

Application ▶ #12730

What state do you live in?	Louisiana
Are you relocating?	NO
What state are you relocating to?	
Date you would like to start?	May 25, 2015
Jobs your interested in besides the one you already applying for.	<input checked="" type="checkbox"/> Experienced Driver

-----EXPERIENCE INFORMATION

List your driving experience here

How many employers have you had in the last 3 years?	5
How many employers have you had in the last 10 years?	6
How much Tractor Trailer experience do you have in the last 12 months?	12 Months
How much Tractor Trailer experience do you have in the last 3 years?	3 Years
How much Tractor Trailer experience do you have Lifetime?	20+ Years
Highest Grade Completed	Some College

-----CONTACT INFORMATION

List your Contact and Personal information here

Email address	 @gmail.com
Cell Phone	(903) 601-xxxx
Phone #2	(903) 601-xxxx
Best way to contact you?	<input checked="" type="checkbox"/> 71203
Full Name	john j
What name do you go by?	john
Social Security Number	xxxxxxxxxx
Confirm Social Security Number	xxxxxxxxxx
Birth Date	12/12/1212

-----RESIDENCE HISTORY

List your Residence History here

Primary Address) xxxxxxxxxxxxxxxxxxxxxx), Louisiana 71203 United States
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#2 Previous address	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx lone star , Texas 75668 United States
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Have you lived at this address for 3+ Years?	No
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-----**LICENSE INFORMATION**

List your License and CDL information here

Type of License	CLASS A
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Current License Numer	xxxxxxxxxxxxxxxxxxxxxx
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Current License State	Louisiana
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Current License Issue Date	Sep 30, 2014
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Current License Exp Date	Nov 01, 2018
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Do you have a Current DOT Physical?	Yes
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Date of last DOT Physical	Feb 02, 2014
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DOT Physical Exp Date	Feb 02, 2016
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Do you have a Hazmat	No
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Hazmat Expiration Date	
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Do you have a TWIC Card	Yes
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TWIC Exp Date	May 14, 2015
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What endorsements do you have?	<input checked="" type="checkbox"/> Tanker <input checked="" type="checkbox"/> TWIC <input checked="" type="checkbox"/> p&s
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Have you ever been liscenced in another state?	Yes
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Previous License Number	11011959
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Previous License State	Texas
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Ever had a Jack Knife Accident?	No
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Date of Jack Knife	
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JackKnife State

Ever had a Roll Over Accident? No

Date of Roll Over

Roll Over State

Ever had a Rear End Accident? No

Date of Rear End

Rear End State

Have you ever failed a DOT drug test? No

Date of failed test

Have you ever refused a DOT drug test? No

Date of refused test

-----**DWI HISTORY**

List DWI, DUI, OWI, or similar offences here

Have you ever had a DWI, DUI, OWI, or similar offense? No

DWI, DUI, OWI DATE #1

DWI 1 State

Do you need to add a 2nd DWI, DUI, OWI or similar offense?

DWI, DUI, OWI DATE #2

DWI 2 State

Do you need to add a 3rd DWI, DUI, OWI or similar offense?

DWI, DUI, OWI DATE #3

DWI 3 State

-----**MISDEMEANOR CRIMINAL HISTORY**

List any Misdemeanor offenses here

Have you ever been convicted of a Misdemeanor? No

What was the charge for this Misdemeanor 1

Date of Misdemeanor 1

Punishment Misdemeanor 1

State of Misdemeanor 1

Add another misdemeanor offense?

What was the charge for this Misdemeanor 2

Date of Misdemeanor 2

State of Misdemeanor 2

Punishment Misdemeanor 2

Add another misdemeanor offense?

What was the charge for this Misdemeanor 3

Date of Misdemeanor 3

Punishment Misdemeanor 3

State of Misdemeanor 3

-----FELONY CRIMINAL HISTORY

List any Felony offenses here

Have you ever been convicted of a Felony? No

What was the charge for this Felony 1

Date of Felony 1

Punishment Felony 1

State of Felony 1

Add another Felony offense?

What was the charge for this Felony 2

Date of Felony 2

Punishment Felony 2

State of Felony 2

-----MOTOR VEHICLE RECORD

List any moving violations or anything that may be on you Motor Vehicle Record here.

