge. Any false statements will be considered just cause for termination of employment.

Print Full Name

Date

Signature

Date of Birth

Social Security Number

Driver's License Number

DL State

I understand the information I am providing about date of birth will not be used to determine eligibility for employment, but will be used solely for the purpose of obtaining background check information.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1 AUTHORIZATION

Please
Leave
Blank

I, (Print Name) _____, hereby authorize:
(First, M.I., Last)

Previous Employer: _____ Email: _____
Street Address: _____ Phone: _____
City, State, Zip: _____ Fax: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____
(Date of Employment Application)

Prospective Employer: Jacks Or Better Express LLC Attn.: _____
Street Address: 3288 Bellwood Road Phone: _____
City, State, Zip: Bardstown, KY 40004

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: _____
Prospective employer's confidential email: _____

Applicant's Signature _____ Date _____

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

SECTION 2 ACCIDENT HISTORY

The applicant named above was employed by us. Yes No
Employed as _____ from (mm/yy) _____ to (mm/yy) _____
Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor/Semitrailer
 Bus Cargo Tank Doubles/Triples Other (Specify) _____

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

| Date | Location | No. of Injuries | No. of Fatalities | Hazmat Spill |
|----------|----------|-----------------|-------------------|--------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |

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: _____

PREVIOUS EMPLOYER - COMPLETE SIDE 2, SECTION 3

SECTION 3 DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here .

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B or Part 382 or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ if yes, please end documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |

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 on side 1.

Name: _____
 Company: _____
 Street: _____
 City, State, Zip: _____ Phone: _____
 Section 3 completed by (Signature) _____ Date: _____

SECTION 4 MODE OF COMMUNICATION

This form was sent to previous employer via (check one) Fax Mail Email Other _____
 By _____ Date: _____

SECTION 5 RECEIPT INFORMATION

Complete the following when the requested information is obtained.
 Information received from _____
 Recorded by: _____ Method: Fax Mail Email Phone
 Date: _____ Other _____

INSTRUCTIONS FOR COMPLETING THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1 SECTION 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the prospective employer

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to prospective employer

SIDE 2 SECTION 4: Prospective Employer

- Verify that prospective employee has correctly completed SIDE 1 SECTION 1
- Complete the information required in this section
- Make a copy of this form and keep it on file
- Send to previous employer

SIDE 2 SECTION 5: Prospective Employer

- Record receipt of the information in SECTION 5
- Keep form on file for duration of the driver's employment and for three years thereafter

Record of Road Test

| | | | |
|--|--------------------------|-------------------|--------------|
| Driver's Name | Social Security # | Date of Road Test | |
| Address | City | State | Zip |
| Commercial Driver's License (CDL) State & Number: Type: _____ Expires: _____ | Equipment Type Tested In | | Miles Tested |

