

Application for Qualification / Employment

The purpose of this application is to determine whether the applicant is qualified to operate commercial motor vehicle equipment, in accordance with 49 CFR Part 391 (Federal Motor Carrier Safety Regulations) and the requirements of the motor carrier named below.

INSTRUCTIONS TO APPLICANT — PLEASE READ BEFORE COMPLETING

Answer every question. If the answer to any question is "No" or "None," do not leave the item blank — write "No" or "None." This is important; an incomplete application cannot be processed.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age against individuals who are at least 40 years old.

MOTOR CARRIER INFORMATION

Motor Carrier / Company Name

J&L Transportation Inc

Date of This Application

Motor Carrier Address

3226 W Durango St., Phoenix, AZ 85009 · Phone: 602-278-9192 · Fax: 602-278-4931

Applying for position of:

Company Driver

☐

Owner-Operator / Contractor

☐

APPLICANT — PERSONAL INFORMATION

First Name

Middle Name

Last Name

Date of Birth

Social Security Number

Phone Number

Emergency Phone

Physical Exam Expiration Date

Position/Job Applying For

Email Address

CURRENT ADDRESS

49 CFR 391.21(b)(3): list every address for the past 3 years. Use the Previous Address rows below if you have lived at your current address less than 3 years — attach a separate sheet if more space is needed.

Street Address

City

State

ZIP Code

How Long at This Address (Years)

From (Mo/Yr)

To (Mo/Yr or Present)

PREVIOUS ADDRESS(ES)

Complete only if you have lived at your current address less than 3 years. Add rows as needed on a separate sheet.

Street Address	City	State	ZIP

From (Mo/Yr)	To (Mo/Yr)

Street Address	City	State	ZIP

From (Mo/Yr)	To (Mo/Yr)

DRIVER'S LICENSE(S)

List each driver's license or permit held in the past 3 years. 49 CFR 391.21(b)(5).

State	License Number	Class/Type	Endorsements	Expiration Date

----------------------	----------------------	----------------------	----------------------	----------------------

DRIVING EXPERIENCE

49 CFR 391.21(b)(6): nature and extent of experience operating each type of equipment.

Class of Equipment	From (Yr)	To (Yr)	Approx. Total Miles
Straight Truck			
Tractor & Semi-Trailer			
Tractor — Two Trailers			
Tractor — Triples			
Other (specify)			

States Operated In During the Last 5 Years

Special Courses / Training Completed (Hazmat, Doubles/Triples, Defensive Driving, etc.)

Safe Driving Awards Held, and From Whom

ACCIDENT RECORD — PAST 3 YEARS

49 CFR 391.21(b)(7): list every motor vehicle accident, including fatalities or injuries. Attach a separate sheet if more space is needed.

Date	Nature of Accident (head-on, rear-end, upset, etc.)	Location	# Fatalities	# Injured

TRAFFIC CONVICTIONS & FORFEITURES — PAST 3 YEARS

49 CFR 391.21(b)(8): other than parking violations.

Date	Location	Charge	Penalty

LICENSING HISTORY — REQUIRED DISCLOSURES

- 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 ☐
- C. Have you tested positive for, or refused, a DOT pre-employment drug or alcohol test in the past two years, with an employer who did not hire you as a result? Yes ☐ No ☐
- D. Have you ever been convicted of a felony? Yes ☐ No ☐

If you answered "Yes" to any question above, explain in detail below.

Give a COMPLETE record of employment for the past 3 years — including any period of unemployment or self-employment (explain in Employer Name field). 49 CFR 391.21(b)(10). Attach a separate sheet if you need more space.

EMPLOYER 1

From (Mo/Yr)	To (Mo/Yr or Present)	Employer Name
Employer Address (Street, City, State, ZIP)	Employer Phone	Position Held
Reason for Leaving	Subject to FMCSRs at this job?	Safety-sensitive / Part 40 tested?
	Yes ☐ No ☐	Yes ☐ No ☐

EMPLOYER 2

From (Mo/Yr)	To (Mo/Yr or Present)	Employer Name
Employer Address (Street, City, State, ZIP)	Employer Phone	Position Held
Reason for Leaving	Subject to FMCSRs at this job?	Safety-sensitive / Part 40 tested?
	Yes ☐ No ☐	Yes ☐ No ☐

