

Office Use Only

DAC

MVR

REF

R/T

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D/S/R



APPLICATION FOR EMPLOYMENT

7380 IH 10 EAST SAN ANTONIO, TX 78219

OFFICE PHONE: 210-662-0019 FAX: 210-572-7908

Application will remain active for 30 days. Any inquiries after that will require reapplication

APPLICANT PROCEDURES

Please read carefully and answer all questions. Incomplete applications will not be considered.

Do not provide specific medical information in response to questions on this application.

We are an equal employment opportunity employer and are committed to nondiscrimination in hiring, employment practices or facilities regardless of race, creed, color, sex, religion, age, national origin, handicap, disability, or veteran status

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentations of information given shall be considered an act of dishonesty and grounds for refusing or terminating employment.

It is agreed and understood that the employer or his agents may investigate the applicants background to ascertain any and all information of concern to applicants record whether the same is of record or not, and applicant releases employers and persons named herein from all liability for any damage on account of furnishing such information.

It is agreed and understood, that if I am offered a job I may be required to take a physical examination at any time to determine if I am physically fit for the job I am to perform, and, I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of the job.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his employment file.

It is agreed and understood that if hired, the employee may be on a training period during which time he may be discharged without recourse.

This certifies that the application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

All employees of the company are employees at will and may quit or be discharged at any time. No agent of the company is authorized to enter into any contract of employment unless the contract is in writing and signed by the company president.

DATE



APPLICANT SIGNATURE

DRIVER APPLICATION

PERSONAL

RECRUITED BY: _____

CONTRACTOR: _____

POSITION APPLIED FOR: _____

DATE: ____/____/____

NAME: _____

SOCIAL SECURITY # ____/____/____

OTHER NAMES USED: _____

DATE OF BIRTH: M ____/D ____/YYYY ____

EMAIL ADDRESS: _____

ADDRESS: _____

PHONE# (____) _____

CITY _____ ST. _____ ZIP _____ CELL PHONE# (____) _____

NOTIFY IN CASE OF EMERGENCY: _____ PHONE# (____) _____

ADDRESS: _____

RESIDENCE ADDRESS

LIST RESIDENCE ADDRESSES FOR THE PAST 3 YEARS

1. FROM: ____ TO: ____ _____

2. FROM: ____ TO: ____ _____

3. FROM: ____ TO: ____ _____

EDUCATION

HAVE YOU ATTENDED DRIVING SCHOOL? ☐ YES ☐ NO

GRADUATION: ____/____/____

NAME OF SCHOOL: _____

LOCATION: _____

HIGHEST GRADE COMPLETED: _____

LAST SCHOOL ATTENDED: _____

CITY: _____

ST: _____

MILITARY STATUS

HAVE YOU SERVED IN THE US ARMED FORCES? ☐ YES ☐ NO

ARE YOU ACTIVE RESERVE OR NATIONAL GUARD? ☐ YES ☐ NO

BRANCH: _____

FROM: _____

TO: _____

DRIVING EXPERIENCE

| TYPE OF EQUIPMENT | LENGTH OF EXPERIENCE | APPROXIMATE # OF MILES |
|---------------------------|----------------------|------------------------|
| TRACTOR AND SEMI TRAILER: | | |
| STRAIGHT TRUCK: | | |
| OTHER: | | |

Years' Experience: _____

IN WHAT STATES HAVE YOU DRIVER REGULARLY?

WORK EXPERIENCE:

SHOW THE PAST THREE(3) YEARS EMPLOYMENT, AND OR COMMERCIAL DRIVING EXPERIENCE FOR THE **PAST 10 YEARS**, LIST BELOW PAST AND PRESENT EMPLOYERS, **BEGINNING WITH YOUR PRESENT OR MOST RECENT, ALL TIME MUST BE ACCOUNTED FOR INCLUDING UNEMPLOYMENT**

| | | | | |
|--|--|---|--------------------------------|--|
| UNEMPLOYMENT | FROM | TO | TO VERIFY CALL: | PHONE#: |
| FROM | | TO | | |
| COMPANY NAME | | | JOB CLASSIFICATION | |
| COMPANY ADDRESS | | | REASON FOR LEAVING | |
| CITY | ST | | ZIP | |
| ACCIDENTS | YES <input type="checkbox"/> | NO <input type="checkbox"/> | HOW MANY | |
| EQUIPMENT DRIVEN | <input type="checkbox"/> TRACTOR TRAILER | <input type="checkbox"/> STRAIGHT TRUCK | <input type="checkbox"/> OTHER | MILES PER WEEK |
| WERE YOU SUBJECT TO (FMCSRs) FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY PREVIOUS EMPLOYER? | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| WAS THE PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITY FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49CFR PART 40? | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |

