

Jacks Or Better Express, LLC.
3288 Bellwood Rd.
Bardstown, KY. 40004
DOT # 2368878

Driver Employment Application

Applicant Name: _____ Social Security #: _____
Current Address: _____
City: _____ St. _____ Zip _____ Date of Birth: _____

Residence Past 3 Years

Address: _____
City: _____ St. _____ Zip _____ How Long? _____
Address: _____
City: _____ St. _____ Zip _____ How Long? _____
Address: _____
City: _____ St. _____ Zip _____ How Long? _____

Experience and Qualifications – Driver

MAKE A PHOTO COPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE

Applicant list the states and license numbers of all licenses held for the past 3 years.

STATE	LICENSE #	EXPIRATION DATE	CLASS A,B,	ENDORSEMENTS
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DRIVING EXPERIENCE

Equipment Class	Type of Equipment Van, Flat, Tank, etc	DATES From To	Approx # of Miles Total
Straight Truck			
Tractor Semi Trailer			
Tractor with Doubles			
Tractor with Triples			
Tractor with Tank			
Other			

Accidents/Crashes For the past 3 years or more

DATE	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries
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Applicant's Signature _____

DATE _____

Moving Traffic: Convictions and Forfeitures for the past 3 years.			
Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

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B. Has any license, permit or privilege ever been revoked? ☐ Yes ☐ No

If yes attach statement giving details.

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.

Do you consent to such Testing? ☐ Yes ☐ No

EMPLOYMENT RECORD	
All for past 3 years and Commercial Driving Experience for the past 10 years	
Last Employer: _____ Position held: _____ From: _____ To: _____ Address: _____ City: _____ St: _____ Telephone #: _____ Reason For Leaving: _____ While employed there were you subject to the Federal Motor Carrier Safety Regulations <input type="checkbox"/> Yes <input type="checkbox"/> No Was the duties and responsibilities designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to the Safety Regulations while employed <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Employer: _____ Position held: _____ From: _____ To: _____ Address: _____ City: _____ St: _____ Telephone #: _____ Reason For Leaving: _____ While employed there were you subject to the Federal Motor Carrier Safety Regulations <input type="checkbox"/> Yes <input type="checkbox"/> No Was the duties and responsibilities designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to the Safety Regulations while employed <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Employer: _____ Position held: _____ From: _____ To: _____ Address: _____ City: _____ St: _____ Telephone #: _____ Reason For Leaving: _____ While employed there were you subject to the Federal Motor Carrier Safety Regulations <input type="checkbox"/> Yes <input type="checkbox"/> No Was the duties and responsibilities designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to the Safety Regulations while employed <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Employer: _____ Position held: _____ From: _____ To: _____ Address: _____ City: _____ St: _____ Telephone #: _____ Reason For Leaving: _____ While employed there were you subject to the Federal Motor Carrier Safety Regulations <input type="checkbox"/> Yes <input type="checkbox"/> No Was the duties and responsibilities designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to the Safety Regulations while employed <input type="checkbox"/> Yes <input type="checkbox"/> No

49 CFR part 40		[] Yes [] No
Last Employer: _____		Were you subject to the Safety Regulations while employed [] Yes [] No
Position held: _____	From: _____ To: _____	
Address: _____ City: _____ St: _____		[] Yes [] No
Telephone #: _____		
Reason For Leaving: _____		
While employed there were you subject to the Federal Motor Carrier Safety Regulations		[] Yes [] No
Was the duties and responsibilities designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40		[] Yes [] No

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 (2) years? [] Yes [] No

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

Applicant's Signature _____

DATE _____

Before submitting this application, this is to inform you that the information you provide in this application will be used to contact your previous employers for the purpose of investigating your previous employment and safety performance history, including your drug and alcohol testing results while employed at your previous employers.

That we will contact the State(s) in which you currently or have held a Commercial Driver's License in the last 3 years to obtain a record of your driving history.

We will also obtain from the U.S. Department of Transportation, Federal Motor Carrier Safety Administration the information it has on you relating to the last 3 years of Safety and 5 years of crash history.

I certify that this application was completed by me, that all entries on it are true and complete to the best of my knowledge, and that I have authorized the release of the information indicated above.

Signature _____

Date _____

Addendum

I, _____ (print name) hereby authorize my previous employer's to release any and all information relating to my driving, operating and employment history to _____ as required by 49 CFR 391.23 and 391.25 and other applicable parts of the regulations.

1. Any and all information relating to my employment history
2. Any and all information relating to my driving and accident history.
3. Any and all information relating to drug and alcohol tests
4. My driving record from the State(s) in which I currently have or have had a Driver's License in the last 3 years.
5. Roadside Inspection and Crash Data from the U.S. Department of Transportation, Federal Motor Carrier Safety Administration dating back to five years.
6. At least once every twelve (12) months hereafter, obtain a driving record from each state in which I hold a driver's license during that period.

