

J.H.O.C., Inc. d/b/a



323 Cash Memorial Blvd.
Forest Park, GA 30297
Phone: (800) 988-9801 Fax (404) 675-1964

Terminal Assigned To: _____

We do not discriminate on the basis of color, race, religion, national origin, sex, age, or non-job related disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

NOTE: Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT or type, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

DRIVER QUALIFICATION

APPLICATION MUST BE RENEWED AFTER 90 DAYS

Date: ____/____/____
Month/ Day/ Year

Name: _____
First Middle Last

Date of Birth (month/day/year) _____ Social Security No. _____
The Federal Motor Carrier Safety Regulations require that driver applicants state their date of birth (§391.21(b)(2))

Current Address* _____
Street City State Zip Code

Phone: (____) _____ Cell Phone (____) _____ Email Address: _____

*If at the above residence for less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

YOU MUST LIST A STREET ADDRESS IN ADDITION TO ANY P.O. BOX ADDRESS

Street City State Zip Code

Position Applying for: (Circle One) **Company Local** **Company Regional** **Company OTR** **O/O Regional** **O/O OTR** **Yard** **Other**
Casual Part Time Full Time

How did you hear about our company? _____ Who referred you? _____

Rate of pay expected? _____ Any relatives employed by this company? _____
List Relative Name(s)

Have you ever worked for this company before? Yes No Dates: From _____ To _____
Month/Year Month/Year

What dates are you available to start work? ____/____/____ Are you eligible to work in the U.S.? Yes No

EDUCATION

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended: _____
Name Address

GENERAL

Have you ever been convicted of a felony? Yes No If yes, please explain fully on a separate piece of paper. Conviction of a crime is not an automatic bar to employment—all circumstances will be considered.

Have you ever been known by any other name? Yes No If so, under what name? _____

DRIVING EXPERIENCE AND QUALIFICATION

Licenses

Drivers Licenses held in the past three years must be shown. (Attach separate sheet if more space is needed.) **If none, check here**

State	License NO.	A B C	Hazardous	Doubles/Triples	Passenger	Air Brake	Expiration Date
		Class (check one)			Endorsements (Check those you have now)		

State	License NO.	A B C	Hazardous	Doubles/Triples	Passenger	Air Brake	Expiration Date
		Class (check one)			Endorsements (Check those you have now)		

~IMPORTANT: APPLICANT MUST READ AND ANSWER THE FOLLOWING QUESTIONS~

- 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 ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No
- D. Have you ever refused any drug or alcohol test or tested positive for same within the last three years? Yes No

If you answered "yes" to A, B, C, explain here. If "yes" to D, list the company name, telephone # and date(s):

Driving Experience

Straight Truck				
Class of Equipment	Type of Equipment (van, tank, flat, yard, etc.)	Dates From	To	Approximate Total Miles
Tractor/Semi - Trailer				
Class of Equipment	Type of Equipment (van, tank, flat, yard, etc.)	Dates From	To	Approximate Total Miles
Twin Trailer – LVC’s				
Class of Equipment	Type of Equipment (van, tank, flat, yard, etc.)	Dates From	To	Approximate Total Miles
Other				
Class of Equipment	Type of Equipment (van, tank, flat, yard, etc.)	Dates From	To	Approximate Total Miles

List states operated in during last five years? _____

List special courses or training that will help you as a driver (include any T-T driving schools) _____

List any driving awards held and who were awards presented by? _____

Accident Review for Past 5 Years (Attach separate sheet of paper if more space is needed) If none, check here

Last Accident

Date	Nature of Accident (Head-on, Rear-End, Overturn, Etc.)	Fatalities	Injuries
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Next Previous

Date	Nature of Accident (Head-on, Rear-End, Overturn, Etc.)	Fatalities	Injuries
------	--	------------	----------

Next Previous

Date	Nature of Accident (Head-on, Rear-End, Overturn, Etc.)	Fatalities	Injuries
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Traffic Convictions and Forfeitures for the past 3 years other than parking violations. If none, check here

Location	Date	Charge	Penalty
Location	Date	Charge	Penalty
Location	Date	Charge	Penalty

EMPLOYMENT RECORD

List all employers (not just driving jobs) for last *ten (10)* years. Start with last or current position, including military experience, and work back. If unemployed more than 1 month, list as a separate item as "unemployed." (Attach a separate sheet of paper if necessary) Gaps in employment must be accounted for

*Check here if you do **NOT** wish us to contact your current employer at this time.*

