

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

Company _____ JET, INC _____

Address _____ P.O. Box 20 _____

City _____ Searcy _____ State _____ AR _____ Zip _____ 72145 _____

In compliance 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 any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, 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 understand, also, that I am required to abide by all rules and regulations of the Company.

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 performances history as required by 49 CRF 391.23(d) and (e). I 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.

Signature _____ Date _____

FOR COMPANY USE

APPLICANT HIRED _____ PROCESS RECORD REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED SUMMARY REPER OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPRORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE
(answer all questions * please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State Zip Code Phone How Long?
yr./mo.

Previous Address _____
Street City State & Zip Code How Long?
yr./mo.

Street City State & Zip Code yr./mo. How Long?

Street City State & Zip Code yr./mo. How Long?

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From: _____ To: _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicant to driver interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE List employers in reverse order starting with the most recent. Add another sheet as necessary)

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE		
NAME			FROM	TO	
			MO.	YR.	MO. YR.
ADDRESS			POSITION		
CITY	STATE	ZIP			
CONTACT PERSON			PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?			YES	NO	
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			YES	NO	

EMPLOYER			DATE		
NAME			FROM	TO	
			MO.	YR.	MO. YR.
ADDRESS			POSITION		
CITY	STATE	ZIP			
CONTACT PERSON			PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?			YES	NO	
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			YES	NO	

EMPLOYER			DATE		
NAME			FROM	TO	
			MO.	YR.	MO. YR.
ADDRESS			POSITION		
CITY	STATE	ZIP			
CONTACT PERSON			PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?			YES	NO	
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			YES	NO	

EMPLOYER			DATE		
NAME			FROM	TO	
			MO.	YR.	MO. YR.
ADDRESS			POSITION		
CITY	STATE	ZIP			
CONTACT PERSON			PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?			YES	NO	
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			YES	NO	

EMPLOYER			DATE		
NAME			FROM	TO	
			MO.	YR.	MO. YR.
ADDRESS			POSITION		
CITY	STATE	ZIP			
CONTACT PERSON			PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?			YES	NO	
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			YES	NO	

Includes vehicles having a GVWR of 25,001 lbs. Or more, vehicles designed to transport 16 or more passengers (including the vehicle; (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding. The Federal Motor Carrier Safety Regulations (FMCSRs) 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 more than 8 passengers (including the driver) OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE IS NEEDED) IF NONE WRITE NONE

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACHED SHEET IF MORE SPACE IS NEEDED)
EXPERIENCE AND QUALIFICATIONS-DRIVER

List all driver licenses or permits held in the past 3 years.

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSE				

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 suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRIGHT TRUCK YES NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR & SEMI-TRAILER YES NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR-TWO TRAILERS YES NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR-THREE- TRALIERS YES NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH-SCHOOL BUS YES NO <small>(MORE THAN 8 PASSENGERS)</small>	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH-SCHOOL BUS YES NO <small>(MORE THAN 15 PASSENGERS)</small>	(VAN, TANK, FLAT, DUMP, REFER)		
OTHER			

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____
WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING TRANSPORTATION OR OTHER EXPERIENCE THAT MY HELP IN YOUR WORK FOR THIS COMPANY _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____ (NAME) _____ (CITY STATE)

TO BE READ AND SIGNED BY APPLICANT

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.

Signature: _____ Date: _____

40.25(j) Driver Pre-Employment Verification of Testing Results

Company Name	Tele
Address	Fax
City & State	

DRIVER NAME:
Identification Number:

In the past 2 years have you:	YES	NO
Tested positive for any controlled substances pre-employment test for any other company?		
Refused to be tested for any Controlled Substances pre-employment test for any other company?		
Test above .04 on any Alcohol pre-employment test for any other company?		

If you answer yes to any of the above questions, can you document which Substance Abuse Professional (SAP) you consulted.
Name of SAP:
Address:
City & State & Zip:
Telephone Number:

SIGNED:	DATE:
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Employer: J.E.T., Inc.

Address: P.O. Box 20

City, State: Searcy, AR 72145

Designated Employer Representative: Marquitta

Phone: 501-254-9990 Fax: 501-305-3963

Drivers Name: _____

I hereby authorize and request

Prior Employer: _____

Address: _____

City, State: _____

Phone: _____ Fax: _____

To release any and all information pertaining to my employment records as required by 49 CFR Section 391.23 to the above named company. You are released of any and all liability which may result from Releasing such information.

Signed: _____

Date: _____ SS#: _____

The above applicant shows he/she worked for you

From: _____ To: _____

Did the applicant have any accidents? Yes No

Date	Location	# Injuries	# Fatalities	HM Spill?