



**D.D. JONES**  
 (757) 494-0200 (Main Switchboard)  
 www.ddjones.com

# Application for Employment

PLEASE PRINT  
 POSITION(S) APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_ / \_\_\_\_ / \_\_\_\_

REFERRAL SOURCE     ADVERTISEMENT     EMPLOYEE     CUSTOMER     GOVERNMENT EMPLOYMENT AGENCY

WALK-IN     PRIVATE EMPLOYMENT AGENCY     OTHER \_\_\_\_\_

NAME OF SOURCE (IF APPLICABLE) \_\_\_\_\_

NAME _____	LAST	FIRST	MIDDLE
ADDRESS _____	STREET	CITY	STATE    ZIP CODE
TELEPHONE NUMBER _____	(    )	-	
	AREA CODE		

Daytime telephone number ..... \_\_\_\_\_

Evening telephone number ..... \_\_\_\_\_

Have you filed an application here before? .....  YES     NO

If yes, give date ..... \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever been employed here before? .....  YES     NO

If yes, give dates ..... FROM \_\_\_\_\_ TO \_\_\_\_\_

Are you legally eligible for employment in this country? .....  YES     NO

(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work ..... \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of employment desired     Full Time     Part Time     Temporary     Season     Educational Co-Op

Have you ever been bonded? .....  YES     NO

Have you ever been convicted of any crimes? (Other than traffic violations) .....  YES     NO

(Conviction may not affect decisions on employment.)

If yes, describe each in full including dates \_\_\_\_\_

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# Employment History

List your last four (4) employers, omitting none, starting with the most recent, including military experience.

Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE ( ) -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities:
		FROM	TO	
ADDRESS				
JOB TITLE	HOURLY RATES / SALARY			
STARTING				
IMMEDIATE SUPERVISOR AND TITLE	\$	PER		
REASON FOR LEAVING	HOURLY RATE			
	FINAL			
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	\$	PER	

EMPLOYER	TELEPHONE ( ) -	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities:
		FROM	TO	
ADDRESS				
JOB TITLE	HOURLY RATE / SALARY			
STARTING				
IMMEDIATE SUPERVISOR AND TITLE	\$	PER		
REASON FOR LEAVING	HOURLY RATE			
	FINAL			
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	\$	PER	

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IMMEDIATE SUPERVISOR AND TITLE	\$	PER		
REASON FOR LEAVING	HOURLY RATE			
	FINAL			
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IMMEDIATE SUPERVISOR AND TITLE	\$	PER		
REASON FOR LEAVING	HOURLY RATE			
	FINAL			
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	\$	PER	

Comments (including explanation of any gaps in employment)

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SKILLS AND QUALIFICATIONS - Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our Company.

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# Educational Background

A. List last three (3) schools attended, starting with last one. B. List number of years completed. C. Indicate degree or diploma earned, if any, D. Grade Point Average or Class Rank and E.. Major and minor field of study (if applicable.)

A. School	B. NO. YEARS COMPLETED	C. DEGREE DIPLOMA	C. DEGREE DIPLOMA	E. MAJOR	F. MINOR

## References

List name and telephone number of three business I work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	( ) -	
	( ) -	
	( ) -	

List special accomplishments, publications, awards. (If you wish, you may exclude information which would reveal sex, race, religion, national origin, age, ancestry, disabled or other protected status.)

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List any additional information you would like us to consider.

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## APPLICANT'S STATEMENT / PRE-EMPLOYMENT TESTING

I hereby certify that the information provided in this application and questionnaire is true, correct, and complete. I also understand that the company's acceptance of this application does not constitute an offer of employment. In making this application, I authorize investigations on my employment or other job related area through any agency, references, friends, or previous employers, and these investigations may request information as to my character, reputation, criminal or credit record. If investigated, I have the right to make a written request about any report that is made. If employed, any false statement(s) made on this application or questionnaire may result in my dismissal.

I hereby understand and acknowledge that, unless otherwise detailed by applicable law any employment decision with this organization is of "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without notice.