EMPLOYER 3

From (Mo/Yr)	To (Mo/Yr or Present)	Employer Name
Employer Address (Street, City, State, ZIP)	Employer Phone	Position Held
Reason for Leaving	Subject to FMCSRs at this job?	Safety-sensitive / Part 40 tested?
	Yes ☐ No ☐	Yes ☐ No ☐

EMPLOYER 4

From (Mo/Yr)	To (Mo/Yr or Present)	Employer Name
Employer Address (Street, City, State, ZIP)	Employer Phone	Position Held
Reason for Leaving	Subject to FMCSRs at this job?	Safety-sensitive / Part 40 tested?
	Yes ☐ No ☐	Yes ☐ No ☐

EMPLOYER 5

From (Mo/Yr)	To (Mo/Yr or Present)	Employer Name
Employer Address (Street, City, State, ZIP)		Employer Phone Position Held
Reason for Leaving	Subject to FMCSRs at this job?	Safety-sensitive / Part 40 tested?
	Yes ☐ No ☐	Yes ☐ No ☐

EMPLOYER 6

From (Mo/Yr)	To (Mo/Yr or Present)	Employer Name
Employer Address (Street, City, State, ZIP)		Employer Phone Position Held
Reason for Leaving	Subject to FMCSRs at this job?	Safety-sensitive / Part 40 tested?
	Yes ☐ No ☐	Yes ☐ No ☐

EMPLOYER 7

From (Mo/Yr)	To (Mo/Yr or Present)	Employer Name
Employer Address (Street, City, State, ZIP)		Employer Phone Position Held
Reason for Leaving	Subject to FMCSRs at this job?	Safety-sensitive / Part 40 tested?
	Yes ☐ No ☐	Yes ☐ No ☐

EMPLOYER 8

From (Mo/Yr)	To (Mo/Yr or Present)	Employer Name
Employer Address (Street, City, State, ZIP)		Employer Phone Position Held
Reason for Leaving	Subject to FMCSRs at this job?	Safety-sensitive / Part 40 tested?
	Yes ☐ No ☐	Yes ☐ No ☐

ADDITIONAL COMMERCIAL-VEHICLE EMPLOYERS — 7 YEARS BEFORE THE PERIOD ABOVE

49 CFR 391.21(b)(11): if you operated a commercial motor vehicle (as defined in Part 383) for any employer during the 7 years preceding the 3-year period above (10 years total), list those employers here.

Employer Name & Address	Dates Employed	Reason for Leaving

PERSONAL REFERENCES

List three personal references, other than family members, who can speak to your safety habits.

Name	Address	Phone	Years Known

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I release from liability for damages the motor carrier and its agents or representatives for seeking such information, and all other persons, corporations, or organizations for furnishing it.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. This application in no way obligates the motor carrier to employ me.

It is agreed and understood that if qualified to operate motor carrier equipment, I may be placed on a probationary period, during which I may be disqualified 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.” — 49 CFR 391.21(b)(12)

Applicant's Signature

Date

REMARKS (For Office Use Only)

DISCLOSURE AND RELEASE

In connection with my application for employment (including a contract for services) with you, I understand that consumer reports, which may contain public record information, may be requested from a consumer reporting agency. These reports may include information such as: names and dates of previous employers, reasons for termination of employment, work experience, and accidents.

I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit history, bankruptcy proceedings, and criminal records, from federal, state, and other agencies that maintain such records, as well as information concerning previous driving-record requests made by others.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right, upon proper identification, to request the nature and substance of all information in the reporting agency's files on me, including the sources of information and the recipients of any reports on me furnished within the two-year period preceding my request. I consent to your obtaining the above information, and I agree that such information, together with my employment history with you if hired, may be supplied to other companies that subscribe to the agency's services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization to procure consumer reports at any time during my employment (or contract) period.

Print Name

Social Security Number

Date of Birth

Applicant's Signature

Date

NOTICE TO APPLICANT

As a Commercial Motor Vehicle (CMV) driver, you should know that under 49 CFR Part 391.21(d), the motor carrier must inform you that the safety performance history information you provide may be used, and your previous employers will be contacted, to investigate your safety performance history as required by 49 CFR 391.23(d) and (e). Per 391.21(b), the following information will be requested from every DOT-regulated employer for which you operated a CMV within the past 3 years. You have the right to review this information and to rebut any errors, as described in 49 CFR 391.23(i).

