

DRIVER APPLICATION

JIMMIE TUCKER TRUCKING, INC
 PO BOX 428
 BROKEN BOW, OK 74728

Pho: 800-635-3903

TO THE APPLICANT:

As an applicant for a position as a CMV driver, we are required to advise you that this company is required to seek Safety Performance History information for a three (3) year period from your previous employers whom you have identified as having driven CMVs as a part of your duties as an employee. This investigation is required by 49 CFR Part 391.23 (d) and (e). As a condition of employment the applicant must sign a waiver/release allowing this company to seek this information from your previous employers.

Name: _____ Phone: (____) _____
First Middle Last

Present Address: _____
Street City State Zip

If at the above residence less than three years, list all residences for the past three years below. Attach a separate sheet if necessary.

Street City State Zip

Street City State Zip

The following information is required on all DOT qualified OTR and Local Drivers (show all).

Social Security Number _____ Date of Birth ____/____/____ (FMCSR 391.21 (b)(2))
Month Day Year

List the states and license numbers of all licenses held for the past three years:

Current Driver's License: _____
Number State Class Endorsements Expiration Date

Previous Licenses Held: _____
Number State Class Endorsements Expiration Date

Number State Class Endorsements Expiration Date

- (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
 (C.) Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No
 (D.) Have you ever been convicted of any alcohol related driving offenses? Yes No

Please detail any "Yes" answers above: _____

Driving Experience

| Class of Equipment | Equipment Type (Reefer, Van, Flat, etc.) | Dates | Approximate Miles |
|--------------------|--|-------|-------------------|
| Straight Truck | | - | |
| Tractor - Trailer | | - | |
| Twin Trailers | | - | |
| Other | | - | |

List states operated in during the last three years: _____

 Applicant's Signature Date

EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your current or most recent job and work backwards in order, listing your employers and any periods of unemployment for at least 10 years including all full and part-time employment. All time must be accounted for, including military service, self-employment, and periods of unemployment. Use supplementary sheets if necessary.

CURRENT EMPLOYER

Month Date Year Month Date Year
From: _____ To: _____
Phone Number: (____) _____
Salary: _____
Equipment Driven: _____
Areas in which you drove: _____

Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____ Reason for Leaving: _____
Were you subject to DOT regulations while working for this employer?
 Yes No

Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing? Yes No

2TH LAST EMPLOYER

Month Date Year Month Date Year
From: _____ To: _____
Phone Number: (____) _____
Salary: _____
Equipment Driven: _____
Areas in which you drove: _____

Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____ Reason for Leaving: _____
Were you subject to DOT regulations while working for this employer?
 Yes No

Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing? Yes No

3TH LAST EMPLOYER

Month Date Year Month Date Year
From: _____ To: _____
Phone Number: (____) _____
Salary: _____
Equipment Driven: _____
Areas in which you drove: _____

Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____ Reason for Leaving: _____
Were you subject to DOT regulations while working for this employer?
 Yes No

Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing? Yes No

4TH LAST EMPLOYER

Month Date Year Month Date Year
From: _____ To: _____
Phone Number: (____) _____
Salary: _____
Equipment Driven: _____
Areas in which you drove: _____

Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____ Reason for Leaving: _____
Were you subject to DOT regulations while working for this employer?
 Yes No

Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing? Yes No

5TH LAST EMPLOYER

Month Date Year Month Date Year
From: _____ To: _____
Phone Number: (____) _____
Salary: _____
Equipment Driven: _____
Areas in which you drove: _____

Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____ Reason for Leaving: _____
Were you subject to DOT regulations while working for this employer?
 Yes No

Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing? Yes No

6TH LAST EMPLOYER

Month Date Year Month Date Year
From: _____ To: _____
Phone Number: (____) _____
Salary: _____
Equipment Driven: _____
Areas in which you drove: _____

Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____ Reason for Leaving: _____
Were you subject to DOT regulations while working for this employer?
 Yes No

Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing? Yes No

7TH LAST EMPLOYER

Month Date Year Month Date Year
From: _____ To: _____
Phone Number: (____) _____
Salary: _____
Equipment Driven: _____
Areas in which you drove: _____

Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____ Reason for Leaving: _____
Were you subject to DOT regulations while working for this employer?
 Yes No

Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing? Yes No

AUTHORIZATION FOR EMPLOYMENT INFORMATION

You are hereby authorized to give to Jimmie Tucker Trucking, Inc. all information regarding my services, character, and conduct, while in your employ, and you are released from any liability which may result from giving such information. In order to enable Jimmie Tucker Trucking to comply with the requirements of 49 C.F.R. Sec. 382.413, I hereby consent to Jimmie Tucker Trucking obtaining from my prior employers the information pertaining to me which they are required to gather, positive controlled substance test results, and refusals to be tested, within the 3 years proceeding the date of this personal interviews, telephone interviews, letters, or any other method that insures confidentiality. I hereby authorize Jimmie Tucker Trucking to release such information to any of its personnel whose duties require them to assess this application, or to make any recommendations or decisions with respect to it. THIS IS IN COMPLIANCE WITH SEC. 382.405(f) and (h), which state:

(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

(h) An employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

APPLICANT SIGN HERE: _____
DATE: _____



JIMMIE TUCKER TRUCKING INC.
 P.O. BOX 428
 BROKEN BOW, OK 74728

PHONE: 800-635-3903
 FAX: 580-584-2310
 EMAIL: joyce@jimmietuckertrucking.com

Authorization to Release Information

Driver's Printed Name _____
 Driver's Signature _____
 DL # or SSN _____
 Date of Birth _____
 Date _____

| This form was | | | |
|------------------|-------|---------|------------------|
| Mailed | Faxed | Emailed | Relayed by Phone |
| 1st Date | | | |
| 2nd Date | | | |
| Person contacted | | | |

PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY

Pursuant to a request for Previous Employee Safety Performance History, dated above, this response is being provided to the Prospective Employer noted below in compliance with the Department of Transportation regulations 391.23(g)(1) and 40.321(b).

PREVIOUS EMPLOYER INFORMATION

Company Name _____ Phone _____
 Contact Name _____ Fax _____
 Street _____
 City, State, Zip _____

**TO BE COMPLETED BY THE PREVIOUS EMPLOYER
 SAFETY PERFORMANCE HISTORY**

There is no safety performance history to report.

Driver Employed from _____ to _____ as _____
 Did driver operate a motor vehicle? Yes No
 Driver operated a: Straight Truck Tractor Bus Cargo Tank Doubles/Triples Other _____
 Reason for leaving: Discharged Resignation Lay off Military Duty

ACCIDENTS No accident register data for this driver

| Date | Location | # of Injuries | # of Fatalities | Hazmat Spill |
|------|----------|---------------|-----------------|--------------|
| | | | | |

Enclose other accident information pursuant to the employer's internal policies for retraining minor accident information (391.23(d)(2)(ii))

DRUG & ALCOHOL TESTING

Under DOT drug and alcohol testing requirements for the past 3 years, this person:

- | | | | |
|---|---|-----|----|
| 1 | Was employed in a safety sensitive function that required alcohol & controlled substance testing specified by 49CFR Part 40 (if NO, skip this section, sign and date) | Yes | No |
| 2 | Had an alcohol test with a result of 0.04 or higher alcohol concentration. | Yes | No |
| 3 | Tested positive or adulterated or substituted a test specimen for controlled substances. | Yes | No |
| 4 | Refused to submit to a post accident, random, reasonable suspicion, or follow up alcohol or controlled substance test. | | |
| 5 | Committed other violations of Subpart B of Part 382, or Part 40. | Yes | No |
| 6 | Violated a DOT D&A regulation and completed a SAP prescribed rehabilitation program, including return to duty and follow up tests. If yes, enclose documentation. | Yes | No |
| 7 | After successfully completing a SAPs rehabilitation referral, but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested. | Yes | No |

In providing this information, any drug or alcohol testing information obtained from previous employers under 49CFR 40.25 or other applicable DOT regulations is included.

