

JLM Transportation LLC. 1404 Hwy. 71 North #199 Mena, AR 71953

APPLICATION FOR DRIVER QUALIFICATION

(AS REQUIRED BY §391 FMCSR (DOT SAFETY REGULATIONS)

Applicants are considered for job without regard to race, color, creed, age, sex, handicap, or national origin.

	[] Comp	any driver	[] Owner Opera	itor []Part	:Time [] Full Time	
Date:					Cell # ()	
Name:	DDU	ALT BREATE			ome # ()	
First Current Add	PRII dress	<u>NT</u> Middle		Last		(Area)	
Other	Number	Stre	eet	City	,	ST	Zip
Address							
(<u>Past 3 Years</u>)	Number	s	treet	С	ity	ST	Zip
Date of Bi	rth	Social Secur	ity #	Drivers Lice	ense#/S	tate l	Exp. Date
First CDL	Class A:	→	Original State	e CDL issued	_	Original [Date issued
Spouse / Eme	rgency Con	tact: Name	Address	3	Pho	ne #	
TO BE READ AN	ND SIGNED B	BY APPLICANT / DF	RIVER				
This certifies th	at I complete	ed this application	and all entries and ir	nformation is true	and correc	t to the best of n	ny knowledge.
and other relate history will be n schools, health connection with In the event of	ed matters as nade only if a care provide n my applicat	s may be necessa and after a condition ers and other perso ion. , I understand that	gations and inquiries ry in arriving at an er onal offer of employr ons from all liability in false of misleading	mployment decis nent has been ex n responding to i	ion. (Genera ktended.) I h nquiries and	ally, inquiries reg ereby release e I releasing inforr	garding medical mployers, mation in
I understand the be contacted, for understand that Provided Have e	understand, at informatio or the purpos t I have the rounderrors in the in	se of investigation right to: provided by previous nformation correct	ing current and/or pr my safety performar ous employers ed by previous empl	rules and regulatevious employer nce history as rec	ions of the 0 s may be us quired by 49	Company. ed, and those e CFR 391.23(d)	mployer(s) will and (e). I
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EMPLOYMENT RECORD FOR PAST TEN (10) YEARS LISTING ALL EMPLOYERS

Begin with your present job or most recent job & work backwards. Keep dates in order. Last three years must be accounted for.

Current or Most Recent Employer: Supervisor's Name: Were you subject to Federal Motor Carrier Safety Regulations? [] Yes [] No Were you subject to DOT regulated drug & alcohol testing? [] Yes [] No ______ Telephone (_______) ______ Date From ______ to _____ Position Held: _____ Reason For Leaving? _____ # of Accidents: ______ # of States driven in: ____ Second from Current Employer: ____Supervisor's Name: ____ Were you subject to Federal Motor Carrier Safety Regulations? [] Yes [] No Were you subject to DOT regulated drug & alcohol testing? [] Yes [] No ___ Telephone (_____) ____) _____ Date From _____ to ____ Position Held: _____ Reason For Leaving? ____ # of Accidents: _____ # of States driven in: ____ Supervisor's Name: _____ Third from Current Employer: Were you subject to Federal Motor Carrier Safety Regulations? [] Yes [] No Were you subject to DOT regulated drug & alcohol testing? [] Yes [] No Forth from Current Employer: ___ Supervisor's Name: _____ Were you subject to Federal Motor Carrier Safety Regulations? [] Yes [] No Were you subject to DOT regulated drug & alcohol testing? [] Yes [] No ____ Telephone (_______) _____ Date From ______ to _____ Position Held: ______ Reason For Leaving? _____ Firth from Current Employer: ____ ____Supervisor's Name: _____ Were you subject to Federal Motor Carrier Safety Regulations? []Yes []No Were you subject to DOT regulated drug & alcohol testing? [] Yes [] No Position Held: _____ Reason For Leaving? ____ # of Accidents: _____ # of States driven in: ____ Sixth from Current Employer: ___ ____Supervisor's Name: _____ Were you subject to Federal Motor Carrier Safety Regulations? [] Yes [] No Were you subject to DOT regulated drug & alcohol testing? [] Yes [] No ______ Telephone (______) _____ Date From _____ to _____ Position Held: ______ # of States driven in: _____ # of States driven in: _____

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			į	<u>List All</u> Dri	vers lice	ense/pe	rmits he	ld in th	e past 3	3 years	3
	State		l	_icense Nuı	mber		Туре	•		Expi	ation Date
Check End Indicate <u>Al</u>	orsements L Restricti	that you ons on y	have: our CD	[]Com			zardous N	laterials	[] Air	Brakes	[] Tanks
List	all vehicle	movino		TRAFFIC C					ears (lf	none w	rite none)
	Date		, crairi	Location (Charg				Penalty
					•						
List all acc	idents/incide	ents with <u>v</u>	vehicles	for the past	CCIDEN 3 years, inc NONE W	lude all p	reventable	and non-	preventak	le wheth	ner or not on MVR
Doto	Type of Vehicle	I		Accident r end, etc.)	Preve	ntoblo	Fatal	itioo	Iniu	rioo.	Amount of
Date	venicie	(пеац	on, rea	r ena, etc.)	Yes	No	Yes	No	Inju Yes	No	Damage
					Yes	No	Yes	No	Yes	No	
					Yes	No	Yes	No	Yes	No	
					Yes	No	Yes	No	Yes	No	
			N.	ATURE AN	ID EXTE	NT OF	EXPERII	ENCE			
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Tractor w/											
Tractor w/											
Tractor wit											
Straight Tr											
Dump Truc											
Other (Spe	cify)										
B. Have your C. Have you D. Have you F. Have you G. Have you I. If "Yes" J. In the to the total terms of th	ou ever had ou ever bed ' is marked wo years p e you ever e you ever e you ever	d any lice en conviden conviden conviden conviden disquadion any of the convident of the conviolated	ense, potent for the definition of the definitio	a Misdemea to drive by F above, give o of this applic test with a re ositive drug	ilege susy le under to n, sale, or e? nor? ederal Mo late & det cation, (for esult of 0. test?	tor Carriails: T DOT-co	or revoked nce of alc narcotic c er Safety ontrolled s her?	? ohol or d lrug? Regulation	ons?	nol regu	[]Yes []No
3		.55.04	uny	J. 1110 4100 V		, ca co			aary p	. 55555	



