



DRIVER'S APPLICATION FOR EMPLOYMENT

Office Use Only:
Start Date: _____
Rate of Pay: _____
Driver Type: _____

Applicant Name _____ Date of Application _____
(print)
Company _____
Address _____
City _____ State _____ Zip _____

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 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 as required by 49 CFR 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

PROCESS RECORD

APPLICANT HIRED _____	REJECTED _____
DATE EMPLOYED _____	POINT EMPLOYED _____
DEPARTMENT _____	CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____	DEPARTMENT RELEASED FROM _____
DISMISSED _____	VOLUNTARILY QUIT _____
TERMINATION REPORT PLACED IN FILE _____	SUPERVISOR _____
	OTHER _____

This form is made available with the understanding that J J Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J J Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

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 _____	Phone _____	How Long? _____
	State _____	Zip Code _____		<small>yr /mo</small>
Previous Addresses	Street _____	City _____	State & Zip Code _____	How Long? _____
	Street _____	City _____	State & Zip Code _____	<small>yr /mo</small>
	Street _____	City _____	State & Zip Code _____	How Long? _____
	Street _____	City _____	State & Zip Code _____	<small>yr /mo</small>

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

Date of Birth _____ Can you provide proof of age? _____
 (Required for Commerical Drivers)

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

Dates: From _____ To _____ Position _____

Reason for leaving _____

Who referred you? _____ Rate of pay expected _____

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

Can you perform, with or without reasonable accommodation, the essential functions of the job [as described in the attached job description]? YES NO

EMPLOYMENT HISTORY

All driver applicants to drive in 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.)

EMPLOYER			DATE	
NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
NAME	FROM MO. YR.	TO MO. YR.	
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME	FROM MO. YR.	TO MO. YR.	
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME	FROM MO. YR.	TO MO. YR.	
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME	FROM MO. YR.	TO MO. YR.	
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME	FROM MO. YR.	TO MO. YR.	
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle 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 SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	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

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

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	TYPE OF EQUIPMENT	DATES FROM(M/Y) TO(M/Y)	APPROX NO OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO More than 8 passengers			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO More than 15 passengers			
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 MAY 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

HIGHEST GRADE COMPLETED _____
 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: _____

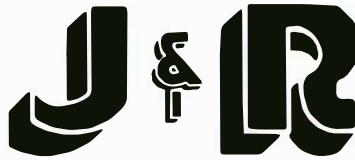
References

Please include three non-related references that we can contact!

1. Name _____ Number _____

2. Name _____ Number _____

3. Name _____ Number _____



TRANSPORT

P.O. BOX 781

WOODWARD, OK 73802

MAIN OFFICE: 580-256-6463 | FAX: 580-254-2201

SUBPART B – RETURN TO DUTY QUESTIONNAIRE:

Pursuant to 49 C.F.R. § 40.25 (Subpart B), J & R Transport, Inc. asks employees whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant/employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. Under such circumstances, in order for the applicant/employee to perform safety-sensitive functions for J & R, the applicant/employee must provide documentation of completion of the return-to-duty process.

In accordance to 40.25 (j) each applicant/employee must answer the following question truthfully:

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?

Yes _____ No _____

Applicant/Employee Signature: _____

Date: ____/____/____



**General Consent for Limited Queries of
the Federal Motor Carrier Safety Administration
(FMCSA) Drug and Alcohol Clearinghouse**

I, _____, hereby provide consent to J&R Transport, Inc. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I give J&R Transport, Inc. the authority to request unlimited drug and alcohol histories for the the purposes of pre-employment verification, annual FMCSA mandated queries, customer audits and any reason J&R Transport, Inc. deems necessary. This will be in effect for the duration of my employment.

I understand that if the limited query conducted by J&R Transport, Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to J&R Transport, Inc. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for J&R Transport, Inc. to conduct a limited query of the Clearinghouse, J&R Transport, Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date

Witness Signature

Date



**BACKGROUND INVESTIGATION RELEASE
ALL APPLICANTS**

By my signature below I here-by authorize J & R Transport, Inc., Accutrace HR, Samba Safety, ADR and SJV and Associates to fully investigate my employment history, criminal history, drug and alcohol results, and Motor Vehicle Records when requested.

Please provide a copy of your driver's license/I.D. with this release

First: _____ **Middle:** _____ **Last:** _____

SS #: _____ - _____ - _____

Date of Birth: ____ / ____ / ____

DL #/State: _____

DL Expirations: _____

Current Address:

Signature: _____

Date: _____

Release results to: Directly to the company

Please fill out one of these forms for each employer you have worked for in the previous 2 years.

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items: 1. Alcohol tests with a result of 0.04 or higher; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Information obtained from previous employers of a drug and alcohol rule violation; 6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: J & R TRANSPORT, INC HOT OIL UNITS, INC
Address: PO BOX 781 WOODWARD, OK 73802
4230 OKLAHOMA AVE WOODWARD, OK 73801
Phone #: 580-256-6463 Fax #: 580-254-2201
Designated Employer Representative: WHITNEY LONG

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ___ NO ___
2. Did the employee have verified positive drug tests? YES ___ NO ___
3. Did the employee refuse to be tested? YES ___ NO ___
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ___ NO ___
5. Did a previous employer report a drug and alcohol rule violation to you? YES ___ NO ___
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? YES ___ NO ___

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A: _____

Title: _____

Phone #: _____

Date: _____

Please fill out one of these forms for each employer you have worked for in the previous 2 years.

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

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Employee Signature: _____ Date: _____

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Phone #: 580-256-6463 Fax #: 580-254-2201
Designated Employer Representative: WHITNEY LONG

I-B.

Previous Employer Name: _____
Address: _____
Phone #: _____
Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

- II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~
1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ___ NO ___
 2. Did the employee have verified positive drug tests? YES ___ NO ___
 3. Did the employee refuse to be tested? YES ___ NO ___
 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ___ NO ___
 5. Did a previous employer report a drug and alcohol rule violation to you? YES ___ NO ___
 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? YES ___ NO ___

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A: _____
Title: _____
Phone #: _____
Date: _____

Please fill out one of these forms for each employer you have worked for in the previous 2 years.

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

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Phone #: 580-256-6463 Fax #: 580-254-2201

Designated Employer Representative: WHITNEY LONG

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ___ NO ___

2. Did the employee have verified positive drug tests? YES ___ NO ___

3. Did the employee refuse to be tested? YES ___ NO ___

4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ___ NO ___

5. Did a previous employer report a drug and alcohol rule violation to you? YES ___ NO ___

6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? YES ___ NO ___

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A: _____

Title: _____

Phone #: _____

Date: _____

Please fill out one of these forms for each employer you have worked for in the previous 2 years.

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items: 1. Alcohol tests with a result of 0.04 or higher; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Information obtained from previous employers of a drug and alcohol rule violation; 6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

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Phone #: 580-256-6463 Fax #: 580-254-2201
Designated Employer Representative: WHITNEY LONG

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ___ NO ___
2. Did the employee have verified positive drug tests? YES ___ NO ___
3. Did the employee refuse to be tested? YES ___ NO ___
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ___ NO ___
5. Did a previous employer report a drug and alcohol rule violation to you? YES ___ NO ___
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? YES ___ NO ___

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A: _____

Title: _____

Phone #: _____

Date: _____