I understand that aptitude-skills tests and drug screening are part of the pre-employment policy of D.D. Jones. I fully understand and agree to comply with this policy. It is understood that the initial employment decision may be made on the basis of these examinations or my refusal to take these examinations.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

### D.D. JONES INTERVIEWER

INTERVIEWER	DATE	COMMENTS

DATE	STATUS	COMMENTS	DRIVERS
	SENT TO:		<input type="checkbox"/> DMV <input type="checkbox"/> CDL <input type="checkbox"/> HAZ. MAT., <input type="checkbox"/> TANKER <input type="checkbox"/> ROAD TEST <input type="checkbox"/> MEDICAL <input type="checkbox"/> DOT EXAM <input type="checkbox"/> DMV LICENSE
	VERIFICATION:		
	MEDICAL:		
	REFERENCE CHECK		

### COMMERCIAL DRIVER APPLICANTS ONLY

RELEASE OF INFORMATION — D.D. Jones  
 Chesapeake, VA 23324-2832 • Phone (757) 494-0271 • Fax (757) 494-0204

**Regarding Controlled Substances and Alcohol Testing Results, Previous Employment & Commercial Driving Experience.**

I hereby acknowledge that D.D. Jones may request the following information from any prior employer or any of their respective agent's and employee's as in compliance with 382.450; 382.401; 382.115.

I understand that my refusal to sign this release will disqualify me from obtaining a commercial driving position with D.D. Jones.

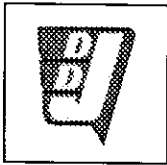
I hereby authorize anyone to furnish D.D. Jones any information as may be required regarding my driving experience, personnel record, controlled substances and alcohol testing results, and/or character without recourse. I understand that if hired, any misrepresentation or false statement on my driving application revealed at a later date shall be considered sufficient cause for termination. I also understand this release in no way assures that applicant will be offered a position as a commercial driver for D.D. Jones.

I hereby knowingly and voluntarily release all persons and entities from any and all claims or liabilities for releasing information described in this form to those identified in the preceding paragraphs.

I certify that I have read, understood and agree to all of the provisions of this form.

Print Name (*First, MI., Last*) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**D.D. JONES Transfer and Warehouse Company, Inc.**  
**630 22<sup>ND</sup> Street, Chesapeake, VA 23324**  
**Phone-757-464-0271 Fax-757-464-0240**

**REQUEST FOR EMPLOYMENT INFORMATION**

COMPANY \_\_\_\_\_ FAX# \_\_\_\_\_

ATTN \_\_\_\_\_ PHONE \_\_\_\_\_

PAST EMPLOYEE \_\_\_\_\_ SSN \_\_\_\_\_

IN COMPLIANCE WITH CFR Part 382.450; 382.413, THE FOLLOWING INFORMATION IS REQUESTED:

DATES OF EMPLOYMENT \_\_\_\_\_ TO \_\_\_\_\_  FULL TIME  PART TIME

POSITION HELD WITH YOUR COMPANY \_\_\_\_\_

TYPE OF VEHICLE OPERATED  TRACTOR-TRAILER  STRIGHT TRUCK  OTHER \_\_\_\_\_

NUMBER OF DOT RECORDABLE ACCIDENTS WITH YOUR COMPANY \_\_\_\_\_

WHY DID THE APPLICANT LEAVE YOUR COMPANY?  RESIGNED  DISCHARGED  LAID-OFF

WOULD YOU REEMPLOY THIS INDIVIDUAL?  YES  NO WORKPLACE INJURIES?  YES  NO

HAS INDIVIDUAL RECEIVED ANY HOS VIOLATIONS RESULTING IN AN OUT-OF-SERVICE ORDER?  YES  NO

HAS INDIVIDUAL HAD A POSITIVE CONTROLLED SUBSTANCE TEST WITHIN THE PAST 3 YEARS?  YES  NO  
 (INCLUDING ADULTERATED OR SUBSTITUTED RESULTS)

HAS INDIVIDUAL VIOLATED OTHER DOT DRUG/ALCOHOL REGULATIONS?  YES  NO

HAVE YOU RECEIVED INFORMATION FROM A PREVIOUS EMPLOYER THAT THIS INDIVIDUAL  YES  NO  
 VIOLATED DOT DRUG AND ALCOHOL REGULATIONS?