(Date)

(Applicant's signature)

Company
Address
Address

Applicant Name:	SSN:
This driver has applied for a position with our company. The Driver shows that he/she worked for your company. Can you please provide the following information to the above named company in accordance with 49 CFR Sections 382.405(f) and (h), 391.23, 391.25, 40.25, and 40.321(b)? You are released from any and all liability which may result from releasing such information.	

The above applicant shows that he/she worked for you. Employment dates from _____ to _____				
2. Type of equipment driven <input type="checkbox"/> Straight truck <input type="checkbox"/> Tractor semi-trailer <input type="checkbox"/> Bus Trailer used. <input type="checkbox"/> Van <input type="checkbox"/> Flatbed <input type="checkbox"/> Refrigerated <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Triples <input type="checkbox"/> Doubles				
3. Was the applicant safe and efficient? <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks:				
4. Did the applicant have any accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date	Location City, ST	Towed	Injury	Fatal
5. Reason for leaving your employ. <input type="checkbox"/> Discharged <input type="checkbox"/> Laid off <input type="checkbox"/> Resigned <input type="checkbox"/> Other:				
How was the driver in:	EXCELLENT	GOOD	POOR	
Quality of work				
Cooperation with others				
Safety Habits				
Personal Habits				
Driving Skills				
Attitude				

Was applicant in a safety sensitive function? Yes () No () While employed in a safety sensitive function did applicant violate the alcohol and drug prohibitions of subpart B of 382 and/or 49 CFR Part 40? Yes () No ()

Mailed On:	Faxed To:
Verified by Phone Talked to:	
Signature:	Date:
Motor Carrier:	Phone No.:
Address:	Email:

Driver's Statement of On-Duty Hours

(Previous 7 days statement)

Instructions: 49 CFR 395.8(j)(2) Motor carriers, when using a driver for the first time or intermittently, shall 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 motor carriers.

49 CFR 395.2 On duty time includes driving and working time for another motor carrier and/or performing any compensated work for a person who is not a motor carrier.

Driver's Name (please print) _____

Social Security No. (last 4 numbers only) _____

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

I hereby certify that the information given above is true and correct. I was last relieved from duty at

_____ am pm or _____

Time

Day

Month

Year

Driver's Signature

Date

Driver Certification for Other Compensated Work

Are you currently working for another employer? Yes _____ No _____

Do you intend to work for another employer while employed by this company? Yes _____ No _____

I hereby certify that the information provided above is correct and complete and I understand that if I am employed by any other employer(s) for compensation I must inform this company immediately as stated in Section 395.2 of the Federal motor Carrier Safety Regulations.

Driver's Signature: _____

Date: _____

Witness' Signature: _____

Date: _____

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

I, _____, hereby provide consent to Jacks Or Better Express, LLC. 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. [Employers and employees may also wish to include the terms of the consent. For example, is the driver consenting to a single limited queries be conducted over a fixed period of time or for the duration of employment? Is the number of limited queries specific or unlimited? The scope of this consent would be determined by the employer and the employee.]

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 Name

Date

MVR RELEASE CONSENT FORM

In conjunction with my employment, at _____ ("the company"),
I _____ (employee/applicant name) Consent to the release of
(print name)
my Motor Vehicle Record (MVR) to the company. I understand the company will use these
records to evaluate my suitability to fulfill driving duties that may be related to the position for
which I am applying. I also consent to the review, evaluation, and other use of any MVR I may
have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq.. "Federal Drivers Privacy
Protection Act", and is intended to constitute "written consent" as required by this Act.

Employee/Applicant Signature

Date

Date of Birth

Social Security Number (last 4 digits)

Drivers' License Number

License Expiration Date

Issuing State

(Required for all drivers)

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

Motor Carrier: As stated in FMCSR Part 383.3: "The rules in this part apply to every person who operates a commercial motor vehicle (CMV) in interstate, foreign, or intrastate commerce, to all employers of such persons, and to all States."

Drivers: The Federal Motor Carrier Safety Administration requires that you must comply with the following:

1. **You may possess only one license.** Part 383.21 states: "No person who operates a commercial motor vehicle shall at any time have more than one driver's license."
If you have more than one license you must notify the state that issued the license to inform them you no longer wish to be licensed by that state.

2. **Notifications of convictions for driver violations:** Part 383.31 states: "Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation), shall notify 1) an official designated by the State or jurisdiction which issued such license AND 2) his/her current employer of such conviction. The notification must be made within 30 days after the date that the person has been convicted. If the driver is not currently employed, he/she must notify the State or jurisdiction which issued the license". The notification to the State official and the employer **MUST** be made in writing.