Do you have any moving violations in the last 3 years? Yes

VIOLATION 1 Speeding 10-15

VIOLATION 1 Date happened Apr 14, 2014

VIOLATION 1 State	Pennsylvania
VIOLATION 1 Result	Paid Fine
1 Do you have another violation to add?	No

Violation 2

Date 2 Violation	
State 2 Violation	
Result 2 Violation	
2 Do you have another violation to add?	

Violation 3

Date 3 Violation	
State 3 Violation	
Result 3 Violation	

-----ACCIDENT & INCIDENT HISTORY

List any Accidents or Incidents.

Whether at fault or not at fault. List here.

Do you have any accidents or incidents in the last 3 years?	Yes
1 Were you at fault?	No
1 Any Injuries?	No
1 Were you ticketed?	No
1 Police Report made?	Yes
1 Date happened	Apr 16, 2014
1 State	California
1 Description of what happened	i saw a car behind me about 100 yards i was changing lanes at that time he caught my right front tire and put skid marks down the side of his car very medial damages
1 Do you have another incident or accident to add?	No
2 Were you at fault?	
2 Any Injuries?	
2 Were you ticketed?	
2 Police Report made?	

2 Date happened

2 State

2 Description of what happened

2 Do you have another incident or accident to add?

3 Were you at fault?

3 Any Injuries?

3 Were you ticketed?

3 Police Report made?

3 Date happened

3 State

3 Description of what happened

-----EMPLOYMENT HISTORY

YOU MUST LIST A 10 YEAR EMPLOYMENT HISTORY

List all jobs for the last 10 years. DRIVING or NON DRIVING job must be included to complete a 10 year work history.

List ALL jobs you have had of the last 10 years.

Employer #1 net delivery

Employer #1 Was this a driving position? Yes

Employer #1 Date Started Sep 22, 2014

Employer #1 Date Left Apr 20, 2015

Employer #1 Are you still employed here? No

Employer #1 Phone Number (505) 608-1236

Employer #1 Address 211 cr 1371, Alabama vinemont
United States

Employer #1 Running Area Local

Employer #1 Equipment Flatbed (Selecting covers all types)

Employer #1 Reason For Leaving Quit

Does this complete a 10 year work history after entering employer #1? No

-----EMPLOYER #2

Employer #2 forward air

Employer #2 Was this a driving position?	Yes
Employer #2 Date Started	Jul 16, 2013
Employer #2 Date Left	Sep 17, 2014
Employer #2 Phone Number	(614) 497-5000
Employer #2 Address	6800 grove port rd grove port oh , Ohio United States
Employer #2 Running Area	<input checked="" type="checkbox"/> Dedicated <input checked="" type="checkbox"/> Over The Road
Employer #2 Equipment	<input checked="" type="checkbox"/> Dry Van (Selecting covers all types)
Employer #2 Reason For Leaving	<input checked="" type="checkbox"/> Quit
Does this complete a 10 year work history after entering employer #2?	No

-----EMPLOYER #3

Employer #3	celadon trucking
Employer #3 Was this a driving position?	Yes
Employer #3 Date Started	Jul 10, 2013
Employer #3 Date Left	Dec 17, 2013
Employer #3 Phone Number	(317) 972-7000
Employer #3 Address	9503 e 33rd st indianapolis , Indiana 46235 United States
Employer #3 Running Area	<input checked="" type="checkbox"/> Over The Road
Employer #3 Equipment	<input checked="" type="checkbox"/> Dry Van (Selecting covers all types)
Employer #3 Reason For Leaving	<input checked="" type="checkbox"/> Quit
Does this complete a 10 year work history after entering employer #3?	No

-----EMPLOYER #4

Employer #4	jbs carries
Employer #4 Was this a driving position?	Yes
Employer #4 Date Started	Jul 16, 2011
Employer #4 Date Left	Dec 11, 2013
Employer #4 Phone Number	(970) 356-4979

Employer #4 Address	Colorado greeley United States
Employer #4 Equipment	<input checked="" type="checkbox"/> Reefer (Selecting covers all types)
Employer #4 Running Area	<input checked="" type="checkbox"/> Local <input checked="" type="checkbox"/> Dedicated
Employer #4 Reason For Leaving	<input checked="" type="checkbox"/> Quit
Does this complete a 10 year work history after entering employer #4?	No