IF THE DRIVER WAS NOT SUBJECT TO PART 382 TESTING REQUIREMENTS WHILE EMPLOYED CHECK HERE

*The information above is certified correct and is based on official company records.*

\_\_\_\_\_  
 (FOR FORMER EMPLOYER)

\_\_\_\_\_  
 (DATE)

**RELEASE AUTHORIZATION:**

I hereby authorize the above employer to release all information concerning my employment, including oral assessments of my job performance, ability, and fitness, D. D. Jones Transfer and Warehouse Company, Inc. (or their authorized agents), which may request such information in connection with my application for employment with said company. I hereby release the above employer from any and all liability of any type as a result of providing the above mentioned information to D. D. Jones Transfer and Warehouse Company, Inc.

\_\_\_\_\_  
 (SIGNATURE)

\_\_\_\_\_  
 (PRINT NAME)



## DRUG AND ALCOHOL TEST CERTIFICATION

I, \_\_\_\_\_, certify that: (*check all that apply*)  
(FULL NAME)

I **have not** tested positive or refused to test on:

any pre-employment drug or alcohol test administered by a company to which I applied, but did not obtain a DOT driving position during the past two years.

I **have** tested positive or refused to test on:

any pre-employment drug or alcohol test administered by a company to which I applied, but did not obtain a DOT driving position during the past two years.

I **have** tested positive or refused to test on:

a drug or alcohol test administered by a company during the past two years.

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I certify that the information given above is true and correct. I understand that falsification of such will be grounds for immediate dismissal.

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(WITNESS SIGNATURE)

\_\_\_\_\_  
(DATE)



# RELEASE AND AUTHORIZATION STATEMENT

I authorize the procurement of a consumer report on me.

In connection with this request, I authorize all corporations, companies, former and current employers, consumer reporting agencies, educational institutions, law enforcement agencies, motor vehicle departments, city, county, state, and federal courts, military services, and persons, to release information they may have about me to D.D. Jones Transportation and Warehouse Co., Inc. or its' contracted agencies or their agents, with which this form has been filed, and release all parties involved from any liability and responsibility for doing so.

This authorization, in original, fax, or copy form, shall be valid for this and any future reports or updates that may be requested.

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*PLEASE PRINT:*

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*(LAST NAME)*

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*(FIRST NAME)*

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*(MI)*

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*(MAIDEN NAME or FORMER NAME, IF ANY)*

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*(CURRENT ADDRESS)*

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*(FORMER ADDRESS)*

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*(SOCIAL SECURITY NUMBER)*

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*(DATE OF BIRTH)\**

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*(DRIVER'S LICENSE NUMBER)*

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*(ISSUING STATE)*

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*(SIGNATURE)*

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*(DATE)*





***D.D. JONES Transfer and Warehouse Company, Inc.***  
***2115 Portlock Road, Chesapeake, VA 23324***

**RELEASE AND AUTHORIZATION**

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit D. D. JONES, INC. to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

D.D. Jones has authorization to request these reports.

\_\_\_\_\_  
 Full Name (please print clearly)

\_\_\_\_\_  
 Signature and Date

\_\_\_\_\_  
 Witness Printed Name

\_\_\_\_\_  
 Witness Signature

## Voluntary Affirmative Action Information *(Completion of information below is voluntary)*

D. D. Jones provides equal employment opportunity to all persons regardless of age, race, religion, color, sex, or national origin and to qualified individuals with disabilities, with or without reasonable accommodations. Equal opportunity applies to all employment decisions, including hiring and placement. We actively promote this policy by basing our employment decisions on skill, ability and experience. All such decisions are made in accordance with applicable federal and state laws.

Date ____ / ____ / ____				
POSITION(S) APPLIED FOR _____				
APPLICANT'S NAME _____		(	)	-
LAST	FIRST	MIDDLE	AREA CODE	PHONE
ADDRESS _____				
STREET	CITY	STATE	ZIP CODE	

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is *not* a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision. Refusal to provide this information will not subject you to adverse treatment.

CHECK ONE

MALE     FEMALE

CHECK ONE OF THE FOLLOWING RACE / ETHNIC GROUP

HISPANIC     BLACK     WHITE     AMERICAN INDIAN / ALASKAN NATIVE     ASIAN / PACIFIC ISLANDER

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE

VIETNAM ERA VETERAN                       DISABLED VETERAN                       HANDICAPPED INDIVIDUAL