

**JBINDER LOGISTICS LLC
30510 SETHORA HILL WAY
FULSHEAR, TX 77441
(409) 771-2926**

DOT DRIVER APPLICATION FOR EMPLOYMENT

(Answer all questions - please print)

Position Applied for: DOT Driver Leased Driver/OO Non-DOT Driver Field Hand Other _____

Name _____
Last First Middle Suffix Social Security #

Current Address _____
Street City State Zip Code
From _____ to _____

Home Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____ **Can you provide proof of age?** _____ **Required for Commercial Drivers**

If your above address is less than 3 years – list them below to cover the previous 3 year period – Use another sheet for additional addresses

Previous Address _____
Street City State Zip Code
From _____ to _____

Previous Address _____
Street City State Zip Code
From _____ to _____

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

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

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

Reason for Leaving _____

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

Who referred you? _____ Rate of pay expected? _____

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? _____

If yes, please explain. _____

ACCIDENT RECORD

FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATE	NATURE OF ACCIDENT	INJURIES	FATALITIES	HAZARDOUS
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES

FOR THE LAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS - DRIVER

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS.

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

YES NO HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?

YES NO HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?

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

DRIVING EXPERIENCE CHECK YES/NO

CLASS OF EQUIPMENT		DATES		CIRCLE TYPE	APPROX. NO. MILES
		TO	FROM		
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO				VAN, TANK, FLAT,DUMP,REFER	
TRACTOR AND SEMI TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO				VAN, TANK, FLAT,DUMP,REFER	
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO				VAN, TANK, FLAT,DUMP,REFER	
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO				VAN, TANK, FLAT,DUMP,REFER	

ONE DRIVER'S LICENSE CERTIFICATION

Initial _____ I acknowledge and understand that if I currently have more than one license, I will keep the license from my state of resident and return the additional licenses to the state that issued them. DESTROYING a license does not close the record in the state that issued it; I will notify the state. If a multiple license has been lost, stolen or destroyed, I will close my record by notifying the state of issuance that I no longer want to be licensed by that state.

Initial _____ I acknowledge and understand that anytime a driver with a Commercial Driver's License violates a state or local traffic law (other than parking), I will report it within 5 working days to my employer and within 30 days to the state that issued the license. Notification to the state is only made if the violation occurred in a state other than the one that issued the license.

Initial _____ I acknowledge and understand that notification of any revocation or suspension of my CDL must be made to my employer within one (1) day of receiving notice. Drivers or employers who violate these requirements are subject to civil penalties of up to \$2,500 or under certain circumstances, criminal penalties of \$5,000 and/or 90 days imprisonment.

CERTIFICATION OF NON-DOT DRIVER

YES NO I certify that I have not worked as a driver in a DOT regulated position for any employer in the preceding three (3) years that was regulated by the Department of Transportation.

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT Pursuant to CFR Part 40.25(b)(5) and (e)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR 40.25 (j) to respond to the following questions.

YES NO Have you ever 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 (2) years?

YES NO If you answered yes to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

MOTOR VEHICLE REPORT RELEASE & AUTHORIZATION

In connection with my application for employment, promotion, reassignment, retention or contract for services it is understood that a Motor Vehicle Report (MVR) will be requested concerning my driving record.

I authorize without reservation any party or agency to furnish a MVR for purposes of investigation as required by Federal Motor Carrier Safety Administration in 49 CFR 391.23 and 391.25. If hired (or contracted) this authorization shall remain on file and serve as on-going authorization to procure a MVR at any time during my employment (or contract) period.

I have the right to request from the party or agency obtaining the MVR the nature and substance of all information on me in its files, including the source of information and the recipients of any reports issued within the two-year period preceding my request.

DISCLOSURE AND ACKNOWLEDGEMENT

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.

I authorize you to make such investigations and inquiries of my personal, 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, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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 a 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 to the accuracy of the information.

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: _____

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COVERED EMPLOYEE CERTIFICATE OF RECEIPT OF THE CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY

STATEMENT OF POLICY

Every covered driver is required to refrain from the use of prohibited controlled substances on and off duty. Every covered driver is required to refrain from the use of alcohol before (within 4 hours) and during the performance of safety-sensitive functions (operating on a public roadway a vehicle which requires a Commercial Driver's License).

Covered drivers will be tested for marijuana, cocaine, opioids, amphetamines and phencyclidine (PCP). Covered drivers will also be tested for alcohol. Driver applicants will be subject to a pre-employment drug test. The employer must receive a verified NEGATIVE result before driver applicants will be permitted to perform safety-sensitive functions.

CONSEQUENCES OF PROHIBITED CONDUCT

Any driver who has a POSITIVE drug test result, an alcohol test with a result of 0.04 OR GREATER, or has engaged in other conduct prohibited by SECTION B of this policy, will be immediately removed from safety-sensitive functions and will be subject to disciplinary action up to and including termination. A driver who has a POSITIVE test result will not be hired.