-----EMPLOYER #5

Employer #5	southern refrigerated transport
Employer #5 Was this a driving position?	Yes
Employer #5 Date Started	Jan 12, 2011
Employer #5 Date Left	Jul 10, 2013
Employer #5 Phone Number	(870) 772-4581
Employer #5 Address	8055 n highway 67 texarkana , Arkansas 71854 United States
Employer #5 Equipment	<input checked="" type="checkbox"/> Reefer (Selecting covers all types)
Employer #5 Running Area	<input checked="" type="checkbox"/> Local <input checked="" type="checkbox"/> Dedicated
Employer #5 Reason For Leaving	<input checked="" type="checkbox"/> Quit
Does this complete a 10 year work history after entering employer #5?	No

-----EMPLOYER #6

Employer #6	western express
Employer #6 Was this a driving position?	Yes
Employer #6 Date Started	Feb 06, 2008
Employer #6 Date Left	Jan 05, 2011
Employer #6 Phone Number	
Employer #6 Address	nashville, Tennessee United States
Employer #6 Equipment	<input checked="" type="checkbox"/> Flatbed (Selecting covers all types)
Employer #6 Running Area	<input checked="" type="checkbox"/> Over The Road
Employer #6 Reason For Leaving	<input checked="" type="checkbox"/> Quit

Does this complete a 10 year work history after entering employer #6? Yes

-----EMPLOYER #7

Employer #7

Employer #7 Was this a driving position?

Employer #7 Date Started

Employer #7 Date Left

Employer #7 Phone Number

Employer #7 Address

Employer #7 Equipment

Employer #7 Running Area

Employer #7 Reason For Leaving

Does this complete a 10 year work history after entering employer #7?

-----EMPLOYER #8

Employer #8

Employer #8 Was this a driving position?

Employer #8 Date Started

Employer #8 Date Left

Employer #8 Phone Number

Employer #8 Address

Employer #8 Equipment

Employer #8 Running Area

Employer #8 Reason For Leaving

-----MILITARY SERVICE

List any military service

Have you ever been in the Military? No

Are you currently in the Military?

Branch of Service

Did you receive a Honorable Discharge?

Rank at discharge?

Can you obtain a copy of your DD214?

Military Start Date

Military End Date

-----TRUCK DRIVING SCHOOL

List any Truck Driving Schools attended

Did you attend a truck driving school? No

Truck School Did you Graduate?

Truck School Name

Truck School Phone

Truck School Start Date

Truck School End Date

Truck School Address

-----COLLEGE OR OTHER SCHOOLS ATTENDED

List any secondary schools attended

(College, Community College, Technical, Vo-Tech, etc.)

Did you attend a College or Other type of School? No

Did you Graduate this School?

What did you study or what degree did you receive?

Name of School

School Start Date

School End Date

School Phone

School Address

-----EMERGENCY CONTACT

Who do we contact in case of emergency

Emergency Contact Name xxxxxxxxxxxxxxxxxxxxxxx

Relationship to you? Wife

Emergency Contact Phone (318) xxxxxxxxxxx

Emergency Contact Address 6011 xxxxxxxxxxxxxxx
monroe, la 71203
United States

FIRST PERSONAL OR PROFESSIONAL REFERENCE

Enter your First reference.

Reference #1 Namealverson

Relationship to you? Friend

Phone

Address Minnesota
United States

SECOND PERSONAL OR PROFESSIONAL REFERENCE

Enter your second reference.

Reference #2 Name mac

Relationship to you? Friend

Phone

Address New York
United States

Applicant Authorization

I certify by signing my application, the information I have provided is true and correct to the best of my knowledge.

I authorize my former employer, and its agents and employees, to provide information about my work performance, wage history, attendance, personal history, disciplinary information and reason for separation of employment. The information is for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, which may arise or result from any reference information provided pursuant to this authorization.

I also authorize this Prospective Employer to obtain Employment References, Personal References, Motor Vehicle Reports, CSA, DAC, USIS reports, any Employment verification, or other information needed in pursuant for the purpose of determining my acceptability for Employment.

APPLICANT SIGNATURE

JAW

v

Date of Signed Application

May 14, 2015

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with _____ ("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 the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free 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 _____ ("Prospective Employer") to access the 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 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.

Draw your signature into the box below.

Signature
Removed

Date Signed May 14, 2015

Printed Name · · · · ·XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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 an 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.

 **Entry Info**

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