Evaluation Key

SATISFACTORY
 UNSATISFACTORY
 BLANK ITEM(S) NOT OBSERVED

| | |
|--|--|
| <p>1. Pre Trip Inspection & Emergency Equipment</p> <p>A <input type="checkbox"/> Checks oil, water, steering, under vehicle and general condition of vehicle. Checks fluid(s) leakage</p> <p>B <input type="checkbox"/> Familiar with engine starting procedure.</p> <p>C <input type="checkbox"/> Checks around unit-lights, wipers, horn, tires & wheels, fuel tanks, suspension, brakes, fifth wheel, and electrical lines.</p> <p>D <input type="checkbox"/> Checks for and understands use of required emergency devices, equipment, including fire extinguisher</p> <p>E <input type="checkbox"/> Reviews previous Driver's Vehicle Inspection Report and understands the DVIR preparation and procedures.</p> <p>F <input type="checkbox"/> Tests brake adjustment and action, tractor protection valve, parking brake. Checks for air pressure loss.</p> <p>G <input type="checkbox"/> Cleans & checks windshield, windows and mirrors. Adjust mirrors properly</p> <p>H <input type="checkbox"/> Checks and understands instruments and controls.</p> <p>I <input type="checkbox"/> Makes sure load is properly secured.</p> <p>2. Coupling Tractor and Trailer</p> <p>A <input type="checkbox"/> Lines up units properly, backs tractor until 5th wheel is just in contact with trailer upper coupler plate.</p> <p>B <input type="checkbox"/> Checks 5th wheel for proper angle and jaws are open.</p> <p>C <input type="checkbox"/> Checks for proper trailer height - adjust if necessary</p> <p>D <input type="checkbox"/> Makes sure trailer is secured against movement.</p> <p>E <input type="checkbox"/> Connects brake hoses and makes sure hoses and light cord are clear.</p> <p>F <input type="checkbox"/> Sets trailer brakes.</p> <p>G <input type="checkbox"/> Backs slowly and squarely to the center of trailer until 5th wheel engages trailer king pin, and locks pin.</p> <p>H <input type="checkbox"/> Pulls against pin in low gear to test hook-up.</p> <p>I <input type="checkbox"/> Visually inspects 5th wheel coupler jaw for locked position.</p> <p>J <input type="checkbox"/> Connects light cord.</p> <p>K <input type="checkbox"/> Raises landing gear and properly stores landing gear crank.</p> <p>L <input type="checkbox"/> If trailer at dock, checks to be sure that no one is loading or unloading trailer before pulling it away from dock.</p> <p>M <input type="checkbox"/> Removes wheel chocks and makes test stop to check brake adjustment and operation.</p> <p>N <input type="checkbox"/> Closes and secures trailer doors properly.</p> <p>3. Placing Vehicle in Motion</p> <p>A <input type="checkbox"/> Driver properly adjusts seat and mirrors before putting unit in motion.</p> <p>B <input type="checkbox"/> Allows proper engine warm up</p> <p>C <input type="checkbox"/> Starts unit from rest smoothly.</p> <p>D <input type="checkbox"/> Uses clutch properly.</p> <p>E <input type="checkbox"/> Tests brakes before starting trip.</p> <p>F <input type="checkbox"/> Selects proper gear.</p> <p>G <input type="checkbox"/> Proper RPM when shifting, familiar and comfortable with progressive shifting techniques.</p> <p>H <input type="checkbox"/> Understands fuel economy driving techniques for maximum MPG.</p> | <p>3. Placing Vehicle in Motion (continued)</p> <p>I <input type="checkbox"/> Keeps eyes on road, and maintains steering control during shifting maneuvers.</p> <p>J <input type="checkbox"/> Checks traffic conditions before pulling into traffic.</p> <p>K <input type="checkbox"/> Checks gauges regularly while driving.</p> <p>L <input type="checkbox"/> Does not roll backwards when starting on incline.</p> <p>M <input type="checkbox"/> Drives with both hands on the wheel.</p> <p>N <input type="checkbox"/> Steers smoothly without erratic movements.</p> <p>O <input type="checkbox"/> Maintains proper speeds, within posted limits.</p> <p>4. Uncontrolled Intersections</p> <p>A <input type="checkbox"/> Approaches intersections with speed adjusted to allow stopping if necessary.</p> <p>B <input type="checkbox"/> Exercises good space management - positions other vehicles, looks in all directions, uses mirrors.</p> <p>C <input type="checkbox"/> Gives right of way to vehicles in or entering the intersection.</p> <p>D <input type="checkbox"/> Drives in proper lane, not crowding adjacent lane or curb</p> <p>E <input type="checkbox"/> Gives pedestrians a "brake."</p> <p>5. Overtaking and Passing</p> <p>A <input type="checkbox"/> Checks ahead and behind to be sure passing room is adequate.</p> <p>B <input type="checkbox"/> Properly signals lane change intentions.</p> <p>C <input type="checkbox"/> Warns driver being passed.</p> <p>D <input type="checkbox"/> Picks up speed before moving out into passing lane.</p> <p>E <input type="checkbox"/> Allows ample room before cutting back into original lane.</p> <p>F <input type="checkbox"/> Does not attempt to pass when traffic flow is moving at or about posted speed.</p> <p>6. Controlled Intersections</p> <p>A <input type="checkbox"/> Remains alert for changing traffic conditions.</p> <p>B <input type="checkbox"/> Brings vehicle to a full stop.</p> <p>C <input type="checkbox"/> Stops soon enough to avoid running over crosswalk.</p> <p>D <input type="checkbox"/> Does not allow vehicle to roll forward or backward while waiting for green light.</p> <p>E <input type="checkbox"/> Good coordination of clutch, throttle and gearshift.</p> |
|--|--|

