

DRIVER'S APPLICATION FOR EMPLOYMENT

Please Email to:
jjrmoonlogistics@gmail.com

Applicant Name: _____

DATE: _____

Company Name: _____

DOT: _____

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 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 regarding 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 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 my 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 in the accuracy of the information

Signature _____ Date _____

FOR COMPANY USE

Date Applicant Hired _____

Application Denied _____

Date Employed _____

Classification/Position Driver

Signature of Interviewing Officer _____

Date Terminated _____

☐ Dismissed

☐ Voluntary Quit

☐ Other _____

Signature of Exit-Interviewing Officer _____

Name _____ Date of Birth ____/____/____
First Middle Last

Social Security Number _____ Phone Number _____

License Number: _____ Issuing State _____ Expiration Date _____

*Required of commercial drivers: Can you provide proof of age? Yes No

List all addresses of residency for the past 3 years – begin with your Current Address:

Current address	City	State	Zip code	# of years
Previous address	City	State	Zip code	# of years
Emergency Contact	Phone number	Relationship		

Do you have the legal right to work in the United States? Yes No

Have you worked for this company before? _____ If yes, complete the information below:

Dates: From _____ to _____

Position Worked: _____ Rate of Pay _____

Reason for leaving _____

EMPLOYMENT HISTORY

Driver applicants operating in interstate commerce must provide the following information on all employers during the previous 3 years. CDL holders are required to list a total of 10 years previous employment history.

Failure to provide adequate or required detail will inhibit the ability to obtain the necessary driving background information. Account for any breaks in employment by indicating any time not working because of lay off, personal leave, unemployment, medical leave, etc. NOTE: Self Employment may require tax records to verify your employment for the period indicated as self-employed. Begin by entering your most recent employer.

PREVIOUS EMPLOYER INFORMATION		DOT #	Dates Employed	
			From	To
Employer Name				
Employer Address				
City	State	Zip		
Contact Person	Position			
Phone Number	Salary			
Reason For Leaving				
Were you subject to FMCSR's 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				

PREVIOUS EMPLOYER INFORMATION		DOT #		Dates Employed	
Employer Name				From	To
Employer Address					
City	State	Zip			
Contact Person		Position			
Phone Number		Salary			
Reason For Leaving					
Were you subject to FMCSR's 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 ____					

PREVIOUS EMPLOYER INFORMATION		DOT #		Dates Employed	
Employer Name				From	To
Employer Address					
City	State	Zip			
Contact Person		Position			
Phone Number		Salary			
Reason For Leaving					
Were you subject to FMCSR's 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 ____					

PREVIOUS EMPLOYER INFORMATION		DOT #		Dates Employed	
Employer Name				From	To
Employer Address					
City	State	Zip			
Contact Person		Position			
Phone Number		Salary			
Reason For Leaving					
Were you subject to FMCSR's 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 ____					

PREVIOUS EMPLOYER INFORMATION		DOT #		Dates Employed	
Employer Name				From	To
Employer Address					
City	State	Zip			
Contact Person		Position			
Phone Number		Salary			
Reason For Leaving					
Were you subject to FMCSR's 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 ____					

ALL TRAFFIC CONVICTIONS, ACCIDENTS OR FORFEITURES WITHIN THE LAST 3 YEARS MUST BE DISCLOSED

ACCIDENT REGISTER	DATES	DESCRIPTION OF ACCIDENT (HEAD-ON, ROLL-OVER, REAR-END, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL RELEASE
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

LOCATION	DATE	CHARGE	PENALTY

DRIVER EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS	STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

DRIVING EXPERIENCE	YES	NO	CIRCLE TYPE OF EQUIPMENT	TO	FROM	APPROXIMATE TOTAL MILES
STRAIGHT TRUCK			(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI TRAILER			(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS			(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS			(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS	MORETHAN 8 PASSENGERS					
MOTORCOACH - SCHOOL BUS	MORETHAN 16 PASSENGERS					
OTHER (Describe:)						

LIST ALL STATES OPERATED IN THE PAST FIVE YEARS: _____

LIST ANY SPECIAL EQUIPMENT EXPERIENCE _____

EDUCATION

Highest Grade Completed _____ Last School Attended _____

LIST ANY SPECIAL DRIVER RELATED COURSES OR TRAINING: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

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 of Applicant: _____ Date: _____

**Motor Vehicle Driver's
CERTIFICATE OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 385 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weight 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You as a commercial vehicle driver may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residency and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:**

Sections 391.15(b) (2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both employer and state must be in writing.

