

## CORPORATE APPLICATION

Office Use Only	DAC	MVR	REF	R/T	PHY	D/S/R



**Jaime T. Martinez Inc.**

### **CORPORATE 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 for 90 days, 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

E-MAIL YOUR COMPLETED APPLICATION TO [Safety@JTMTransport.com](mailto:Safety@JTMTransport.com)

CORPORATE APPLICATION

CORPORATE JOB APPLICATION

PERSONAL

RECRUITED BY: \_\_\_\_\_ CONTRACTOR: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

OTHER NAMES USED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RESIDENCE ADDRESS

LIST RESIDENCE DATES ADDRESSES FOR THE PAST 3 YEARS

1. FROM: \_\_\_\_\_ TO: \_\_\_\_\_

2. FROM: \_\_\_\_\_ TO: \_\_\_\_\_

3. FROM: \_\_\_\_\_ TO: \_\_\_\_\_

EDUCATION

HAVE YOU ATTENDED DRIVING SCHOOL? \_\_\_\_\_ YES \_\_\_\_\_ NO GRADUATION DATE: \_\_\_\_\_

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: \_\_\_\_\_

## CORPORATE APPLICATION

### WORK EXPERIENCE

SHOW THE PAST THREE (3) YEARS OF 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 UN-EMPLOYMENT.**

UNEMPLOYMENT - FROM:	TO:	TO VERIFY CALL:	PHONE:
FROM:	TO:		
COMPANY NAME:	JOB CLASSIFICATION:		
COMPANY ADDRESS:	REASON FOR LEAVING:		
CITY:	STATE:	ZIP:	
ACCIDENTS:	YES	NO	HOW MANY:
EQUIPMENT DRIVEN:	TRACTOR TRAILER	STRAIGHT TRUCK	OTHER MILES PER WEEK:
WERE YOU SUBJECT TO (FMCSRs) FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY PREVIOUS EMPLOYER?			
YES NO			
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 NO			

UNEMPLOYMENT - FROM:	TO:	TO VERIFY CALL:	PHONE:
FROM:	TO:		
COMPANY NAME:	JOB CLASSIFICATION:		
COMPANY ADDRESS:	REASON FOR LEAVING:		
CITY:	STATE:	ZIP:	
ACCIDENTS:	YES	NO	HOW MANY:
EQUIPMENT DRIVEN:	TRACTOR TRAILER	STRAIGHT TRUCK	OTHER MILES PER WEEK:
WERE YOU SUBJECT TO (FMCSRs) FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY PREVIOUS EMPLOYER?			
YES NO			
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 NO			

UNEMPLOYMENT - FROM:	TO:	TO VERIFY CALL:	PHONE:
FROM:	TO:		
COMPANY NAME:	JOB CLASSIFICATION:		
COMPANY ADDRESS:	REASON FOR LEAVING:		
CITY:	STATE:	ZIP:	
ACCIDENTS:	YES	NO	HOW MANY:
EQUIPMENT DRIVEN:	TRACTOR TRAILER	STRAIGHT TRUCK	OTHER MILES PER WEEK:
WERE YOU SUBJECT TO (FMCSRs) FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY PREVIOUS EMPLOYER?			
YES NO			
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 NO			

UNEMPLOYMENT - FROM:	TO:	TO VERIFY CALL:	PHONE:
FROM:	TO:		
COMPANY NAME:	JOB CLASSIFICATION:		
COMPANY ADDRESS:	REASON FOR LEAVING:		
CITY:	STATE:	ZIP:	
ACCIDENTS:	YES	NO	HOW MANY:
EQUIPMENT DRIVEN:	TRACTOR TRAILER	STRAIGHT TRUCK	OTHER MILES PER WEEK:
WERE YOU SUBJECT TO (FMCSRs) FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY PREVIOUS EMPLOYER?			
YES NO			
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 NO			

## CORPORATE APPLICATION

UNEMPLOYMENT - FROM:	TO:	TO VERIFY CALL:	PHONE:
FROM:	TO:		
COMPANY NAME:		JOB CLASSIFICATION:	
COMPANY ADDRESS:		REASON FOR LEAVING:	
CITY:	STATE:	ZIP:	
ACCIDENTS:	YES      NO	HOW MANY:	
EQUIPMENT DRIVEN:	TRACTOR TRAILER      STRAIGHT TRUCK      OTHER	MILES PER WEEK:	
WERE YOU SUBJECT TO (FMCSRs) FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY PREVIOUS EMPLOYER?			YES      NO
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      NO

UNEMPLOYMENT - FROM:	TO:	TO VERIFY CALL:	PHONE:
FROM:	TO:		
COMPANY NAME:		JOB CLASSIFICATION:	
COMPANY ADDRESS:		REASON FOR LEAVING:	
CITY:	STATE:	ZIP:	
ACCIDENTS:	YES      NO	HOW MANY:	
EQUIPMENT DRIVEN:	TRACTOR TRAILER      STRAIGHT TRUCK      OTHER	MILES PER WEEK:	
WERE YOU SUBJECT TO (FMCSRs) FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY PREVIOUS EMPLOYER?			YES      NO
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      NO