| | | | | |
|--|--|---|--------------------------------|--|
| UNEMPLOYMENT | FROM | TO | TO VERIFY CALL: | PHONE#: |
| FROM | | TO | | |
| COMPANY NAME | | | JOB CLASSIFICATION | |
| COMPANY ADDRESS | | | REASON FOR LEAVING | |
| CITY | ST | | ZIP | |
| ACCIDENTS | YES <input type="checkbox"/> | NO <input type="checkbox"/> | HOW MANY | |
| EQUIPMENT DRIVEN | <input type="checkbox"/> TRACTOR TRAILER | <input type="checkbox"/> STRAIGHT TRUCK | <input type="checkbox"/> OTHER | MILES PER WEEK |
| WERE YOU SUBJECT TO (FMCSRs) FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY PREVIOUS EMPLOYER? | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| WAS THE PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITY FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49CFR PART 40? | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |

| | | | | |
|--|--|---|--------------------------------|--|
| UNEMPLOYMENT | FROM | TO | TO VERIFY CALL: | PHONE#: |
| FROM | TO | | | |
| COMPANY NAME | | | JOB CLASSIFICATION | |
| COMPANY ADDRESS | | | REASON FOR LEAVING | |
| CITY | ST | | ZIP | |
| ACCIDENTS | YES <input type="checkbox"/> | NO <input type="checkbox"/> | HOW MANY | |
| EQUIPMENT DRIVEN | <input type="checkbox"/> TRACTOR TRAILER | <input type="checkbox"/> STRAIGHT TRUCK | <input type="checkbox"/> OTHER | MILES PER WEEK |
| WERE YOU SUBJECT TO (FMCSRs) FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY PREVIOUS EMPLOYER? | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| WAS THE PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITY FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49CFR PART 40? | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |

| | | | | |
|--|--|---|--------------------------------|--|
| UNEMPLOYMENT | FROM | TO | TO VERIFY CALL: | PHONE#: |
| FROM | TO | | | |
| COMPANY NAME | | | JOB CLASSIFICATION | |
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|--|--|---|--------------------------------|--|
| UNEMPLOYMENT | FROM | TO | TO VERIFY CALL: | PHONE#: |
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|--|--|---|--------------------------------|--|
| UNEMPLOYMENT | FROM | TO | TO VERIFY CALL: | PHONE#: |
| FROM | TO | | | |
| COMPANY NAME | | | JOB CLASSIFICATION | |
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| CITY | | ST | ZIP | |
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| | | | | |
|--|--|---|--------------------------------|--|
| UNEMPLOYMENT | FROM | TO | TO VERIFY CALL: | PHONE#: |
| FROM | TO | | | |
| COMPANY NAME | | | JOB CLASSIFICATION | |
| COMPANY ADDRESS | | | REASON FOR LEAVING | |
| CITY | | ST | ZIP | |
| ACCIDENTS | YES <input type="checkbox"/> | NO <input type="checkbox"/> | HOW MANY | |
| EQUIPMENT DRIVEN | <input type="checkbox"/> TRACTOR TRAILER | <input type="checkbox"/> STRAIGHT TRUCK | <input type="checkbox"/> OTHER | MILES PER WEEK |
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| WAS THE PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITY FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49CFR PART 40? | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |

ALCOHOL & CONTROLLED SUBSTANCE TESTING

| | YES | NO |
|---|----------------------|----------------------|
| 1. HAVE YOU TESTED POSITIVE FOR A CONTROLLED SUBSTANCE IN THE LAST TWO YEARS? | <input type="text"/> | <input type="text"/> |
| 2. HAVE YOU HAD AN ALCOHOL TEST WITH A BREATH ALCOHOL CONCENTRATION OF .04 OR GREATER IN THE LAST TWO YEARS? | <input type="text"/> | <input type="text"/> |
| 3. HAVE YOU REFUSED A TEST FOR DRUGS OR ALCOHOL IN THE LAST TWO YEARS? (INCLUDING VERIFIED ADULTERATED OR SUBSTITUTED DRUG TEST RESULTS) | <input type="text"/> | <input type="text"/> |
| 4. HAVE YOU COMMITTED OTHER VIOLATIONS OF DOT AGENCY DRUG AND ALCOHOL TESTING? | <input type="text"/> | <input type="text"/> |

*IF YES TO ANY OF THE ABOVE QUESTIONS PLEASE ATTACH SUBSTANCE PROFESSIONAL NAMES ADDRESS, AND PHONE # FOR FURTHER REFERENCE

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A DWI, DUI, CARELESS OR RECKLESS DRIVING, 15 MPH OVER THE POSTED SPEED LIMIT, LEAVING ACCIDENT SCENE, OR USING COMMERCIAL VEHICLE IN COMMISSION OF A FELONY?