1. Current Employer: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for Leaving: _____
Were you subject to the Federal Motor Carrier Safety Regulations 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**

2. Previous Employer: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for Leaving: _____
Were you subject to the Federal Motor Carrier Safety Regulations 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**

3. Previous Employer: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for Leaving: _____
Were you subject to the Federal Motor Carrier Safety Regulations 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**

4. Previous Employer: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for Leaving: _____
Were you subject to the Federal Motor Carrier Safety Regulations 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**

5. Previous Employer: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for Leaving: _____
Were you subject to the Federal Motor Carrier Safety Regulations 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**

6. Previous Employer: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for Leaving: _____
Were you subject to the Federal Motor Carrier Safety Regulations 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**

7. Previous Employer: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for Leaving: _____
Were you subject to the Federal Motor Carrier Safety Regulations 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**

8. Previous Employer: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for Leaving: _____
Were you subject to the Federal Motor Carrier Safety Regulations 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**

9. Previous Employer: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for Leaving: _____
Were you subject to the Federal Motor Carrier Safety Regulations 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**

10. Previous Employer: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for Leaving: _____
Were you subject to the Federal Motor Carrier Safety Regulations 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**

DRIVER'S PRIVACY PROTECTION ACT DISCLOSURE

In accordance with the provisions of Section 272 (b)(3)(A) of the Driver's Privacy Protection Act, title 18 Part 1, chapter 123, you are being informed that a personal motor vehicle record will be obtained only with your expressed written permission and will be used only to verify the accuracy of personal information submitted by you on this application and will be on-going in the event such report is needed in the future for qualification purposes only.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 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 11, Subtitle D, Chapter 1 of Public Law 104-208, you are being informed that your consumer report, including Motor Vehicle Reports, may be obtained for qualification purposes.

I am seeking driver qualification with Premier Transportation and hereby direct and authorize the appropriate state agency to make available to Premier Transportation any criminal record a state law enforcement agency has on file in reference to me. In addition, I hereby authorize Premier Transportation to obtain copies of my credit history, educational records, employment and driver's license information.

DRIVERS ONLY: PHYSICAL AGILITY

I understand that my job as a driver may require the loading/unloading of freight. As such, I acknowledge this may require occasional heavy lifting.

Applicant Signature: _____ **Date:** _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of the employment application. Further, that I completed this application and that all of the information I supplied in this application packet is full and complete statement of fact and contains no material omissions. It is understood that if falsification is discovered, it will constitute grounds for rejection of application for employment or, if hired, dismissal from employment upon discovery thereof. If hired, I agree to abide by all rules and policies of Premier Transportation.

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 that are pertinent to the job. I also understand that if offered a job, the offer may be conditioned on the results of a physical examination and drug/alcohol tests.

In addition, I authorize, Premier Transportation, to obtain the necessary hospital reports and other documents that would indicate whether there were any controlled substances in my system if I am seriously injured while on-the-job and cannot provide a specimen at the time. The authorization conforms with Section 391.113(B) of the Federal Motor Carrier Safety Regulations.

I understand that prior to any hiring decision that I have the following rights regarding the investigative information that will be provided to employer pursuant to 49 CFR 391.23(d) and (e): 1. The right to review information provided by current/previous employers; 2. The right to have errors in the information corrected by the previous employers and for that previous employer to re-send the corrected information to the prospective employer; 3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and driver cannot agree on the accuracy of the information.

I also understand that this application is not a contract of employment. I understand that if I am employed I will be an at-will employee and I may voluntarily leave my employment or my employment may be terminated at any time for any reason. I acknowledge that no written or oral statements have been made to or relied upon by me regarding the length of employment or the reasons for which my employment can be terminated.

I authorize Premier Transportation to conduct a thorough Background Investigation in accordance with state and federal law and authorize my previous employers to release any information requested by Premier Transportation and hold them harmless of all liability from the release of said information. Also, in accordance with the provisions of 49 CFR 382.405 and 382.413, I hereby authorize and require my previous and/or current employers to release the following to Premier Transportation by whatever means is most expedient: The results (including any refusal to test or pre-employment positive) of all Drug and Alcohol tests taken by me pursuant to the provisions of 49 CFR while in their employment, as well as any other information received from a past employer that indicated a violation of FMCSR Part 382.