UNEMPLOYMENT - FROM:	TO:	TO VERIFY CALL:	PHONE:
FROM:	TO:		
COMPANY NAME:		JOB CLASSIFICATION:	
COMPANY ADDRESS:		REASON FOR LEAVING:	
CITY:	STATE:	ZIP:	
ACCIDENTS:	YES      NO	HOW MANY:	
EQUIPMENT DRIVEN:	TRACTOR TRAILER      STRAIGHT TRUCK      OTHER	MILES PER WEEK:	
WERE YOU SUBJECT TO (FMCSRs) FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY PREVIOUS EMPLOYER?			YES      NO
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      NO

UNEMPLOYMENT - FROM:	TO:	TO VERIFY CALL:	PHONE:
FROM:	TO:		
COMPANY NAME:		JOB CLASSIFICATION:	
COMPANY ADDRESS:		REASON FOR LEAVING:	
CITY:	STATE:	ZIP:	
ACCIDENTS:	YES      NO	HOW MANY:	
EQUIPMENT DRIVEN:	TRACTOR TRAILER      STRAIGHT TRUCK      OTHER	MILES PER WEEK:	
WERE YOU SUBJECT TO (FMCSRs) FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY PREVIOUS EMPLOYER?			YES      NO
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      NO

UNEMPLOYMENT - FROM:	TO:	TO VERIFY CALL:	PHONE:
FROM:	TO:		
COMPANY NAME:		JOB CLASSIFICATION:	
COMPANY ADDRESS:		REASON FOR LEAVING:	
CITY:	STATE:	ZIP:	
ACCIDENTS:	YES      NO	HOW MANY:	
EQUIPMENT DRIVEN:	TRACTOR TRAILER      STRAIGHT TRUCK      OTHER	MILES PER WEEK:	
WERE YOU SUBJECT TO (FMCSRs) FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY PREVIOUS EMPLOYER?			YES      NO
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      NO

## CORPORATE APPLICATION

### ALCOHOL CONTROLLED SUBSTANCE TESTING

	YES	NO
1. HAVE YOU TESTED POSITIVE FOR A CONTROLLED SUBSTANCE IN THE LAST TWO YEARS?		
2. HAVE YOU HAD AN ALCOHOL TEST WITH A BREATH ALCOHOL CONCENTRATION OF .04 OR GREATER IN THE LAST TWO YEARS?		
3. HAVE YOU REFUSED A TEST FOR DRUGS OR ALCOHOL IN THE LAST TWO YEARS? (INCLUDING VERIFIED ADULTERATED OR SUBSTITUTED DRUG TEST RESULTS)		
4. HAVE YOU COMMITTED OTHER VIOLATIONS OF DOT AGENCY DRUG AND ALCOHOL TESTING?		
*IF YES TO ANY OF THE ABOVE QUESTIONS PLEASE ATTACH SUBSTANCE PROFESSIONAL NAMES ADDRESS, AND PHONE # FOR FURTHER REFERENCE		

### BACKGROUND INFORMATION

<b>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?</b>			
YES	NO	DATE:	EXPLAIN:
<b>HAS YOUR LICENSE OR PRIVILEGE TO DRIVE EVER BEEN SUSPENDED OR REVOKED FOR ANY REASON?</b>			
YES	NO	DATE:	EXPLAIN:
<b>HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR OTHER THAN A TRAFFIC VIOLATION?</b>			
YES	NO	DATE:	EXPLAIN:
<b>HAVE YOU EVER BEEN CONVICTED OF A FELONY?</b>			
YES	NO	DATE:	EXPLAIN:
<b>ARE YOU CURRENTLY ON PAROLE?</b> YES                      NO			

LIST ALL DRIVERS LICENSES THAT YOU PRESENTLY HOLD OR HAVE HELD IN THE PAST	LICENSE NO.	STATE	EXPIRATION DATES	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
Describe Accident:					

## CORPORATE APPLICATION

### **ACCIDENTS** (Continuation)

ACCIDENT DATE	VEHICLE TYPE	WHOSE FAULT	FATALITIES YES / NO	INJURIES YES / 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 CONVICTIONS: DESCRIBE PLEASE	DATE	CITY AND STATE	PENALTY

### **AGREEMENT**

#### (PLEASE 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: \_\_\_\_\_

CORPORATE APPLICATION



Jaime T. Martinez Inc.

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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

From: Eloy De Hoyos	Title: Safety Coordinator	1 <sup>st</sup> Request:
Compant: JTM TRANSPORT INC.	Phone: (210) 572-7920	2 <sup>nd</sup> Request:
Address: 7380 IH 10East	Fax: (210) 572-7908	3 <sup>rd</sup> Request:
San Antonio, Texas 78219	E-mail: eloy@jtmtransport.com	

Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Fax: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Correct Dates are: \_\_\_\_\_ TO: \_\_\_\_\_ TO: \_\_\_\_\_

Employment Title: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason For Separation: \_\_\_\_\_

Eligible for Re-Hire: YES NO

SIGNATURE OF INDIVIDUAL COMPLETING THE FORM: \_\_\_\_\_ PHONE: \_\_\_\_\_

## CORPORATE APPLICATION

### 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: \_\_\_\_\_

"Employer" and "Employment" is defined in DOT Federal Highway Administration Motor Carrier Safety Regulations Sections 382.107 and 383.5.