

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

Address: _____ 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

Address: _____ Telephone (_____) _____ Date From _____ to _____

Position Held: _____ Reason For Leaving? _____ # of Accidents: _____ # of States driven in: _____

Third 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

Address: _____ Telephone (_____) _____ Date From _____ to _____

Position Held: _____ Reason For Leaving? _____ # of Accidents: _____ # of States driven in: _____

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

Address: _____ Telephone (_____) _____ Date From _____ to _____

Position Held: _____ Reason For Leaving? _____ # of Accidents: _____ # of States driven in: _____

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

Address: _____ Telephone (_____) _____ Date From _____ to _____

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

Address: _____ Telephone (_____) _____ Date From _____ to _____

Position Held: _____ Reason For Leaving? _____ # of Accidents: _____ # of States driven in: _____

**10-year history must be COMPLETE, if unemployed for any period of time - state unemployed.
Phone Numbers MUST be listed for Application to be processed.**

Copy this page if more room is needed.



SAFETY AND COMPLIANCE

U.S. Department of Transportation
Motor Carrier Safety Program

Inquiry to State Agency for Driver's Record
§391.23

I, _____
(Driver's Name) Print

_____/_____
(Driver's Operators License # / State)

(Driver's Social Sec. #)

x _____ / ____ / ____
(Driver's Signature) Date

Do Hereby Authorize the Office of Driver Services to release my Driving Record to:

JLM Transportation LLC.	Thompson DOT Safety & Compliance
1404 Hwy. 71 North #199	1501 Eastline Rd.
Mena, AR 71953	Searcy, AR 72143

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



SAFETY AND COMPLIANCE

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.

Driver's Name (PRINT)

X

Driver's Signature

____/____/____
Date

**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 JLM Transportation 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 JLM Transportation 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 12/22/2015