☐ YES ☐ NO DATE _____ EXPLAIN _____

HAS YOUR LICENSE OR PRIVILEGE TO DRIVE EVER BEEN SUSPENDED OR REVOKED FOR ANY REASON?

☐ YES ☐ NO DATE _____ EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR OTHER THAN A TRAFFIC VIOLATION?

☐ YES ☐ NO DATE _____ EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

☐ YES ☐ NO DATE _____ EXPLAIN _____

| LIST ALL DRIVERS LICENSES THAT YOU PRESENTLY HOLD OR HAVE HELP IN THE PAST | LICENSE # | STATE | EXPIRATION DATE | ENDORSEMENTS |
|--|-----------|-------|-----------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

ACCIDENTS

List and explain in detail giving dates and location of all accidents that you have been involved in during the past five years, in any type of vehicle and regardless of whether you feel they were chargeable or non-chargeable. **FAILURE TO LIST ALL ACCIDENTS MAY RESULT IN YOUR DISQUALIFICATION, IF YOU HAVE HAD NO ACCIDENTS IN THE PAST FIVE YEARS WRITE "NONE"**

| Date | Vehicle type | Whose fault | Fatalities? Yes or no | Injuries? Yes or no | \$ Amount of all Damage | Date | Vehicle type | Whose fault | Fatalities? Yes or no | Injuries? Yes or no | \$ Amount of all Damage |
|-------------------|--------------|-------------|-----------------------|---------------------|-------------------------|-------------------|--------------|-------------|-----------------------|---------------------|-------------------------|
| | | | | | | | | | | | |
| Describe Accident | | | | | | Describe Accident | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| Date | Vehicle type | Whose fault | Fatalities? Yes or no | Injuries? Yes or no | \$ Amount of all Damage | Date | Vehicle type | Whose fault | Fatalities? Yes or no | Injuries? Yes or no | \$ Amount of all Damage |
|-------------------|--------------|-------------|-----------------------|---------------------|-------------------------|-------------------|--------------|-------------|-----------------------|---------------------|-------------------------|
| | | | | | | | | | | | |
| Describe Accident | | | | | | Describe Accident | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

TRAFFIC VIOLATIONS

I certify that the following is a true and complete list of all traffic violations (other than parking violations) for which I have been convicted of or forfeited bond or collateral during the past 5 years. **FAILURE TO LIST ALL ACCIDENTS MAY RESULT IN YOUR DISQUALIFICATION, IF YOU HAVE HAD NO ACCIDENTS IN THE PAST FIVE YEARS WRITE "NONE"**

| Traffic Conviction(s): Describe | Date | City & State | Penalty |
|---------------------------------|------|--------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

AGREEMENT (PLEAS READ THE FOLLOWING STATEMENTS CAREFULLY)

I understand that JTM Transport Inc. and its subsidiaries follow the practice of requiring driver applicants to successfully complete a DOT physical, drug test, alcohol test or other tests as a term and condition of qualification and from time to time thereafter to submit to a DOT physical, drug test, alcohol test or other test, upon request as a term and condition of continued qualification. Thereafter, I hereby knowingly and freely give my consent to submit to DOT physical, drug test, alcohol test, or other tests, and further agree to submit to DOT physical, drug test, alcohol test, or other tests from time to time when so requested. I understand that any job offer is contingent upon obtaining DOT certification as well as successful completion of orientation.

In connection with my application for qualification with you, I understand that an investigative consumer report is being requested that include information as to my character, credit history, work habits, performance, experience, drug and alcohol test results, including results from pre-employment drug and/or alcohol tests during the past two (2) years, along with reasons for termination of past employment obtained from previous employers. Further, I understand that you will be requesting information concerning my driving record and/or information from various state agencies which maintain records concerning credit record, criminal history, traffic offenses and accidents, as well as information concerning my previous driving record requests made by others from such state agencies. I understand that I have a right to make written request within reasonable amount of time to receive additional detailed information about the nature and scope of this investigation. I hereby authorize JTM Transport Inc. or its subsidiaries to obtain the above described information, and agree that such information, and my experience history with if I am qualified will be supplied to other companies which subscribe to consumer reporting services.

I further consent to you furnishing to consumer reporting services concerning my character, work habits, performance, driving record, and experience, as well as any reason for my termination of my qualifications, including drug and alcohol test results, and further consent to these services furnishing such information in the future to other companies which subscribe to these services from which I am seeking employment.

