

DATE OF APPLICATION: \_\_\_\_\_

### APPLICATION

COMPANY J & K Express, LLC  
 ADDRESS 1733 W Lane Ave  
 CITY Columbus STATE OH ZIP 43221

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.

### TO BE READ AND SIGNED BY APPLICANT

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 also understand that 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

Applicant Signature: X \_\_\_\_\_ Date     /     /    

DRIVER NAME	_____	_____	_____
	(LAST)	(FIRST)	(MIDDLE)
ADDRESS	_____		
CITY	_____	STATE	_____ ZIP _____
TELEPHONE NUMBER	_____	CELL PHONE NUMBER	_____
DATE OF BIRTH	_____	SOCIAL SECURITY NUMBER	_____

### PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS

1) ADDRESS	_____					
CITY	_____	STATE	_____	ZIP	_____	FROM _____ TO _____
2) ADDRESS	_____					
CITY	_____	STATE	_____	ZIP	_____	FROM _____ TO _____
3) ADDRESS	_____					
CITY	_____	STATE	_____	ZIP	_____	FROM _____ TO _____

## WORK EXPERIENCE

In accordance with §391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years. If you are an owner operator, list carriers leased to.

**PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.**

<b>CURRENT OR LAST EMPLOYER COMPANY NAME:</b> _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____		FROM: _____	TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			

<b>SECOND LAST EMPLOYER COMPANY NAME:</b> _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____		FROM: _____	TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			

<b>THIRD LAST EMPLOYER COMPANY NAME:</b> _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____		FROM: _____	TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			

\* The Federal Motor Carrier Safety Regulations 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 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

\*\* Any gaps in employment and/or unemployment must be explained.



## WORK EXPERIENCE (ADDENDUM PAGE 1)

**Driver Applicant Name:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_

<b>FOURTH LAST EMPLOYER COMPANY NAME:</b> _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____		FROM: _____	TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			
_____			

<b>FIFTH LAST EMPLOYER COMPANY NAME:</b> _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____		FROM: _____	TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			
_____			

<b>SIXTH LAST EMPLOYER COMPANY NAME:</b> _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____		FROM: _____	TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			
_____			

\* The Federal Motor Carrier Safety Regulations 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 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

\*\*Any gaps in employment and/or unemployment must be explained.

**COMMERCIAL DRIVER'S LICENSE INFORMATION**

LICENSE # _____	TYPE _____	STATE _____	EXP. DATE _____
	(A,B, OR C)		
ENDORSEMENTS (check all that apply):			
<input type="checkbox"/> DOUBLE/TRIPLE TRAILERS	<input type="checkbox"/> TANK VEHICLES		
<input type="checkbox"/> PASSENGER VEHICLES	<input type="checkbox"/> HAZARDOUS MATERIALS		
LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:			
STATE: _____	NUMBER: _____	EXPIRATION DATE: _____	
STATE: _____	NUMBER: _____	EXPIRATION DATE: _____	
HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED OR CANCELLED? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:			

**COLLISIONS**

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. **IF NONE, WRITE "NONE"**

<u>DATE</u>	<u>DESCRIPTION</u>	<u>STATE</u>	<u># OF INJURIES</u>	<u># OF FATALITIES</u>	<u>HAZ.MAT SPILL</u>
_____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

**TRAFFIC CONVICTIONS AND FORFEITURES**

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLE) FOR THE PAST THREE YEARS (OTHER THAN PARKING). **IF NONE, WRITE "NONE"**

<u>DATE</u>	<u>STATE</u>	<u>VIOLATION</u>	<u>PENALTY</u>	<u>COMMERCIAL VEHICLE?</u>
_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

**DRIVING EXPERIENCE**

<u>EQUIPMENT CLASS</u>	<u>TYPE OF EQUIPMENT</u> (VAN, TANK, FLAT, ETC.)	<u>FROM</u>	<u>DATES</u>	<u>TO</u>	<u>APPROX. MILES DRIVEN</u>
STRAIGHT TRUCK	_____	_____	_____	_____	_____
TRACTOR & SEMI TRAILER	_____	_____	_____	_____	_____
OTHER	_____	_____	_____	_____	_____
LIST COMMODITIES HAULED:	_____	_____	_____	_____	_____



**EDUCATION**

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4  
OTHER TRAINING : \_\_\_\_\_  
HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? \_\_\_\_\_  
DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?  YES  NO

**GENERAL**

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE?  YES  NO  
IF SO, WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_  
IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED?  YES  NO  
HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI OR OUI?  YES  NO  
IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_ | ( ) \_\_\_\_\_ | \_\_\_\_\_  
Name Telephone number Relationship

**MUST BE READ AND SIGNED BY THE APPLICANT**

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, 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 agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged without recourse.

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.