The following license is the only one I will possess:

Driver License Number: _____ State: _____ Exp. Date: _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Applicant Name _____

Print

Signature of Applicant: _____ Date: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Truckers Bookkeeping Service for investigation as required by Sections § 391.23 and § 391.25 of the Federal Motor Carrier Safety Regulations. You are released from all liability which may result from furnishing such information.

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 4996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208),

I hereby certify the following;

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking adverse action based on whole or part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-332, Title XXX, Section 300002(a)).

Signature of Applicant

Date

Dear Sir/Madam:

- The above applicant has made application for the position of commercial driver. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the applicant's driving record for the past three years.

Name of Driver Applicant: _____

Applicant Current Address: _____
Number and Street City State Zip Code

Former Address: _____
Number and Street City State Zip Code

Date of Birth _____, SSN _____ License Number: _____ Exp. Date: _____

Requested by: JJr Moon Logistics

RECORD OF ROAD TEST

DATE: _____

DRIVER INFORMATION:

Driver's Name: _____

Driver's Address: _____

City: _____

State: _____ ZIP: _____

LICENSE INFORMATION:

License Number: _____

License State: _____

Equipment Driven (Please Check): Tractor: _____ Trailer: _____

Checked Miles From: _____ To: _____

Place an 'X' on any item below where the driver's performance was unsatisfactory. Please explain unsatisfactory items in the remarks section below.

PART 1 - PRE-TRIP INSPECTION & EMERGENCY EQUIPMENT

- _____ Checks general condition approaching unit
- _____ Looks for leakage of coolants, fuel, lubricants
- _____ Checks under hood- oil, water, general condition of engine compartment, steering
- _____ Checks around unit- tires, lights, trailer hookup, brake and light lines, body, doors, horn, windshield wipers
- _____ Tests brake action, tractor protection valve and parking (hand) brake
- _____ Checks horn, windshield wipers, mirrors, emergency equipment, reflectors, flares, fuses, tire chains (if necessary), fire extinguisher
- _____ Checks instruments for normal readings
- _____ Checks dashboard warning lights for proper functioning
- _____ Cleans windshield, windows, mirrors, lights, reflectors
- _____ Reviews and signs previous report

PART 2 - COUPLING AND UNCOUPLING

- _____ Lines up units
- _____ Connects glad hands to trailer to apply trailer brakes before coupling
- _____ Connects glad hands and light fine property
- _____ Couples without difficulty
- _____ Raises landing gear fully after coupling
- _____ Visually checks king pin assembly to be certain of proper coupling
- _____ Checks coupling by applying hand valve or tractor-protection valve (trailer air supply valve) and gently applying pressure by trying to pull away from trailer
- _____ Assure that surface will support trailer before uncoupling

PART 3 - PLACING VEHICLE IN MOTION & USE OF CONTROLS

A. ENGINE

- _____ Places transmission in neutral before starting engine
- _____ Starts engine without difficulty
- _____ Allows proper warm-up
- _____ Understands gauges on instrument panel
- _____ Maintains proper engine speed (rpm) while driving
- _____ Does not abuse motor

B. CLUTCH AND TRANSMISSION

- _____ Starts loaded unit smoothly
- _____ Uses clutch properly
- _____ Times gearshifts properly
- _____ Shifts gears smoothly
- _____ Uses proper gear sequences

C. BRAKES

- _____ Knows proper use of tractor protection valve
- _____ Understands low air warning
- _____ Tests service brakes
- _____ Builds full air pressure before moving

D. STEERING

- _____ Controls steering wheel
- _____ Good driving posture & good grip on wheel

E. LIGHTS

- _____ Knows lighting regulations
- _____ Uses proper headlight beam
- _____ Dims lights when meeting or following other traffic
- _____ Adjusts speed to range of headlights
- _____ Proper use of auxiliary lights

PART 4 - BACKING AND PARKING

A. BACKING

- _____ Gets out and checks before backing
- _____ Looks back as well as uses mirror
- _____ Gets out and rechecks conditions on long back
- _____ Avoids backing from blind side
- _____ Signals when backing
- _____ Controls speed and direction properly while backing