Signature _____
 Date _____

Title _____

Notice of Driver Safety Performance Investigation History File

I understand that as a requirement by FMCSA regulations, a driver safety performance investigation file will be maintained on my employment, safety, and drug and alcohol tests. I understand that my DSPI will contain my full application, previous employment investigation, previous employer drug/alcohol test results, all drug/alcohol tests of my current employer, and any roadside inspection reports which deal with traffic violations as well as citations or warnings I may receive for operation of a CMV.

YOUR RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION: The information you provided on your application may be used, and your prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec. 391.23 (i)(1) you have the following rights with regard to the safety performance history information provided by your previous employers:

THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS: You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment is made. You will be provided with the records within five (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five-day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

THE RIGHT TO HAVE ERRONEOUS INFORMATION CORRECTED: If you believe there is an error in the records, you have the right to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of your safety performance history record and provide it to the subsequent prospective employers when requests for this information are received.

THE RIGHT TO REBUT DISPUTED INFORMATION: If the previous employer does not agree that information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must; forward a copy of the rebuttal to the prospective employer; append the rebuttal to your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement period. You may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION: You may report failures of a previous employer to correct information or include your rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

I certify that I have read and understand my rights regarding my safety performance history information. I give *Jimmie Tucker Trucking, Inc.* written permission to create a Driver Safety Performance Investigation File. I understand that if I do not give written permission I may not be hired by this carrier.

Applicant's Signature

Date

Employment Termination Receipt

I do hereby acknowledge receipt of a copy of my Driver Safety Performance Investigation File. I understand it must be given to the next motor carrier I am employed by.

Driver's Signature

Date

Form I-9, Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

| | | | | |
|----------------------------------|-------|----------|----------------|--------------------------------|
| Print Name: Last | | First | Middle Initial | Maiden Name |
| Address (Street Name and Number) | | | Apt. # | Date of Birth (month/day/year) |
| City | State | Zip Code | | Social Security # |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

A citizen of the United States

A noncitizen national of the United States (see instructions)

A lawful permanent resident (Alien #) _____

An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

| | |
|---|------------|
| Preparer's/Translator's Signature | Print Name |
| Address (Street Name and Number, City, State, Zip Code) | |
| Date (month/day/year) | |

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

| List A | OR | List B | AND | List C |
|---------------------------------|----|-----------------|-----|-----------|
| Document title: _____ | OR | CDL _____ | AND | SS# _____ |
| Issuing authority: _____ | | STATE OF: _____ | | _____ |
| Document #: _____ | | CDL# _____ | | _____ |
| Expiration Date (if any): _____ | | EXP DATE: _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): _____ | | | | |

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

| | | |
|---|------------|-----------------------|
| Signature of Employer or Authorized Representative | Print Name | Title |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) | | Date (month/day/year) |
| JIMMIE TUCKER TRUCKING INC, P.O. BOX 428 BROKEN BOW, OK 74728 | | |

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name (if applicable) _____ B. Date of Rehire (month/day/year) (if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative _____ Date (month/day/year) _____

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization



Send to Fax # (800) 267-4093 (Manual Service)
 Send to Fax # (800) 257-8069 (Database Retrieval)

| | |
|-----------------------|--|
| USIS Customer: | |
| Company Name: | <u>JIMMIE TUCKER TRUCKING INC.</u> |
| Company Contact Name: | <u>JOYCE STAFFORD</u> |
| Fax #: | (<u>800</u>) <u>635-3903</u> - _____ |
| USIS Customer #: | _____ Sub-account: _____ |

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to USIS for the purpose of USIS transmitting such records to the USIS customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to USIS, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

| Previous DOT-Regulated Employer | City | State | Phone Number |
|---------------------------------|-------|-------|--------------------|
| _____ | _____ | _____ | (____) _____-_____ |
| _____ | _____ | _____ | (____) _____-_____ |
| _____ | _____ | _____ | (____) _____-_____ |
| _____ | _____ | _____ | (____) _____-_____ |
| _____ | _____ | _____ | (____) _____-_____ |
| _____ | _____ | _____ | (____) _____-_____ |

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with JIMMIE TUCKER TRUCKING INC ("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 JIMMIE TUCKER TRUCKING INC ("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.

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 above.

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.