DRIVER AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

I hereby authorize the motor carrier named below to release all records of my employment, including assessments of my job performance, ability, and fitness — including dates of any alcohol or drug tests, confirmed results, any refusal to submit to testing, and any rehabilitation completion under direction of a Substance Abuse Professional (SAP) or Medical Review Officer (MRO) — to each company (or its authorized agents) that requests such information in connection with my application for employment. I release the motor carrier named below, and its employees, officers, directors, and agents, from any and all liability of any type resulting from providing this information.

Motor Carrier Requesting This Authorization

J&L Transportation Inc**PREVIOUS EMPLOYER CONTACT INFORMATION***For office/staff use only — not filled out by the applicant.*

Previous Employer Name

Contact Person

Mailing Address, City, State, ZIP

DOT #

Telephone Number

Fax Number

Email Address

Dates Employed (From)

Dates Employed (To)

Applicant's Signature

SSN or ID Number

Date of Birth

Today's Date

SECTION I — DRUG & ALCOHOL INFORMATION



As required by 49 CFR 391.23 & 40.25. Check here if no drug and alcohol information is available on this applicant:

1. Any alcohol test with a result of 0.04 or higher alcohol concentration? Yes ☐ No ☐
2. Any verified positive drug test? Yes ☐ No ☐
3. Any refusal to test (including a verified adulterated or substituted drug test result)? Yes ☐ No ☐
4. Any other violation of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)? Yes ☐ No ☐
5. If this driver successfully completed a SAP rehabilitation referral and remained in your employ, any subsequent violation — an alcohol result of 0.04+, a verified positive drug test, or a refusal to test? Yes ☐ No ☐

6. If "Yes" to any question above, please attach documentation of successful completion of a SAP evaluation, prescribed treatment, and return-to-duty requirements (including follow-up tests), if the driver remained in your employ.

SECTION II — ACCIDENT INFORMATION



As required by 49 CFR 391.23(d)(1)-(2). Check here if there is no accident information for this driver:

Date	Location	Vehicle Towed	HazMat Spill	# Fatalities	# Injuries

Previous Employer Representative — Print Name

Title

Signature

Date

EMPLOYMENT DETAILS

He/she was employed as a: From: To:

If employed as a driver, what type of equipment did he/she operate?

Straight Truck ☐ Tractor/Trailer ☐ Doubles ☐ Triples ☐ Other ☐

Explain (if "Other")

Type(s) of Trailer(s) Pulled

Was he/she a: Company Driver? Yes ☐ No ☐ Contractor? Yes ☐ No ☐

General Area Traveled

Commodities Transported

While under your employment, was he/she:

a. Bonded? Yes ☐ No ☐ b. Convicted of any traffic violations? Yes ☐ No ☐

If yes, list all (date and type)

c. License(s) suspended, revoked, or denied? Yes ☐ No ☐

If yes, please explain

Reason for Leaving

Would you re-employ this person? Yes ☐ No ☐ Upon Review ☐

Please Explain / Additional Comments

Representative — Print Name & Title

Signature & Date

DRIVER STATEMENT

Driver's Name (Printed)

In accordance with 49 CFR 40.25(j), the driver must respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for — but did not obtain — safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules, during the past two years?

Check one: Yes ☐ No ☐

2. If you answered yes, can you provide / obtain proof that you have successfully completed the DOT return-to-duty requirements?

Check one: Yes ☐ No ☐ Not Applicable ☐

I certify that the information provided on this document is true and correct.

Driver's Signature

Date

Witnessed By (Print Name)

Date

Witness Signature

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

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____ (“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 _____ (“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 2/11/2016

NOTICE TO DRIVER

The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated FMCSA's drug or alcohol regulations in 49 CFR Part 382. Whether or not you have committed such a violation, each motor carrier for whom you drive must check the Clearinghouse for information about you, both at the time of hire and annually thereafter. For an annual inquiry, the motor carrier may request a "limited" or "full" query. Before requesting either, the motor carrier must have your written authorization, per § 382.701(b); this authorization may remain valid for more than one year. If a limited query reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER

This consent form authorizes you to run a "limited query" or "full query" to check whether the Clearinghouse has information about the driver identified below. If it does, you must obtain a full Clearinghouse record within 24 hours, per § 382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

I, , hereby authorize
(Driver's printed name) *(Name of motor carrier)*

to conduct limited annual queries of FMCSA's Drug & Alcohol Clearinghouse, to determine whether a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases, or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for that motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature

Date

ID / License Number