

CONTRACTOR / DRIVER APPLICATION

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P.O .Box 137

Spring City, PA 19475

FAX: 877-468-7468

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 performance history and background as required by 49 CFR 391.23(d) and (e), FMSCR 391.21, 49CFR 382.405 and CFR 382.413. I understand that I have the right to:

- Review information provided by current/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 _____

PLEASE PRINT OR TYPE

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____

Social Security No: _____ Federal ID No: _____

In case of emergency, please notify: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

How did you hear of our company? If someone referred you, who? _____

VOID AFTER 30 DAYS

FM RG02 (03)

List all personal residences for the last three years – other than those on the previous page.

Number and Street	City	State	Zip	How Long?

EQUIPMENT

Please check one:

- I do not own my own equipment. I am applying as a driver and will be driving for: _____
- I do not own my own equipment. Please recommend someone I can drive for.
- I do own my own equipment.

If you own your equipment, please describe the type of equipment you would like to lease to our company.

TRACTOR: Year: _____ Make: _____ Model: _____ Engine: _____

Wheel Base: Long: _____ Short: _____ Current Mileage: _____

TRAILER: Year: _____ Make: _____ Model: _____

Wheel Base: Long: _____ Short: _____ Current Mileage: _____

IF STEP DECK:

Length of front top deck: _____ Height of front top deck: _____

Length of lower bottom deck: _____ Height of lower bottom deck: _____

DESCRIBE ACCESSORIAL EQUIPMENT:

Coil Racks? No Yes Tarps? No Yes Tarp Type: _____

Ramps? No Yes Load Capacity _____ lbs. each Length: _____ ft. Width: _____ ft.

Straps? No Yes Qty: _____ Length: _____ feet x Width: _____ ft.

Chains? No Yes Qty: _____ Side Kit No Yes Height: _____

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Flat, Van, Reefer, Etc)	Number of Years Experience	Approx. Total No. of miles
Straight Truck			
Tractor & Semi Trailer			
Other			

LIST ALL DRIVER'S AND CHAUFFEUR'S LICENSES HELD PRESENTLY OR WITHIN LAST 3 YEARS

State	License No.	Type of Class	Expiration Date	Endorsements

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

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

C. Have you ever been disqualified subject to Sec. 391 of Federal motor Carrier Safety Regulations? Yes _____ No _____

D. Have you had a felony conviction in the past 10 years? Yes _____ No _____
 If Yes, convicted offense? _____ Date _____

WORK RECORD FOR THE PAST TEN YEARS (CONTINUED)

Fourth Most Recent Employer:

Name: _____ Telephone No. (____) _____

Address: _____ Person to Contact: _____

Position Held: _____ From: _____ To: _____ Pay Rate: _____

Reason for Leaving _____ Type of Trailer Pulled: _____

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

*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason _____

Fifth Most Recent Employer:

Name: _____ Telephone No. (____) _____

Address: _____ Person to Contact: _____

Position Held: _____ From: _____ To: _____ Pay Rate: _____

Reason for Leaving _____ Type of Trailer Pulled: _____

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

*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason _____

Sixth Most Recent Employer:

Name: _____ Telephone No. (____) _____

Address: _____ Person to Contact: _____

Position Held: _____ From: _____ To: _____ Pay Rate: _____

Reason for Leaving _____ Type of Trailer Pulled: _____

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

*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason _____

Seventh Most Recent Employer:

Name: _____ Telephone No. (____) _____

Address: _____ Person to Contact: _____

Position Held: _____ From: _____ To: _____ Pay Rate: _____

Reason for Leaving _____ Type of Trailer Pulled: _____

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

*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason _____

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

** 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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

FOR COMPANY USE ONLY

Approval _____ Approval _____

Contract Date _____ I.D. No. _____

DRIVER NOTIFICATION AND RELEASE

Jones Motor

Hot Shot Express

Jones Express

I understand that the information requested herein may be used, and my prior employers and associates may be contacted for the purpose of investigating my background and safety performance history as required by FMCSR 391.21, 49 CFR 382.405, 49 CFR 382.413, 49 CFR 391.23(d) and (e). I also certify that this application was completed by me and all entries on it and information on it are true and complete to the best of my knowledge.

In connection with my application for employment (including contract for services) with you, I understand that a consumer report which may contain public record information is being requested from DAC Services, Tulsa, Oklahoma. This report may include the following types of information: names and date of previous employers, reasons for termination of employment, work experience, accidents etc. I further understand that such report may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and provided driving records.

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.

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- Review information provided by current/previous employers
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I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the source of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC services.

**PLEASE PRINT THIS RELEASE PAGE, FILL IN THE LINES BELOW, AND FAX TO:
877-468-7468**

Print Name Social

Security No.

Applicant's Signature Date

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE *PSP Online Service***

In connection with your application for employment with _____ (“Prospective Employer”), it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report 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 a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Prospective Employer and its employees, agents, and affiliates to obtain the information authorized above.

Date: _____

Signature _____

Name (Please Print) _____