

GENERAL QUESTIONNAIRE

Very Important! Please answer all questions.

Are you looking to lease on your truck? _____

If so, will you be driving your truck? _____

What is the year and make of the truck? _____

Are you also leasing on a trailer? _____

Do you have your own tractor tag or will you need assistance in obtaining a company tractor tag? _____

OR

Are you planning to participate in our purchase program? _____

OR

Do you want to drive for an Owner/Operator? _____

If so, whom? _____

Where did you find out about our company? _____

If you heard about us from a driver or employee of JRS/JAS, please tell us who.

What kind of trailer are you planning to pull with our company? Please circle one.

Dry Van

Refrigerated Trailer

Flat Bed

What office, if any, have you talked with about running for? _____

JAMES A. SMITH TRANSPORTATION INC.

P.O. Box 1947, CULLMAN, ALABAMA 35056
(256)739-1408 FAX (256) 739-1434
RECRUITING 1-800-841-9642

DRIVER'S APPLICATION

(Answer all questions – please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, creed, religion, sex, national origin age, marital status, or non-job related disability.

Date of application _____

Name _____ Social Security No. _____
Last First Middle

Address _____
Street City State Zip Code

Home Phone _____ Cell Phone(s) _____

Address _____ How Long _____
For Past Street City State & Zip Code
Three

Years _____ How Long _____
Street City State & Zip Code

Do you have the legal right to work in the United States? _____ Date of Birth ____/____/____
(Required for Truck Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ to _____ Reason for leaving? _____

Are you employed now? _____ If not, how long since leaving last employment? _____

Who referred you? _____

IN THE LAST FIVE (5) YEARS:

1. Have you ever tested positive for a pre-employment drug and/or alcohol screen at a company for which you applied? Yes No
2. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
3. Has any license, permit or privilege ever been suspended or revoked? Yes No
4. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?..... Yes No
5. Have you ever been convicted of a felony? Yes No

IF THE ANSWERS TO 1, 2, 3, 4 or 5 IS "YES", GIVE DETAILS. _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED).

DATES	NATURE OF ACCIDENT (HEAD ON, REAR END, ROLLOVER, ETC)	FATALITIES	INJURIES
Last accident			
Next previous			
Next previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS).

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
 (Name) (City)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVERS LICENSE	STATE	LICENSE NO.	TYPE	ENDORSEMENTS	EXPIRATION

DRIVING EXPERIENCE

	# Years Experience	Area driven: (West, Southeast, etc.)
VAN		
REEFER		
FLATBED		

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. 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/lease 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 in connection with my application. **PLEASE NOTE: A driver has the right to review and refute any information received. Any rebuttals must be received within 30 days of notification and in writing.** 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.

Date

Applicant's Signature



Driver Background Inquiry

800-841-9642
Local (256) 739-1408
Fax (256) 739-1434

Applicant Printed Name _____ **SSN** _____

You are hereby authorized to give James A. Smith Transportation., Inc. all information regarding my services, character and conduct while in your employ. You are further authorized to release all alcohol and controlled substance information on me, covered under Part 382 of the FMCSR to James A. Smith Transportation., Inc.

APPLICANT SIGNATURE: _____ **DATE** _____

APPLICANT DO NOT WRITE BELOW—COMPANY USE ONLY

1. Employee:

- Owner-Operator Company Driver Other
- Driver for O/Op Leased

Dates:

From _____ to _____
From _____ to _____

2. Type of equipment pulled:

- Dry Van Reefer
- Flatbed Other

3. Areas driven:

- 48 states Southeast Northeast Local
- Southwest Northwest Other

4. Accidents: Yes No Number

Dates	Preventable	DOT Recordable	Description
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

5. Comments on Safety Performance History:

6. Reason for leaving:

- Resigned with Notice Resigned w/o notice
- Discharged Laid Off

7. Drivers performance:

- Superior Late Pick Up/Deliveries
- Satisfactory Log Violations
- Unsatisfactory Unsatisfactory safety record

8. Driver eligible for rehire? Yes No Upon review

9. Drug and Alcohol Information

Based upon the review of your company's drug and alcohol test records:

- a. Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past 3 years? Yes No
- b. Has this individual had a controlled substance test with a positive result in the past 3 years?..... Yes No
- c. Has this individual refused (includes a verified adulterated or submitted results) a controlled substance test and/or alcohol test within the past 3 years?..... Yes No
- d. Has this individual violated other DOT drug/alcohol regulations?..... Yes No
- e. Have you received information from a previous employer that this individual violated DOT drug/alcohol regulations? Yes No

Person completing this inquiry _____ Title _____ Date _____
Company name _____ Address _____ Phone _____

To: Drug Records Dept / 800-322-5298

From: _____
(Company Contact Name)



(Company Name)

Use Fax # 800-267-4093 (Manual Service)

Fax #: (_____) _____ - _____

Use Fax # 800-257-8069 (If Database Retrieval)

USIS Customer #: _____ USIS Sub-account: _____

PART I – DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to USIS for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized USIS to review involves tests required by DOT. If any carrier (company/school) listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Company	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

(Attach additional forms for additional past employers. That form must also include the individual's signature and social security number.)

Print Applicant Name: _____ Applicant Signature: _____

Social Security No: _____ Date: _____

PART II – CONSUMER REPORT DISCLOSURE AND RELEASE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the three-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

I hereby consent to your obtaining the above information from USIS, and I agree that such information which USIS has or obtains, and my employment history (**not DOT Drug and Alcohol information without a specific consent by me**) with you if I am hired, will be supplied by USIS to other companies which subscribe to USIS. I hereby authorize procurement of consumer report(s). If hired or contracted this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Print Applicant Name: _____ Applicant Signature: _____

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person or by mail. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box. (California applicants only)