B. PARKING (City)

- _____ Does not hit nearby vehicles or stationary objects
- _____ Parks proper distance from curb
- _____ Sets parking brake, puts in gear, chocks wheels, shuts off motor
- _____ Checks traffic conditions and signals when pulling out from parked position
- _____ Parks in legal and safe location

C. PARKING

- _____ Parks off pavement
- _____ Avoids parking on soft shoulder
- _____ Uses emergency warning signals when required
- _____ Secures unit properly

PART 5 - SLOWING AND STOPPING

- _____ Uses gears property ascending
- _____ Gears down property descending
- _____ Stops and restarts without rolling back
- _____ Tests brakes before descending grades
- _____ Uses brakes property on grades
- _____ Uses mirrors to check traffic to rear
- _____ Signals following traffic
- _____ Avoids sudden stops
- _____ Stops smoothly w/o excessive fanning
- _____ Stops before crossing sidewalk when coming driveway or alley
- _____ Stops clear of pedestrian crosswalks

PART 6 - OPERATING IN TRAFFIC PASSING & TURNING

A. TURNING

- _____ Signals intention to turn well in advance
- _____ Gets into proper lane well in advance of turn
- _____ Checks traffic conditions and turns only when intersection is near
- _____ Restricts traffic from passing on right when preparing to complete right-hand turn
- _____ Completes turn promptly and safely & does not impede other traffic

B. TRAFFIC SIGNS AND SIGNALS

- _____ Approaches signal prepared to stop if necessary
- _____ Obeys traffic signal
- _____ Uses good judgement on yellow light
- _____ Starts smoothly on green
- _____ Notices and heeds traffic signs
- _____ Obeys stop signs

C. INTERSECTIONS

- _____ Adjusts speed to permit stopping if necessary
- _____ Checks for cross traffic regardless of traffic controls
- _____ Yields right-of-way for safety

D. GRADE CROSSINGS

- _____ Adjusts speed to conditions
- _____ Makes safe stop if required
- _____ Selects proper gear and does not shift gears while crossing
- _____ Knows and understands federal & state rules governing grade crossing

E. PASSING

- _____ Passes with sufficient clear space ahead
- _____ Does not pass in unsafe location: hill, curve, intersection
- _____ Signals change of lanes
- _____ Warns driver being passed

G. COURTESY AND SAFETY

- _____ Uses defensive driving techniques
- _____ Yields right-of-way for safety
- _____ Goes ahead when given right-of-way by others
- _____ Does not crowd other drivers or force way through traffic
- _____ Allows faster traffic to pass
- _____ Keeps right and in own lane
- _____ Uses horn only when necessary
- _____ Generally courteous and uses proper conduct

B. HANDLING OF FREIGHT

- _____ Checks freight properly
- _____ Handles and loads freight properly
- _____ Handles bills properly
- _____ Breaks down load as required

C. RULES AND REGULATIONS

- _____ Knowledge of company rules
- _____ Knowledge of regulations: federal, state, local knowledge of special truck routes

PART 7 - MISCELLANEOUS**A. GENERAL DRIVING ABILITY & HABITS**

- _____ Consistently alert and attentive
- _____ Adjusts driving to meet changing conditions
- _____ Performs routing functions without taking eyes from road
- _____ Checks instruments regularly while driving
- _____ Willing to take instructions and suggestions
- _____ Adequate self-confidence in driving
- _____ Is not easily angered
- _____ Positive attitude
- _____ Good personal appearance, manner, cleanliness
- _____ Good physical stamina

D. USE OF SPECIAL EQUIPMENT (Specify)

Remarks:

Overall Performance Rating (Please Select):

_____ Satisfactory

_____ Needs Additional Training

_____ Unsatisfactory

Signature of Examiner: _____ Date: _____

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certificate of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31(e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations.

Driver's Name: _____ Type of Power Unit: _____

Social Security #: _____ Type of Trailer(s): _____

Operator's License #: _____ State: _____ If Passenger Carrier, Type of Bus: _____

This is to certify that the above-referenced driver was given a road test under my supervision on ____ / ____ / ____ consisting of approximately ____ miles of driving. It's my considered opinion that this driver possesses sufficient skills to safely operate the type of commercial vehicle(s) listed above.

