

APPLICATION FOR EMPLOYMENT

I am applying for a position with: D.E.Jones, Inc. _____ or Other _____ (Please Specify)
Date of Birth _____ Social Security # _____
Driver's License # _____ Date of Expiration _____ Class _____ State _____

Applicant Signature X _____ Date _____

Printed Name (First, Middle, Last) _____ Phone _____

Current Address _____

Past Residences, if current address is for less than three years list all addresses within last three years.

_____ From _____ to _____

_____ From _____ to _____

Emergency Contact Name _____ Relationship _____

Address _____ Phone _____

Position desired? _____ What experience or qualities do you possess that would make you a good fit for this position? _____

What pay do you expect? _____ Do you expect _____ Temp _____ Part-time _____ Full time

Who referred you? _____ Have you worked for this company before? _____ Yes _____ No

Have you ever worked for this company under a different name? Name: _____

If yes: When: _____ Reason for leaving _____

What is the highest grade you completed? _____ Where did you last attend school? _____

Have you ever been bonded? _____ Yes _____ No If yes, attach separate sheet with information.

Have you ever been convicted of a felony? _____ Yes _____ No If yes, attach sheet with information explaining the circumstances of your conviction. Being convicted of a crime is not an automatic dismissal of your application.

Employment History

Please list all employers/ periods of unemployment for the last 10 years. If there are any times of unemployment note such and include dates. Mark all employers where you were subject to Federal Motor Carrier Safety Regulations and / or DOT Alcohol/ Drug testing. We will request employment history from at least the past 3 years minimum. We may contact more at our discretion. We may use all information collected during inquiries in our final determination for employment.

Please, begin with your most recent employer and work back through the past 10 years. Use 2-digit month/year format for dates of employment. Ex.: 12/10 for December 2010

For Office Use Only

Current/Most Recent Employer _____ From ____ / ____ To ____ / ____

Address _____ Position Held _____ Phone _____

Contact _____ Salary _____ Reason for leaving _____

Duties _____ Were you subject to FMCSA Regulations? Yes ___ No ___ Were you subject to DOT Testing? Yes ___ No ___

If this is your current employer, when may we contact them for verification?

Former Employer _____ From ____ / ____ To ____ / ____

Address _____ Position Held _____ Phone _____

Contact _____ Salary _____ Reason for leaving _____

Duties _____ Were you subject to FMCSA Regulations? Yes ___ No ___ Were you subject to DOT Testing? Yes ___ No ___

Former Employer _____ From ____ / ____ To ____ / ____

Address _____ Position Held _____ Phone _____

Contact _____ Salary _____ Reason for leaving _____

Duties _____ Were you subject to FMCSA Regulations? Yes ___ No ___ Were you subject to DOT Testing? Yes ___ No ___

Former Employer _____ From ____ / ____ To ____ / ____

Address _____ Position Held _____ Phone _____

Contact _____ Salary _____ Reason for leaving _____

Duties _____ Were you subject to FMCSA Regulations? Yes ___ No ___ Were you subject to DOT Testing? Yes ___ No ___

Former Employer _____ From ____ / ____ To ____ / ____
Address _____ Position Held _____ Phone _____
Contact _____ Salary _____ Reason for leaving _____
Duties _____ Were you subject to FMCSA Regulations? Yes ___ No ___ Were you subject to DOT Testing? Yes ___ No ___

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Address _____ Position Held _____ Phone _____
Contact _____ Salary _____ Reason for leaving _____
Duties _____ Were you subject to FMCSA Regulations? Yes ___ No ___ Were you subject to DOT Testing? Yes ___ No ___

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Contact _____ Salary _____ Reason for leaving _____
Duties _____ Were you subject to FMCSA Regulations? Yes ___ No ___ Were you subject to DOT Testing? Yes ___ No ___

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Address _____ Position Held _____ Phone _____
Contact _____ Salary _____ Reason for leaving _____
Duties _____ Were you subject to FMCSA Regulations? Yes ___ No ___ Were you subject to DOT Testing? Yes ___ No ___

This section must be completed by all drivers and owner operators:

If applying for a driving position you must list ALL licenses held within the last 3 years:

State _____ License # _____ Class _____ Endorsements _____ Exp. Date _____

State _____ License # _____ Class _____ Endorsements _____ Exp. Date _____

A. Have you ever been denied a license, permit or driving privilege to operate a motor vehicle? _____ Yes _____ No

B. Has your license ever been suspended or revoked? _____ Yes _____ No

C. Have you ever been disqualified for violations under FMCSA (DOT) Regulations? _____ Yes _____ No

If you answered "yes" to any of these questions, please attach an additional sheet with a detailed explanation.

List all driving experience:

Equipment Type _____ From _____ To _____ Products Hauled _____

Where were you employed? _____

Equipment Type _____ From _____ To _____ Products Hauled _____

Where were you employed? _____

List any accidents within the last three years. Attach a separate sheet listing all accidents. Be sure to include dates, injuries, fatalities, and all details concerning accident. _____

_____ If you have had no accidents, check here _____ and initial _____

All Applicants Must Read and Sign

In accordance 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 another protected group status.

I authorize you to make investigations and inquiries into my personal, employment, financial, medical, or other history as may be related to my qualifications for the job for which I am applying. I release from liability any parties and their agents who may make response to those inquiries.

I understand that providing false or misleading statements in my application may affect my obtaining/retaining a position. In the event that these falsifications are not discovered until after my employment, these statements could be considered grounds for termination.

I understand that information that I provide may be used, and both current and former employers may be contacted in determining my fitness for the position for which I am applying. For those applying for Driver or Owner/Operator Leases, contacts will be made to determine fitness based on FMCSA regulations as stated in the requirements under Part 49 Sec 391.23 (d) and (e).

I understand that I have the right to review information provided under these inquiries, request any incorrect information be corrected and resent, as well as the opportunity to rebut and information provided.

Applicant Signature **X** _____ Date _____

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate any background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer. I agree to supply such additional information and complete such examination as may be required to complete my employment file. I also understand that misrepresentation or omission of information of facts may result in my rejection or dismissal. I agree to abide by all rules and policies of the employer. I further understand that besides my past employment/safety/accident history and Motor Vehicle Report, I will be observed while in/around the terminal for my fit with D.E. Jones, Inc. and its current staff/drivers. All information/observances will be used in determining employment with D.E. Jones, Inc.

Applicant Signature **X** _____ Date _____

Fair Credit Reporting Act Disclosure Statement

This certifies that this application was completed by me, and that all entries and information in it are true and complete to the best of my knowledge. In accordance with the provisions of Sec 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 your employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant Signature **X** _____ Date _____

I understand that D.E. Jones, Inc. will process and verify qualifications for all drivers whether I am a company driver, lease driver or Owner Operator. I give D.E. Jones, Inc. permission to perform the necessary investigations required by the FMCSA and Arkansas State regulations for the purpose of employment as a company driver or lease driver or owner operator whichever may apply to my employment.

Applicant Signature **X** _____ Date _____

Pre-Employment Drug and Alcohol Questionnaire

Have you within the last three (3) years tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied, but did not obtain safety sensitive transportation work? Yes _____ No _____
If Yes, have you successfully completed the return-to-duty process? Yes _____ No _____

Printed Name of Applicant _____

Applicant Signature **X** _____ Date _____