CERTIFICATION OF ROAD TEST

Driver's Name _____

(Social Security Number) _____ (Operators or Chauffeurs License Number) _____ (State) _____

Type of Power Unit _____ Type of Trailer(s) _____

If passenger carrier, type of bus _____

This is to 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)

Jacks Or Better Express LLC 3288 Bellwood Road Bardstown, KY 40004
(Organization and Address of Examiner)

EQUIVALENT OF ROAD TEST FOR CDL DRIVERS

§391.33 Equivalent of road test.

- a) In place of, and as equivalent to, the road test required by §391.31, a person who seeks to drive a motor vehicle may present, and a motor carrier may accept -
 - 1) A valid operator's license which has been issued to him by a State that licenses drivers to operate specific categories of motor vehicles and which, under the laws of that State, licenses him after successful completion of a road test in a motor vehicle of the type the motor carrier intends to assign to him; or
 - 2) A copy of a valid certificate of driver's road test issued to him pursuant to §391.31 within the preceding 3 years.
- b) If a driver presents, and a motor carrier accepts, a license or certificate as equivalent to the road test, the motor carrier shall retain a legible copy of the license or certificate in its files as part of the driver's qualification file.
- c) A motor carrier may require any person who presents a license or certificate as equivalent to the road test to take a road test or any other test of his driving skill as a condition to his employment as a driver.

Motor Vehicle Driver's

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. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) 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 within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

(This form is not required for DOT compliance)

ORIGINAL - MAY BE RETAINED IN PERMANENT FILE

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

INSTRUCTIONS: 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. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____

Driver's License State: _____ Number: _____ Class: _____
Endorsement(s): _____ Restriction(s): _____

Type of License _____ Issuing State: _____

| DAY | 1 <small>(Yesterday)</small> | 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 belief, and that I was last relieved from work at

A.M.
P.M: On _____
Time Day Month Year

Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: 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, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? (Circle One)
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's Signature Date

WITNESS _____
Company Representative Date

Prospective Employee Rights

I understand that any information I provide regarding my present 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 that I have the right to view the information provided by my previous employers and the right to have errors in the information corrected by the previous employer, and for that previous employer to resend the correct information to the prospective employer. I also understand that I have 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 also understand that if I wish to review previous employer provided investigative information, I must submit a written request to the prospective employer at anytime, including when applying, or as late as 30 days after being employed or being notified of denial of employment.

Signature _____ Date ____/____/____

Printed Name _____ Date ____/____/____

~~Manager~~ _____ ~~Date~~ ____/____/____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

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

Prospective Employee Name: _____ ID Number: _____
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions

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

Check one: Yes No

2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)

Company Name Jacks Or Better Express LLC

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, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print name

Social Security number

General Consent for Queries of the Federal Motor Carrier Safety Administration(FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to **Jacks Or Better Express LLC**, or their agents, or associates, to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

Upon my signature, I give consent for annual queries regarding my CDL violations, drug, and alcohol violations and any other Clearinghouse reporting metric and consent will **not** expire until I terminate consent in writing or leave the company permanently.

I understand that if the limited query conducted by **Jacks Or Better Express LLC** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **Jacks Or Better Express LLC** without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for **Jacks Or Better Express LLC** to conduct a limited query of the Clearinghouse, **Jacks Or Better Express LLC** must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

FOR CLD DRIVERS ONLY

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Jacks Or Better 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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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

I authorize Jacks Or Better 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 authorizing 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.

