

PREVIOUS PERFORMANCE HISTORY

All drivers must FULLY COMPLETE ALL INFORMATION on all employers/contract performance during the preceding three years. Also, all drivers must FULLY COMPLETE ALL INFORMATION on all Commercial Motor Vehicle jobs during the past ten years. Any gaps more than a month in your work history will cause a delay in processing. All unemployment/self-employment/retirement time must be accounted for.

**If you were self-employed (independent contractor) and under lease to a motor carrier(s), list the motor carrier's information too.

PREVIOUS EMPLOYER/CONTRACTOR

NAME _____ FROM MO. _____ YR _____
MAILING ADDRESS _____ TO MO. _____ YR _____
CITY _____ STATE _____ ZIP _____ POSITION HELD _____
PHONE NUMBER _____ FAX # _____
CONTACT PERSON _____ REASON FOR LEAVING _____

DID YOU HAVE FLAT BED EXPERIENCE? YES NO DID YOU HAVE DRY BOX EXPERIENCE? YES NO
DO YOU HAVE STEEL COIL EXPERIENCE? YES NO DID YOU HAUL OTHER MATERIAL ON FLAT BED? YES NO

WERE YOU SUBJECT TO THE FMCSR's WHILE AT THIS COMPANY? YES NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIRMENTS OF 49 CFR PART 40? YES NO

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**The FMCSR's (Federal Motor Carrier Safety Regulations) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport HazMat in a quantity requirement placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NO ACCIDENTS IN THE PAST 3 YEARS THEN WRITE NONE OR NA.

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZMAT SPILL?
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE OR NA. (ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

STATE	LICENSE NO.	TYPE/CLASS	EXPIRATION DATE	YEAR OBTAINED

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

IF THE ANSWER TO A OR B IS YES, PROVIDE DETAILS _____

DRIVING EXPERIENCE

IF YOU HAVE PAST EXPERIENCE WITH ANY OF THE FOLLOWING EQUIPMENT, PLEASE INCLUDE THIS INFORMATION. IF YOU DO NOT, PUT NONE OR N/A IN THE BOX.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANKER, FLAT, ETC.)	DATES FROM / TO	APPROX. NO. OF MILES DRIVEN
STRAIGHT TRUCK			
TRACTOR TRAILER			
TRACTOR WITH DOUBLES			
OTHER EQUIPMENT			

STATES OPERATED IN FOR LAST 5 YEARS _____

SPECIAL COURSES OR TRAINING _____

LIST SAFE DRIVING AWARDS YOU HOLD, AND FROM WHOM? _____

LIST ANY ADDITIONAL INFORMATION CONTRACTOR DETERMINES APPLICABLE

CERTIFICATION

The information that has been provided herein is in accordance with 391.21(b)(10) may be used for the purpose of investigation and inquiry as required in 391.23.

I authorize J. Ross Express Inc. 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. 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.

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 J. Ross Express Inc.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of 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 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 on the accuracy of the information.

This certifies that this survey form was completed by me, and that all entries on it and information in it are true & complete to the best of my knowledge.

DATE

DRIVER'S SIGNATURE

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

J. ROSS EXPRESS INC.

3160 East 79th Street
Cleveland, OH 44104

Phone (216) 883-3600 Fax (216) 883-3604

1st Attempt Date: _____ Made By: PHONE FAX EMAIL MAIL Initials: _____

2nd Attempt Date: _____ Made By: PHONE FAX EMAIL MAIL Initials: _____

3rd Attempt Date: _____ Made By: PHONE FAX EMAIL MAIL Initials: _____

Previous Company Name: _____

Address/City/State/Zip: _____

ATTN: _____ - Safety Department

Phone #: _____ Fax #: _____

****Please note – if your contact information on this form is inaccurate, please provide the correct information****

I, _____ hereby authorize all named previous employers to release the following information to J. Ross Express Inc. for the purposes of investigation as required by 49 CFR of the Federal Motor Carrier Safety Regulations on my job performance, ability, and fitness. I also authorize all named previous employers to release information to J. Ross Express Inc. for the purposes of investigation and inquiring into my previous three (3) years of alcohol & controlled substance testing as required by 49 CFR of the Federal Motor Carrier Safety Regulations while I was performing a safety sensitive function. I have already been expressly notified of my rights under Section 391.23. I hereby release this company from any and all liability which may result from furnishing such information.

Driver Applicant's Signature: _____ Date: _____

Name of Applicant: _____

Social Security #: _____ Date of Birth: _____

Dates of Employment/Contract: From _____ to _____ as _____

1. What was the driver's reason for leaving your company? _____ Resigned _____ Lay-Off
_____ Military Duty _____ Discharged, please explain _____

2. Did driver drive a commercial motor vehicle for you? YES NO If YES, what type? _____ Straight Truck,
_____ Tractor/Trailer _____ Bus _____ Other (Specify) _____

3. If driver drove Tractor/Trailer, what type of trailer was pulled? _____

4. Did driver have steel coil hauling experience? YES NO If YES, for how many years? _____

5. Was driver a safe and efficient driver? YES NO If NO, please explain: _____

6. Was driver's conduct satisfactory? YES NO If NO, please explain: _____

7. Was driver involved in an accident **YES NO** If YES, as per Part 391, you must provide all accident information as defined in Section 390.5 as specified in Section 390.15(b)(1) that occurred in the past three (3) years. Also, please include all minor and/or other types of accident information not included in the previously mentioned regulations. Also, if you wish to provide any copies of all accident reports required by State or other governmental entities or insurers, please return them with this request.

Date of Accident	City, State	# of Injuries	# of Fatalities	HazMat Release?

8. Has driver ever received any traffic violations? **YES NO** If YES, please list

Date of Citation	City, State	Type of Citation	CMV or Non-CMV?

Was the above named driver subject to DOT regulations specified by 49 CFR part 40 where the driver performed safety-sensitive function that required alcohol & controlled substance testing in the previous **three (3) years**?

YES NO If YES, answer the following:

1. Has this person had an alcohol test result of 0.04 or higher? **YES NO**
2. Has this person had a verified positive controlled substance test? **YES NO**
3. Has this person ever refused to be tested for alcohol &/or controlled substance? (including verified adulterated or substituted results)? **YES NO**
4. Has this person committed other violations under subpart B of part 382, or 49 CFR part 40? **YES NO**
5. Have you received information from a previous company that this individual violated DOT drug &/or alcohol regulations in the last three (3) years. **YES NO**
6. If this person has violated any of the above, have they undertaken or completed a rehabilitation program prescribed by a SAP pursuant to 382.605, or 49 CFR part 40, subpart O?
YES NO **If YES – please attach all corresponding documentation**

Any other remarks _____

This certifies that the enclosed information was completed by me, and that all information is true and complete to the best of knowledge.

Printed Name & Title of Person Completing Inquiry

Date

Signature

****CONFIDENTIAL****

**DISCLOSURE UNDER
FAIR CREDIT REPORTING ACT
AND
CONSENT TO PROCUREMENT OF
CONSUMER REPORT**

The undersigned hereby authorizes Jackson, Dieken & Associates to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for use in rating and/or underwriting insurance. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (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 information requested below will be used for "permissible purpose" (e.g. information for Employment purposes) and will be used for no other purpose;
3. The information being obtained will not be used in violation of any federal or equal opportunity law or Regulation.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle reports under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 30002(a)).

Signed: _____

Date: _____

Print Name: _____

Date of Birth: _____

License #: _____

License State: _____

Submitted by: _____

Named Insured: _____