This certifies that this application was completed by me and that all entries on it are true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may result in my disqualification now and at any time. I understand that my qualification can be terminated, with or without cause, at any time at the discretion of either the company, or myself, in addition, in consideration of any offer of employment, I agree to execute Mutual Agreement to Arbitrate Claims regarding any employment applications.

In accordance with Section(s) 382, 405, 382, & 391.23 of the Federal Motor Carrier Safety Regulations, I authorize any and all persons and / or institutions provide any relevant information, including my alcohol and controlled substances testing/training, that may be required to complete my qualification and I agree to release them from any and all liability for supplying said information

Signature  _____

Date _____



REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to JTM Transport Inc. for the purpose of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations. This includes results from all drug and alcohol tests for the past 3 years. I hereby release this company and its employees, offices, directors and agents from any and all liability of any types as a result of providing the following information to the below mention person and/or company.

APPLICANTS SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE

From: Eloy De Hoyos
Company: JTM Transport Inc.
Address: 7380 IH 10 East
San Antonio, TX 78219

Title: Safety Coordinator
Phone: (210) 572-7920
Fax: (210) 572-7908
Email: Eloy@jtmtransport.com

1st Request _____
2nd Request _____
3rd Request _____

Applicant Name: _____

Social Security Number: _____

Previous Employer: _____

Fax: _____

Employment Dates: From: _____ To: _____

From: _____ To: _____

Correct Dates are: _____ TO: _____

_____ TO: _____

Employment Designation: ☐ Company Driver ☐ Owner Operator ☐ Driver for Owner Operator ☐ Other

Equipment Type: ☐ Tractor ☐ Straight Truck ☐ Bus ☐ Construction Equipment

Commodities Transported: _____

Areas of Operation: ☐ 48 ☐ M/W ☐ E/C ☐ Local ☐ TX Only

Accidents: ☐ Yes ☐ No

If Yes please list all violations including dates and type.

Date

City

State

License Suspended: ☐ Yes ☐ No

If Yes, please list date(s) of suspension: _____

Was Employee dependable to make pick up and deliveries?

Did Employee meet FMCSR Driver Log Requirements?

Reason for leaving your company:

Is employee eligible for rehire?

☐ Term ☐ Laid off ☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Resigned ☐ No

Past Alcohol/Controlled Substance Information Inquiry

Has this individual:

Had an alcohol test with a result of 0.04 or high alcohol concentration?

Had a verified positive drug test within the past three years?

Refused a controlled substance or alcohol test in the past three years?

Violated other DOT drug and alcohol regulations?

Have you received information from a previous employer that this employee has violated a drug or alcohol test?

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

SIGNATURE AND DATE OF INDIVIDUAL COMPLETING FORM

PHONE NUMBER

AUTHORIZATION FOR BACKGROUND INVESTIGATION

NAME: _____

SSN: _____

DOB: _____

This authorizes JTM Transport Inc. to investigate and inquire of my personal, financial, or other related matters as may be necessary in arriving at an employment decision. My employer or any for employer as well as any entity having information regarding my background is authorized to release such information to JTM Transport Inc. including but not limited to, criminal records, records of all alcohol and drug tests and the corresponding results, wages, insurance and pension programs and benefits, employment applications, evaluations, time cards, and other documents or information relating to my employment and/or contained in my personnel files. I hereby release employers, schools, JTM Transport Inc., and other persons from all liability in inquiring and responding to inquiries and releasing information in connection with my application. I understand that any false or misleading statements will be sufficient cause for rejection of my application if JTM Transport has not employed me and for immediate dismissal if JTM Transport has employed me. I also authorize JTM Transport to supply information to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release JTM Transport and its employees from any and all liability for providing this information.

A photocopy or facsimile of this authorization shall be as effective as the original.

Signature: _____

Date: _____

Printed Name: _____



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULT



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the drivers original signature.
2. Deliver, mail or FAX the completed for to:

**Texas Department of Public Safety
Motor Carrier Bureau, MSC# 0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019**

Facsimile: 512-424-5310

I, _____
Print Name of CDL Holder

of _____
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to _____
JTM TRANSPORT INC
Print Name

of _____
7380 IH 10 EAST SAN ANTONIO, TX 78219
Print Address

Driver License Number: _____ State: _____ Date of Birth: _____

If you would like information about how to receive responses by e-mail in the future, please check this box: ☐

Signature of Driver:

Date:



If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.txdps.state.tx.us/forms/index.htm>.

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application with JTM/EXPEDITE ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA)

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA 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 your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you specific reasons why adverse action was taken; and that you may, upon providing proper identification, request a copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize JTM/EXPEDITE ("Prospective Employer") to access FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. 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. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand that I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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 may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized about.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**