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 challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

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

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

**General Consent for Queries of
the Federal Motor Carrier Safety Administration(FMCSA)
Drug and Alcohol Clearinghouse**

I, _____, hereby provide consent to **Jacks Or Better Express LLC**, or their agents, or associates, to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

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Employee Signature

Date

National Registry Verification

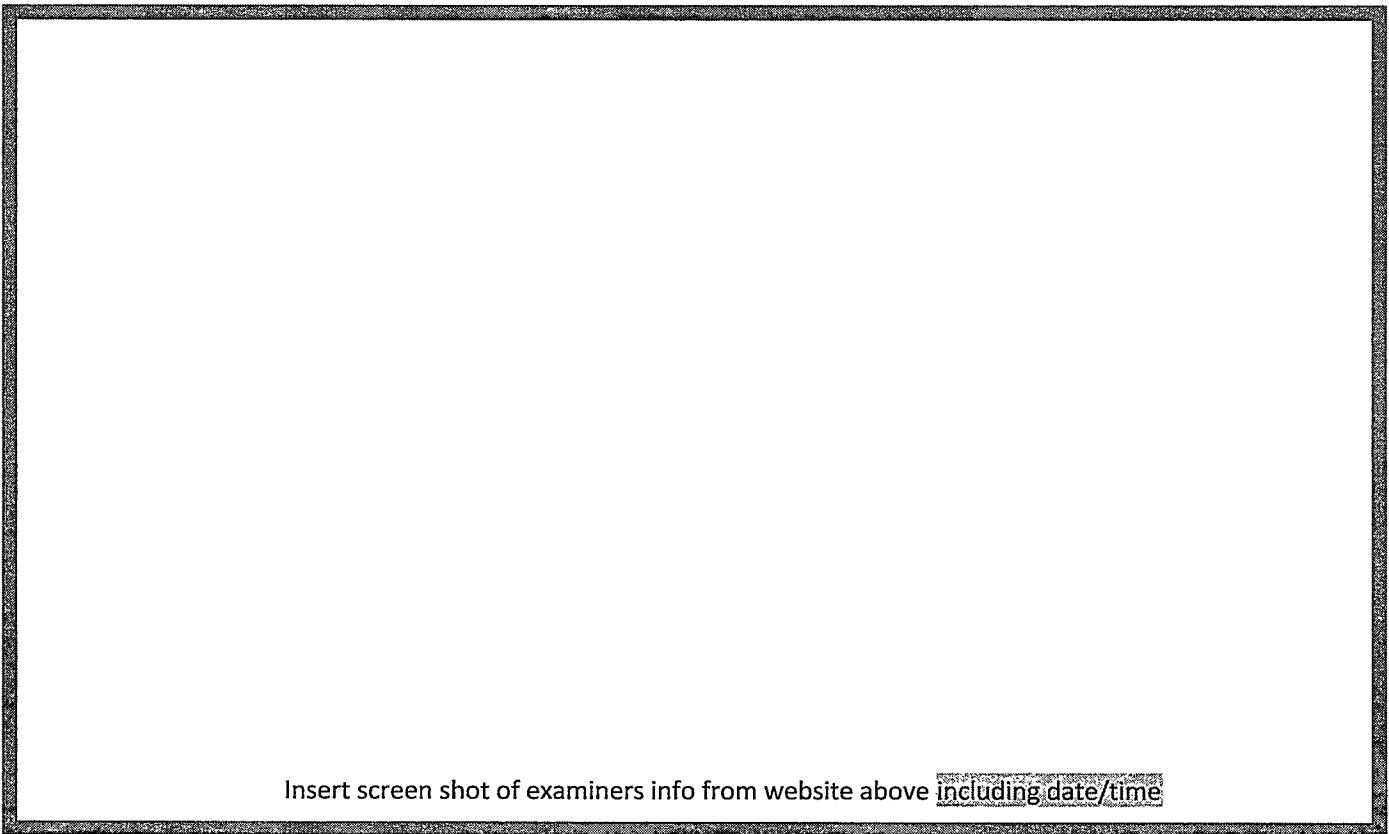
On this date, / /2025, Jacks Or Better Express LLC, or it's agent, has verified that the medical examiners' information has been verified with the National Registry of Medical Examiners @ <https://nationalregistry.fmcsa.dot.gov/home>

Employee Name:

Medical Examiners Name:

National Registry #

Person verifying/title:



Insert screen shot of examiners info from website above including date/time

Attach a copy of this national registry confirmation to the employees' medical card and keep in drivers' qualification file.

Keep the original medical card and confirmation for life of employee's employment + 3 years. Any additional medical cards and national registry verifications can be disposed of once they pass 3 years +1 day from date on document.

You should always have at least 3 medical cards/verifications (original, current, and previous to current).