



JET INC
P.O. BOX 20
SEARCY, AR 72145

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name: _____

Date: _____

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial status, veteran status, non-job related disability, or any other protected group status.

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 performances history as required by 49 CRF 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: _____

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied For: _____

Name: _____
(last) (first) (middle)

SS#: _____ - _____ - _____ Date of Birth: _____

List your addresses of residency for the past 3 years:

Current Address: _____
Street City State & Zip Code

How Long? _____ Phone Number: _____

Previous Addresses: _____
Street City State & Zip Code

How Long? _____

Street City State & Zip Code

How Long? _____

Street City State & Zip Code

How Long? _____

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

Have you worked for this company before? _____

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

Who referred you? _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of 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 applied [as described in the attached job description]? If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicant to driver 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 if necessary.)

EMPLOYER	DATE	TO
NAME:	POSITION HELD:	
ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT PERSON:		PHONE NUMBER:
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

EMPLOYER	DATE	TO
NAME:	POSITION HELD:	
ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT PERSON:		PHONE NUMBER:
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

EMPLOYER	DATE	TO
NAME:	POSITION HELD:	
ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT PERSON:		PHONE NUMBER:
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

EMPLOYER	DATE	TO
NAME:	POSITION HELD:	
ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT PERSON:		PHONE NUMBER:
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

Includes vehicles having a GVWR of 25,001 lbs. Or more, vehicles designed to transport 16 or more passengers (including 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.

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 requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF NEEDED)

IF NONE, CHECK BOX ☐

DATE	NATURE OF ACCIDENT (HEAD ON, REAR END, ETC)	FATALITIES, INJURIES, HAZARDOUS	MATERIAL SPILL
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TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY
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EXPERIENCE AND QUALIFICATIONS

STATE	LICENSE NO.	LICENSE OR PERMIT	EXP. DATE
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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 _____

DRIVER EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CHECK IF YES	DATES	EST # OF MILES DRIVEN
STRAIGHT TRUCK	<input type="checkbox"/>		
TRACTOR & SEMI TRAILER	<input type="checkbox"/>		
TRACTOR-TWO TRAILERS	<input type="checkbox"/>		
TRACTOR-THREE TRAILERS	<input type="checkbox"/>		
MOTORCOACH SCHOOL BUS	<input type="checkbox"/>		
MOTORCOACH SCHOOL BUS (15+ PASSENGERS)	<input type="checkbox"/>		

List states operated in for the last five (5) years: _____

Show any trucking transportation experience that may help in your work for our company: _____

EDUCATION

Highest Grade Completed: _____

Last School Attended: _____

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: _____

40.25(j) Driver Pre-Employment Verification of Testing Results

Company Name _____

Address _____

City & State _____

Telephone Number _____

Fax Number _____

Driver Name: _____

Identification Number: _____

In the past 2 years have you:

➤ Tested positive for any controlled substances pre-employmentfor any other company? YES____NO____

➤ Refused to be tested for any controlled YES____NO____

➤ Test above .04 on any alcohol pre-employment test for another YES____NO____

*If you answered yes to any of the above questions, can you document which Substance Abuse Professional (SAP) you consulted:

Name of SAP: _____

Address: _____

City & State/Zip: _____

Telephone Number: _____

Signed: _____ Date: _____



REQUEST/CONSENT FOR INFORMATION FROM
PREVIOUS EMPLOYER(S)/CARRIER(S) FOR
ALCOHOL AND CONTROLLED SUBSTANCE
TESTING RECORDS AND CHANGES IN PARTS 390
AND 391 OF THE FMCSA

Print Name (First, MI, Last)

Signature

Date

Social Security Number

I, the above mentioned signer, hereby authorize _____
to release and forward in accordance with the following regulation, all known information pertaining to
my alcohol and controlled substances testing/training records to JET, INC OF SEARCY.

DISCLOSURE AND AUTHORIZATION UNDER 49 C.F.R. PART 391.23 INCLUDING DOT DRUG
AND ALCOHOL INFORMATION

For purposes of an investigation in accordance with 49 C.F.R. Part 391.23, I authorize my previous employers,
contractors, and trucking schools, as applicable, to release and forward to JET, INC. OF SEARCY ("Company")
the following information for the past three (3) years:

1. DOT alcohol and controlled substance information in accordance with Parts 382 and 40 of the Federal Motor
Carrier Safety Regulations (49 CFR Part 382 and 49 CFR Part 40, Section 40.25) limited to the following DOT
regulated testing items, including pre-employment testing results: (I) alcohol tests with a result of 0.04 or higher;
(ii) verified positive drug tests; (iii) refusals to be tested; (iv) other violations of DOT agency drug and alcohol
testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi)
documentation, if any, of completion of the return-to-duty process following a rule violation.

2. Safety performance history information in accordance with 49 CFR Part 391.23, which includes: employment
dates, work history (which may include position held, reason for leaving, any termination information, whether
subject to the Federal Motor Carrier Safety Administration regulations, equipment experience, area driven, and
other information as applicable) and accident information (including accident date, nature of accident, whether it
was preventable, whether there were injuries, fatalities, or hazardous materials involved, and copies of any
accident report).

Pursuant to Section 391.23(I) of the Federal Motor Carrier Safety Regulations, you have the following rights with
regard to the information released:

1. You have the right to make a written request at any time to review the information provided by previous
employers, contractors, or trucking schools, as applicable.
2. You have a right to have errors in the information corrected by the previous employer, contractor, or trucking
school, as applicable and for the employer, contractor, or trucking school to re-send the corrected information.
3. You have the right to have a rebuttal statement attached to the alleged erroneous information if the previous
employer, contractor, or trucking school and you cannot agree on the accuracy of the information.