



D.D. JONES

APPLICATION : LEASED INDEPENDENT CONTRACTOR

Name: _____ Phone: _____
 First Middle Last

Street Address: _____

City, State, Zip: _____

Date of Birth _____ Social Security No. _____

US Dept. of Transportation requires that driver applicants state their date of birth (391.21(b)(2))

Current Address: _____
 Street City State Zip

*If at above residence for less than three years, list below all residences for the past 3 years.

_____ Street City State Zip

_____ Street City State Zip

CIRCLE the position applying for: *Sub-Contractor* *Contractor* *Part Time* *Full Time*

Who referred you? _____

Have you worked for this company before? _____ From _____ To _____

Have you ever worked for this company under another name? _____ What? _____

Reason why you left _____

Names of any relatives working for this company: _____

Are you currently working? _____ If not, how long since leaving last job _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended: _____ Where: _____

GENERAL

Have you ever been bonded? _____ Name of Bonding Co. _____

Have you ever been convicted of a Felony? _____ If yes explain on back of page.

Signature of Applicant: _____ Date: _____

DRIVER EXPERIENCE & QUALIFICATION (cont'd) Answer the questions in this section only if applying for a driver position Licenses

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	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 _____

If you answered "yes" to A, B, C, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers - LCV's				
Other				

List states operated in during last five years _____

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by _____

Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-On, Rear-End, Overturn, 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

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the seven years immediately preceding this three year period. §391.21(b)(10), (11)

Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary)

Current Employer: _____ Supervisor's Full Name: _____
 Full Address: _____ Zip: _____ Phone: (____) _____
 Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year
 Reason for leaving: _____

Company: _____ Supervisor's Full Name: _____
 Full Address: _____ Zip: _____ Phone: (____) _____
 Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year
 Reason for leaving: _____

Company: _____ Supervisor's Full Name: _____
 Full Address: _____ Zip: _____ Phone: (____) _____
 Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year
 Reason for leaving: _____



APPLICATION : LEASED INDEPENDENT CONTRACTOR
APPLICANT MUST READ AND SIGN

I certify that I have read and understood this work application. It is agreed and understood that the company or his agents may investigate my background to ascertain any and all information of concern to my driving/employment history, whether same is of record or not and I release employers and other person named herein from all liability or any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a tentative position, it will be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for contract work and this application is being submitted solely for the purpose of seeking a contract position with this company and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my "Work" file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If contracted, I agree to abide by all the rules and regulations of the employer.

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

_____ Date _____ Applicant's Signature

FOR OFFICE USE-DO NOT WRITE IN THIS SPACE
PROCESS RECORD

Position Granted? _____ Yes _____ No Date Applicant Granted Position _____

IN CASE OF EMERGENCY NOTIFY: _____

Address: _____ Phone: _____

THIS SECTION TO BE FILLED OUT BY OFFICER OR COMPANY REPRESENTATIVE

1. Application:	Superior	Good	Fair	Below Average	Poor	Written Record on File
2. Interview:	Superior	Good	Fair	Below Average	Poor	Written Record on File
3. Work History:	Superior	Good	Fair	Below Average	Poor	Written Record on File
4. Traffic Record:	Superior	Good	Fair	Below Average	Poor	Written Record on File
5. Road Test:	Superior	Good	Fair	Below Average	Poor	Written Record on File
6. Physical Exam:	Superior	Good	Fair	Below Average	Poor	Written Record on File

Signature of Interviewing Officer: _____

Date Interviewed: _____



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RELEASE OF INFORMATION
DD JONES TRANSPORTATION SERVICES, INC.
2115 Portlock Road
Chesapeake, Va. 23324
Phone 757-494-0271 * Fax 757-494-0240

Regarding Controlled Substances and Alcohol Testing Results, Previous Employment.
Note: This Document Must Be Returned With Your Completed and Signed Application.

I hereby acknowledge that D.D. Jones Transportation Services, Inc. may request the following information from any prior employer or any of their respective agents and employees as in compliance with 382.450;382.401;382.115.

I understand that my refusal to sign this release will disqualify me from leasing/contracting with D.D. Jones Transportation Services Inc..

I hereby authorize anyone to furnish D.D. Jones Transportations Services, Inc. any information as may be required regarding my 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 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 lease/contract with D.D. Jones Transportation Services, Inc..

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.

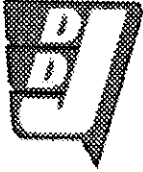
PRINT FIRST NAME, MIDDLE INITIAL LAST NAME SOCIAL SECURITY NUMBER

DRIVERS LICENSE NUMBER AND STATE DATE OF BIRTH

CURRENT STREET ADDRESS CITY STATE ZIP

SIGNATURE DATE

INQUIRY TO PAST EMPLOYERS



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.

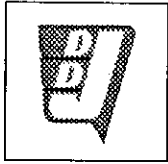
I certify that the information given above is true and correct. I understand that falsification of such will be grounds for immediate dismissal.

(APPLICANT'S SIGNATURE)

(DATE)

(WITNESS SIGNATURE)

(DATE)



D.D. JONES Transfer and Warehouse Company, Inc.
630 22ND 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)

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



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.

PLEASE PRINT:

(LAST NAME)

(FIRST NAME)

(MI)

(MAIDEN NAME or FORMER NAME, IF ANY)

(CURRENT ADDRESS)

(FORMER ADDRESS)

(SOCIAL SECURITY NUMBER)

*(DATE OF BIRTH)**

(DRIVER'S LICENSE NUMBER)

(ISSUING STATE)

(SIGNATURE)

(DATE)

RELEASE OF INFORMATION
DD Jones, Inc.
630 22nd Street
Chesapeake, VA 23324
Phone 757/494-0200 * Fax 757/494-0291

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Note: This Document Must Be Returned With Your Completed And Signed Application.

I hereby acknowledge that D.D. Jones, Inc. 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 position with D.D. Jones, Inc.

I hereby authorize anyone to furnish DD Jones, Inc. any information as may be required regarding my 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 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 for D.D. Jones, Inc.

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 _____ Social Security Number _____
 First, M.I., Last

Signature: _____ 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