Notification of driver's license suspensions: Part 383.33 states: "Each employee who has a driver's license suspended, revoked, or canceled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State or jurisdiction for any period, or who is disqualified from operating a commercial motor vehicle for any period, shall notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business day following the day the employee received notice of the suspension, revocation, cancellation, lost privilege, or disqualification."

Please indicate below the only license you will possess:

Driver's License Number: _____ State: _____ Expiration Date: _____

By signing this form: I certify that I have read and understand the requirements listed above.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

MEDICAL EXAMINER'S NATIONAL REGISTRY VERIFICATION FORM

THIS INFORMATION IS REQUIRED FOR DOT COMPLIANCE

INSTRUCTIONS FOR MOTOR CARRIER: Beginning May 21, 2014, motor carriers must verify and include verification of the medical examiner's National Registry listing in the driver's qualification file. This requirement is prescribed in FMCSA Regulations 391.23 and 391.51.

FMCSA REGULATION 391.23(m)(1) INVESTIGATION AND INQUIRIES: An original or copy of the medical examiner's certificate issued in accordance with 391.43, along with any variance on which the certification is based, must be obtained by the motor carrier. The motor carrier must also verify the medical examiner who certified the driver was listed on the National Registry of Certified Medical Examiners as of the date the certificate was issued. The records consisting of the medical examiner's certificate and verification of the medical examiner must be placed in the driver qualification file before the driver is allowed to operate a CMV (391.23 (m)(1)).

FMCSA REGULATION 391.51 (b)(9) GENERAL REQUIREMENTS FOR DRIVER QUALIFICATION FILES: Documented verification relating to the listing of the medical examiner on the National Registry of Certified Medical Examiners as required by 391.23(m) and 391.51(b)(9).

VERIFICATION BY MOTOR CARRIER: The medical examiner listed below has been verified as being listed on the National Registry of Certified Medical Examiners as of the date of issuance noted on the medical examiner's certificate presented by the below named driver.

Driver's Name: _____ Identification Number: _____

Medical Examiner's Name: _____

National Registry Number: _____

Motor Carrier Name: _____

Address: _____

Verified By: _____ Date: _____
Motor Carrier Representative

CERTIFICATION OF ROAD TEST

Driver Name: _____

SSN: _____

License Number: _____

State: _____

Power Unit Number: _____

Trailer Type: _____

This is to certify that the driver listed above was given a road test under my supervision on _____
consisting of approximately _____ miles of driving. It is of my opinion that the driver listed above
possesses sufficient driving skills to properly and safely operate the type of motor vehicle listed above.

Examiner's Signature: _____

Title: _____

Company Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

RECORD OF ROAD TEST

Evaluator Name: _____

Date of Test: _____

Driver Name: _____

SSN: _____

License Number: _____

State: _____

Power Unit Type: _____

Trailer Type: _____

Miles Driven: _____

Completion Time: _____

Pre-Trip Inspection	Pass	Fail	N/A
Service Brakes			
Trailer Brakes			
Steering			
Lighting and Reflectors			
Tires			
Horns			
Windshield Wipers			
Mirrors			
Coupling Devices			
Reviews and signs the last vehicle Inspection Report			
Coupling/Uncoupling	Pass	Fail	N/A
Has knowledge of coupling/uncoupling			
Performs coupling operations properly			
Performs uncoupling operations properly			

Pre-Trip Inspection	Pass	Fail	N/A
Service Brakes			
Trailer Brakes			
Steering			
Lighting and Reflectors			
Tires			
Horns			
Windshield Wipers			
Mirrors			
Coupling Devices			
Reviews and signs the last vehicle Inspection Report			
Coupling/Uncoupling	Pass	Fail	N/A
Has knowledge of coupling/uncoupling			
Performs coupling operations properly			
Performs uncoupling operations properly			

Comments: _____

Evaluator's Signature: _____

Date: _____

Annual Violation and Review Certification
49 CFR 391.25

Driver's Name: _____

SSN: _____

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

Date of	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____

If NO violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date of Review _____ Driver Signature _____

On this day I 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 and Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she 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 or drugs, that indicate that the driver has exhibited disregard for the safety of the public. Having done the above, I find that:

- ☐ the driver meets the minimum requirements for safe driving, or
- ☐ the driver is disqualified to drive a motor vehicle pursuant to 391.15

Concurrence:

Date of Review	Motor Carrier Name	Address
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Reviewed by: Signature and Title

Note: This form is required each 12 months. A current MVR is also required and must be obtained and review prior to completing this form. After the review of the MVR and the completion of this form make both this document and the MVR a part of the Driver's Qualification file as required by 49 CFR 391.51.