X \_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

## WRITTEN EXAM

Driver Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Multiple Choice - Please circle the correct answer

1. The suggested following distance driving on the highway is
  - A. You can see the license plate on the vehicle ahead.
  - B. The 6 second rule
  - C. What you are comfortable with
  - D. It depends on whether you are following a 4 wheeler or a big truck
2. On a divided highway triangles, when necessary, should be placed
  - A. Where they will do the most good
  - B. On the highway side
  - C. 10', 100' & 200' in front of the unit
  - D. 10', 100' & 200' behind the unit, unless on a hill or curve
3. To avoid a right turn squeeze, you should
  - A. Don't make right turns
  - B. Keep the rear of your trailer as close to the curb as possible
  - C. Cross the center line going into the turn
  - D. You can't avoid right turn squeezes
4. If you are convicted of a moving violation you must notify your employer within
  - A. 30 days
  - B. 60 days
  - C. 90 days
  - D. You are not required to notify your employer
5. The most dangerous mile in a trip is
  - A. The first
  - B. The one you are driving
  - C. The last
  - D. They are all important
6. When carrying Hazardous Materials, tire checks are required
  - A. When the weather is hot
  - B. Up to the company
  - C. Every 2 hours or 100 miles
  - D. Tire Checks are not required anymore
7. Your physical examination should be updated at least
  - A. Every three years
  - B. Every four years
  - C. Every two years
  - D. Physical exams are not required for drivers
8. If you are involved in a collision
  - A. Try to settle with the other party
  - B. Call the company as soon as possible
  - C. Secure scene and set out warning devices
  - D. Both B & C
9. If your vehicle is put out of service you cannot operate your vehicle until
  - A. The next day
  - B. The officer leaves
  - C. You have corrected the problems to the officer's satisfaction
  - D. Your dispatcher authorizes you to
10. Front steering tires must have what minimum groove
  - A. 1/2"
  - B. 4/32"
  - C. 2/32"
  - D. 7/32"

### True/False Questions - Please circle the correct answer

- |   |      |       |  |      |       |
|---|------|-------|--|------|-------|
| 1. The driver vehicle inspection report (DVIR) should be completed at the end of the day. | True | False | 6. Roadside inspections must be logged.  | True | False |
| 2. Placards indicate the amount of hazardous materials being transported.                 | True | False | 7. Perception time doubles with darkness.  | True | False |
| 3. You must update your address with the BMV each time you move.                          | True | False | 8. Drug tests are required after all DOT recordable collisions.                          | True | False |
| 4. You are required to do at least two vehicle inspections per day.                       | True | False | 9. You may not consume alcohol within 4 hours before driving or being on duty.           | True | False |
| 5. Backing collisions are almost always preventable.                                      | True | False | 10. If you receive a citation or violation you do not have to report it to your company. | True | False |



**SAFETY PERFORMANCE HISTORY RECORDS REQUEST  
DRUG/ALCOHOL TESTING AND ACCIDENT HISTORY**

**PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print name) \_\_\_\_\_  
Driver Name Social Security # Date of Birth

Hereby authorize my previous employer \_\_\_\_\_ to release and forward the information requested below concerning my alcohol and controlled substances testing and accident history records within the previous three (3) years from the date of my employment application which is \_\_\_\_\_. The information should be sent to my prospective employer **J & K Express, LLC** to the address, confidential fax or confidential e-mail shown below.

Applicant's signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

**PART 2: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form is being (check one):  Faxed  Mailed  E mailed  Completed by Phone  Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
To Previous Employer: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

**APPLICANT NAME:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Please take a moment and complete the information requested in Part 3. We would appreciate your prompt response. As you are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a complaint notification being filed with the Federal Motor Carrier Safety Administration using the complaint process specified at §386.12 of the Federal Motor Carrier Safety Regulations.

**PLEASE SEND RESPONSES TO:**

Company: **J & K Express, LLC** Phone No.: \_\_\_\_\_  
**1733 W Lane Ave** Fax. No.: \_\_\_\_\_  
Street Address \_\_\_\_\_  
**Columbus** **OH** **43221** Attention: \_\_\_\_\_  
City State Zip

**PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**

Did the above named applicant work for your company?  YES  NO

If yes, please state the actual dates of employment: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Did he/she drive a motor vehicle for your company?  YES  NO

If yes, please check the type(s) of vehicles operated:  STRAIGHT TRUCK  TRACTOR/SEMI-TRAILER

CARGO TANK  FLATBED  DOUBLES/TRIPLES  BUS  OTHER (please specify) \_\_\_\_\_

Reason for leaving your company:  DISCHARGE  RESIGNATION  LAY OFF  MILITARY DUTY

Would this applicant be considered for employment with your company again?  YES  NO

If there is no safety performance history to report, check here , sign at the bottom of Part 3 on page 2 and return.



## DRIVER'S RIGHTS UNDER FMCSR 391.23

As a driver you are provided with certain rights under the Federal Motor Carrier Safety Regulations in Part 391.23. These rights are:

### 391.23(i)(1)

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) 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.

391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

391.23(i)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

391.23(i)(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

391.23(i)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

391.23(i)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

- (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
- (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

391.23(i)(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

391.23(i)(6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at Sec. 386.12.

391.23(k)(1) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.

391.23(k)(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

391.23(l)(1) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against--

- (i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,
- (ii) A person who has provided such information; or
- (iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

391.23(l)(2) The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

**I, the undersigned, have received a copy of, read, and understand the above mentioned rights.**

**X**

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date