Signature of Examiner: _____ Organization: _____

Title: _____ Address of Examiner: _____

DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

Instructions: Motor Carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time At which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(a)(2) Federal Motor Carrier safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-carrier entity, must be recorded on this form.

This form should be completed on the day the driver is scheduled to begin driving a commercial motor vehicle, and must be kept on file for at least 6 months.

[illegible]

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

_____ AM P.M. _____

Date _____

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK INSTRUCTIONS:

When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

(Check one)

Are you currently working for another employer? ☐ YES ☐ NO

At this time do you intend to work for another employer while Still employed by this company? ☐ YES ☐ NO

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Date _____

Date _____

Previous Pre-Employment Employee Alcohol and Drug Test Statement

Section 40.25(j) As the motor carrier, you must ask the perspective driver 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 perspective driver applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the perspective driver admits he or she had a positive test or a refusal to test, you must not use the perspective driver to perform safety-sensitive functions for you, until and unless the perspective driver provides documents of successful completion of the return-to-duty process (see paragraphs (b) (5) and (e) of this section).

Perspective Driver Printed Name: _____

Perspective Driver SS or ID Number: _____

The Prospective Driver is required by Sec. 40.25 (j) to respond to the following questions.

1. 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 transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: ☐ Yes ☐ No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return to duty requirements?

Check one: ☐ Yes ☐ No

I certify that the information provided on this document is true and correct.

Signature of Perspective Driver

Date: _____

Signature of Motor Carrier Representative

Date: _____

Record Retention

If **"yes"** was the response to question 1, you must retain this document and related documents for 5 years.

If **"no"** was the answer to question 1, this document is discarded at the end of the DQ File retention period (at termination but not less than 2 years from the date of termination. DQ Files are maintained throughout the driver's service and for a full 2-year period following the driver's termination date

USCIS releases new Form I-9

U.S. Citizenship and Immigration Services (USCIS) published a revised version of Form I-9, Employment Eligibility Verification. By Jan. 22, 2017, employers must use only the new version, dated 11/14/2016.

The following 3 pages contain the new I-9 Form required as of January 22, 2017

OR

You may opt to utilize the on-line editable, printable form available at the link below:

<https://www.uscis.gov/i-9>

NOTE: The Spanish format of the new I-9 form is reportedly to be used **ONLY** by citizens in Puerto Rico.

Changes in the new version, Section 1 asks for “other last names used” rather than “other names used,” and streamlines certification for certain foreign nationals.

Other changes include:

- The addition of prompts to ensure information is entered correctly.
- The ability to enter multiple preparers and translators.
- A dedicated area for including additional information rather than having to add it in the margins.
- A supplemental page for the preparer/translator.

Form I-9 requirements were established in November 1986 when Congress passed the Immigration Reform and Control Act (IRCA). IRCA prohibits employers from hiring people, including U.S. citizens, for employment in the United States without verifying their identity and employment authorization on Form

FAIR CREDIT REPORTING ACT/CONSUMER DISCLOSURE/AUTHORIZATION FORM

I understand my employer _____ may request for lawful purposes, background
Company Name

Information about me from a consumer reporting agency in connection with my employment and/or insurance application as applicable. These background reports may be obtained at any time after receipt of this authorization and, if hired or engaged by the company, throughout my employment or contract period.

The types of information that may be obtained include, but are not limited to: social security number verification; address history; criminal records and history; public court records; driving records; accident history; prior drug and alcohol history; worker's compensation claims; educational history verification (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, reasons for termination, etc.); professional and/or personal reference checks; professional licensing and certification checks; drug/alcohol testing results, drug/alcohol history in violations of law and/or company policy; other information bearing my character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private, public record sources, appropriate government agencies, educational institutions, former employers, and other information sources.

I know I may request more information about the nature and scope of any investigative consumer reports by contacting the Company. My signature below certifies my receipt of my summary of rights under the Fair Credit Reporting Act.

Driver Signature

Date

REFERENCES

Federal Motor Carrier Safety Regulations: Sections 382.413, 391.23, and 391.25

Fair Credit Reporting Act: Sections 604 (b) (A) and 607, Public Law 91-508, as amended by the Consumer Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208)