INQUIRY TO PREVIOUS EMPLOYER

Release & Documentation of Testing Information by Previous Employer Safety Performance History Investigation

§382.413 §40.25 §391.23
FMCSR §391.23(c)(3) & §386.12 – ALL failure to respond to this inquiry is recorded & reported.

Section I: To be signed by the applicant, completed by the previous employer, & transmitted to the company

Driver's Name:			Drive	er's SS#		
I hereby authorized my curre verification to the employer I information relating to every alcohol & controlled substan	isted, represented by accident on my record	Thompso	on DOT Safety & Cormation concerning	<u>Compliance</u> . This g my employmen	includes all t & pre-employme	
x	Driver's Signature			/ / / Date		
Previous Employer: Address:		_ Phone ;	Representa #	ntive: Fax # _		
Carrier Name: <u>JLM Transport</u> Address: <u>1404 Hwy. 71</u> Section II: To be complete	North #199 Mena, A	IR 71953	Phone # <u></u>	501-380-6651	Fax # <u>501-380-</u>	6652
Position Held:Reason for leaving you	Type of equipment	driven:	[] Tractor T	railer [] other		
Would he/she be eligible	e for rehire? [] Yes	[] No	If "No", please	explain:		
List	all accidents in the	last 3-yea	rs prior to the ap	plicant's signatu	ire:	
Date of accident	City or town	State	# of injuries	# of fatalities	H/M released]
For DOT-regulated te 1. Did the employee hav 2. Did the employee hav 3. Did the employee refu 4. Did the employee hav 5. If "yes" to any of the a 6. Did a previous employ	e an alcohol test with a e a verified positive dr use to be tested? e other violations of D bove items, did the en	rug test? OT agend nployee co	y drug and alcohol omplete the return-			[] No
Note: Previous employer, appropriate documentation		s report, B	STFs, SAP reports, f	ollow-up testing) red	cord to the new emp	
Name & Signature of pers	on providing inform	ation:			Title:	
Please return this page via f Thank you for your immedia		Ph	one ()		Date:	



U.S. Department of Transportation Motor Carrier Safety Program

Inquiry to State Agency for Driver's Record §391.23

	(Driver's Name) Print				
_	(Driver's Operators License	/ e # / State)			
	(Driver's Operators Licerist	e# / State)			
	(Driver's Social Sec. #)				
\underline{x}			/	/	
	(Driver's Signature)		Date		
Do	Hereby Authorize the O	ffice of Driver	Services to re	lease my Driving R	ecord to:
140	M Transportation LLC. 04 Hwy. 71 North #199 na, AR 71953	1501 Ea	on DOT Safet stline Rd. AR 72143	y & Compliance	

Dear Sir or Madam:

The above listed individual has made an application with us as a driver. Applicant has indicated that the listed numbered operator's license or permit has been issued by your State to the applicant and that it is in good standing.

In accordance with §391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that were the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully Yours,
(Signature of individual making inquiry)
(Print) Name of person making inquiry
Title of person making inquiry



PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations §382.301 pre-employment testing requirements, apply to driver-applicants of this company.

§382.301 - Pre-employment testing requirements

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- (c) Prior to collection of urine sample under §382.601 of this subpart. A driver applicant shall be notified that the sample will be tested for the presence of controlled substance.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substance based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive test results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-employment Urinalysis Notification.

Driv	er's Name (PRIN	T)		
X			/	/
Driv	er's Signature		Date	

STATEMENT OF POLICY ACKNOWLEDGMENT OF RECEIPT

This letter is to inform you of the Company's position regarding drug and alcohol abuse and testing, as well as, provide you with a copy of the Company's Policy on controlled substance abuse. While there is not intent to intrude upon the private lives of employees or contractors, the Company is concerned with those situations where drug and alcohol use interferes with the employee's health or job performance; affects to job performance of other employees or contractors is detrimental to the Company's business. It is the responsibility of <u>JLM TRANSPORTATION LLC.</u> to provide safe working conditions for all employees and contractors.

Please sign and date in the spaces b	elow as your receipt of this policy.
Employee Signature	Date
Company's Designated Employee Re	presentative (DER) Date
CONSENT FOR LIMITED QUERIES	
the FMCSA Clearinghouse house thro the limited query indicates that inform give consent for a full query. This m provide consent for JLM TRANSPO TRANSPORTATION LLC. must prohile	, give JLM TRANSPORTATION LLC. permission to run limited queries of ughout my length of employment with the company. I understand that in mation exists on the database that I must login to the Clearinghouse and ust be done in a timely manner. I further understand that if I refuse the RTATION LLC. To conduct a limited query of the Clearinghouse, JLM point me from performing safety-sensitive functions, including driving seed by FMCSA's drug and alcohol program regulations. I understand this see years after employment ends.
Employee Signature	

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

IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with <u>JLM Transportation LLC</u>. ("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 <u>JLM Transportation LLC.</u> ("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.

Signature		
Signature	 	
	Signature	
	Name (Please Print)	

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.

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 12/22/2015