Date: _____ **Applicant Signature:** _____

****** Only Applicant's Signature Is Required ******
REQUESTED INFORMATION FROM PREVIOUS EMPLOYER

Please fax this form to (404) 675-1964

Company: **Premier Transportation**
Individual: _____
Telephone: (800) 988-9801
Fax Back To: **(404) 675-1964**
C/S/Z: Forest Park, GA 30297

Company: _____
Attention: _____
Telephone: _____
Fax: _____
C/S/Z: _____

Personnel Manager:

The person named below has made application to the above named firm for a Safety Clearance. Your company is listed by the applicant as a past employer. Please reply to this inquiry regarding this applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. **Federal regulations as of October 29, 2004 in 49CFR part 391.23 states that the prospective (hiring) employer must contact each DOT-regulated employer with the questions below who employed the driver applicant during the preceding 3 years.** The previous employer must respond to the request and keep a record of the response for one year. Past employers that choose not to respond by providing this requested information will be reported to the Federal Motor Carrier Safety Administration (FMCSA) as required by the regulations. Thank you for your response.

Applicant's Name: _____ Date: _____

Social Security #: _____ Position Applied For: _____

1. Exact Dates of Employment From: _____ To: _____

2. Did he/she drive a commercial vehicle for your company? Yes No

3. Other responsibilities Dock Office Shop Other (Specify) _____

4. If employed as a driver, please indicate the type of equipment driven. Tractor-Trailer Straight Truck

Dry Van Tanker Flat Bed Doubles/Triples Other (Specify) _____

5. Did he/she drive Local Over-The-Road Both

6. What Commodity did he/she transport? _____

7. Number of Accidents that occurred while employed by your company? _____

Date _____ Description _____ Preventable Non-Preventable

Date _____ Description _____ Preventable Non-Preventable

8. Has this driver refused an alcohol test or tested with a concentration of 0.04 or greater within the preceding 3 years? Yes No

9. Has the driver refused a controlled substance test or tested positive within the preceding 3 years? Yes No

10. Was the driver terminated for failure to test or tested positive for alcohol or drugs? Yes No

11. If the driver remained employed, did the driver successfully complete the SAP rehabilitation program? Yes No

12. Did the applicant pose repeated and/or disciplinary problems? Yes No

13. Reason for leaving Resigned Discharged Laid Off

14. Would you re-employ this individual? Yes No If no, explain: _____

15. Person Supplying this information: _____ Title: _____

PLEASE PRINT

REQUIRED

APPLICANT WAIVER

Former Employer _____ Date _____

I hereby authorize you to release all information in accordance with 49CFR part 391.23 (10/29/2004) concerning employment, accidents and information on alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test and refusals to be tested within the preceding three years, SAP rehabilitation programs, including oral assessments of my job performance, ability and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for a Safety Clearance with the above said company. I hereby release you from any and all liability of any type as a result of providing the above-mentioned information to the above-mentioned person.

Applicant's Signature _____

Witness' Signature _____

PART I - DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to Premier Transportation. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized Premier Transportation to review involves tests required by DOT. If any carrier (company/school) listed below furnishes Premier Transportation with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the **three (3) year** period and the name and phone number of any substance abuse professional who evaluated me during the past **three (3) years**.

Company	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

(Attach additional forms for additional past employers. That form must also include the individual's signature and social security number.)

Print Applicant Name: _____ **Applicant Signature:** _____

Social Security No: _____ **Date:** _____

PART II - APPLICANT WAIVER

I hereby authorize all former employers or prospective employers, listed or inadvertently omitted from my application, to release all information in accordance with 49 CFR part 391.23 (10/29/2004) concerning employment, accidents and information on alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test and refusals to be tested within the preceding three years, SAP rehabilitation programs, including oral assessments of my job performance, ability and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for a Safety Clearance with the above said company. I hereby release you from any and all liability of any type as a result of providing the above-mentioned information to the above-mentioned person.

I authorize that the employer or his agents may investigate and inquire into my background including personal, employment, financial, criminal or medical history and other necessary matters in connection with making an employment decision. I release employers, supervisors, health care providers, schools, personal references and all other persons from any liability for providing truthful and accurate responses to any such inquiry.

Applicant Signature _____ **Witness Signature** _____

PART III – CONSUMER REPORT DISCLOSURE & RELEASE
DISCLOSURE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your 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 USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

Oklahoma Applicants Only: I request a copy of any *credit* report requested on me. Minnesota Applicants Only: I request a copy of any consumer report requested on me.

RELEASE

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

USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS to other companies that subscribe to USIS. If hired or contacted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

Print Applicant Name

Applicant Signature

Social Security Number

Date