TESTING PROGRAM ADMINISTRATORS

Your employer has contracted with a bona fide alcohol and drug testing program administrator, as authorized under the Federal regulations, to administer the program.

ADDITIONAL REQUIREMENTS

The employer is permitted by Federal regulations to require and enforce more stringent requirements relating to safety of operation and employee and health including additional requirements relating to alcohol and controlled substances.

I hereby acknowledge receipt of the U.S. DEPARTMENT OF TRANSPORTATION (DOT), FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA), CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY. I agree to familiarize myself with the requirements of the policy and comply with its provisions.

Employee's Name (Print)

Social Security Number

Employee's Signature

Date

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DRIVER'S DATA SHEET STATEMENT OF ON-DUTY HOURS

INSTRUCTIONS

When using a driver for the first time, motor carriers shall obtain from the driver a signed statement giving the total time on duty during the preceding seven (7) days. The statement is to include the time the driver was last relieved from duty prior to beginning the current on-duty period. [49 CFR 395.8(j)(2)]

Print Driver's Name

Social Security #

Driver's License #

Type

State

DAY	1	2	3	4	5	6	7
DATE							
HOURS WORKED							
TOTAL HOURS							

I hereby certify that the information given above is correct to the best of my knowledge, and that I was last relieved from work at:

Time a.m. / p.m.

on

Year

Day

Month

Driver's Signature

Date

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DOT FORMER EMPLOYMENT VERIFICATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (print name) _____
(First, M, Last) (Social Security Number) (Date of Birth)

Hereby authorizes:
Previous Employer: _____ Fax: _____

Address: _____ Phone: _____

City, State, Zip _____

To release and forward the information requested by §2 and 3 of this document concerning any Employment history, Alcohol and Controlled Substances Testing records and other required information within the previous 3 yrs. from _____
(Date of Application)

Applicant Signature **Date**

This information is being requested in compliance with § 40.25 and § 391.23

SECTION 2: PREVIOUS EMPLOYER COMPLETES THIS SECTION

The applicant named above was employed by us: Yes No

Employed as _____ from (mth/yr) _____ to (mth/yr) _____

1. Did he/she drive a motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor/Semitrailer Bus
Cargo Tank Double/Triples Other (Specify) _____
2. Reason for leaving your company: Discharged Resignation Lay Off Military Duty

Accidents: Complete the following for any accidents included on your accident register § 390.15(b) that involved the applicant in the last 3 years prior to the application date shown above, or check the following box if there is no register data for the driver (No Data).

	<u>Date</u>	<u>Location</u>	<u>No of Injuries</u>	<u>No of Fatalities</u>	<u>HazMat Spill</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to the government agencies or insurers or retained under internal company policy: _____

This information is being requested in compliance with §40.25 and §391.23

SECTION 2 COMPLETED BY:

Name: _____ Signature: _____ Date: _____

Address: _____

City, State, Zip: _____ Phone: _____

SECTION 3: PROSPECTIVE EMPLOYER COMPLETES

1ST VALID ATTEMPT

This for was (check one) Faxed Mailed Emailed Other _____

By: (Signature) _____ Date: _____

2ND VALID ATTEMPT

This for was (check one) Faxed Mailed Emailed Other _____

By: (Signature) _____ Date: _____

3RD VALID ATTEMPT

This for was (check one) Faxed Mailed Emailed Other _____

By: (Signature) _____ Date: _____

Complete below when form is received from previous employer.

Information was received from: _____ Date _____

This was by (check one) Fax Mail Email Other _____

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

I, _____, hereby provide consent to the Company 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 authorize without reservation any party or agency to furnish a limited report for purposes of investigation as required by the Company. If hired (or contracted), this authorization shall remain on file and serve as on-going authorization to procure a limited inquiry report at any time during my employment (or contract) period.

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

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

Applicant / Employee Signature

Date

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BACKGROUND RELEASE FORM INCLUDING MOTOR VEHICLE REQUEST

In connection with my application for employment, promotion, reassignment, retention or contract for services understood that a Motor Vehicle Report (MVR) Criminal History Report (CHR) and a Social Security Validation (SSV) will be requested concerning my driving record Criminal Back Ground and the validity of my status with the Social Security Administration.

I authorize without reservation any party or agency to furnish a MVR for purposes of investigation as required by Federal Motor Carrier Safety Administration in 49 CFR 391.23 and 391.25. If hired (or contracted) this authorization shall remain on file and serve as on-going authorization to procure a MVR at any time during my employment (or contract) period.

I authorize without reservation any party or agency to furnish a MVR, CHR or SSV for purposes of investigation as required by the Company If hired (or contracted) this authorization shall remain on file and serve as on-going authorization to procure a MVR, CHR, SSV at any time during my employment (or contract) period.

I have the right to request from the party or agency obtaining the MVR CHR, SSV the nature and substance of all information on me in its files, including the source of information and the recipients of any reports issued within the three-year period preceding my request.

Print Name (First, Middle Name, Last, Suffix):

Signature: **Date:**

Date of Birth: **SS#**

DL# **Issuing State:**