

975 Post Rd. NW Warren, Ohio 44483

An Equal Opportunity Employer

APPLICATION FOR DRIVER QUALIFICATION

Please print plainly in ink and complete all blanks

 Qualification For:
 Company Driver _____

 Owner Operator _____ (Independent Contractor) Contractor's Driver _____(Contractor Employee)

Name				Soci	al Security No	
(First)	(Middle)		(Last)		·	
Phone ()		Home	_ Message	Cell ()	
Present Address _						How Long?
	(Address)	(City)	(S	State)	(Zip)	
Optional:	Email address					
	Email address	Date of Bi	rth /	/	ess, complete this	sections.
		Date of Bi	rth /	/	ess, complete this	How Long
THREE-YEAR	ADDRESS HISTO	Date of Bi	rth /	/ urrent addre		

Two Persons To Notify In Case Of Emergency					
Name	Address City/State	Phone Number	Relationship		

10-YEAR EMPLOYMENT HISTORY: Begin with your present employer (if not working show unemployed) and work backward, listing **all your employers for the past 10 years. Include those employers in the previous 3 years you applied for employment but were not hired/lease contracted to because you tested positive for drug or alcohol or refused to be tested.** All time must be accounted for including self-employment and periods of unemployment. Please do not leave any gaps between employers. Use a supplementary sheet if necessary. <u>Provide address and telephone numbers for all employers.</u>

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Date filled	Date			
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Seventh Last Employer: Name		Telephone ()	
Address			
Street	City	St Date Lafe	Zip
Position Held	Date Hired		
ype of Equipment Operated:		What did you haul?	
Reason for leaving this employer?			
***Was this position a safety sensitive functi		-	ohol testing
pecified by 49 CFR Part 40? \Box Yes \Box No	Was this position subject to FMCS	Regulations? \Box Yes \Box No	
Eighth Last Employer: Name Address		Telephone ()	
Street	City	St	Zip
Position Held	Date Hired	Date Left	
Ype of Equipment Operated:	Type of Trailer:	What did you haul?	
Reason for leaving this employer?		-	
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Ninth Last Employer: Name		Telephone ()	
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Reason for leaving this employer?			
***Was this position a safety sensitive function		piect to controlled substances and alo	hol testing
pecified by 49 CFR Part 40? \Box Yes \Box No			mor would
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LICENSE:

Starting With Your Current License, List All Driver License's Held In The Past 5 Years

	State	License Number	Class	Endorsements	Expiration Date
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Has any license, permit, or privilege ever been suspended, revoked or denied you for any reason?	Yes	No
Have you ever been convicted of any alcohol or controlled substance related offense while driving?	Yes	No
(DUI, DWI, Reckless, etc)		
Have you ever failed or refused any DOT pre-employment drug or alcohol test by any employer		
where you did not accept or were refused employment/lease?	Yes	No
Have you ever been convicted of a felony? (If yes, give charge, date, state, and county where convicted)	Yes	No
If you answered YES to any of the above questions, state circumstance and details		

Have you ever been disqualified from driving for violations of the Federal Motor Carrier Safety Regulations? Yes ____ No ____ If yes, give details _____

FIVE-YEAR ACCIDENT RECORD:

Number of **DOT** Reportable Accidents?

List all accidents/incidents with any vehicle in the last 5 years (even if not at fault or cited)

	TYPE OF	NATURE OF ACCIDENT	FATALITIES	INJURIES	WERE YOU
DATE	VEHICLE	(REAR-END, HEAD-ON, ROLL-OVER etc.)	YES / NO	YES / NO	CITED? YES / NO

TRAFFIC CONVICITONS:

List all traffic convictions/forfeitures for the past 5 years and any pending violations

DATE	VEHICLE TYPE	TYPE OF OFFENSE	LOCATION OF OFFENSE	PENALTY

DRIVER JOB DESCRIPTION

A driver must be able to pickup, transport and deliver customer product in a safe, professional, courteous and timely manner within Federal, State and Local laws. The driver must be able to communicate orally and in writing with company representatives, fellow drivers, and customers. The driver must be able to read and write in English and perform basic mathematical calculations to accurately and legibly complete required paperwork to include but not limited to, bills of lading, trip sheets, logs, accident and cargo claims paperwork, read maps and road signs.

The driver must have a basic mechanical knowledge of a tractor-trailer. The driver must be able to perform equipment inspections, hook/unhook trailers and frequently enter and exit the tractor and climb on and off of the trailer. The driver must be able to shift a manual transmission, control the steering wheel, operate the brake, accelerator and clutch pedals and be able to safely back and park a tractor-trailer.

The driver must meet all Federal, State and Company requirements for certification including a pre-employment controlled substance test and meet the medical standards of the U.S. Department of Transportation. The driver must possess a valid Class A CDL, with necessary endorsements from drivers' state of residence and have verifiable semi-tractor trailer driving experience.

The driver must have knowledge of weight distribution and be able to secure all shipments by tying down or bracing cargo on or within trailers as required, preventing cargo damage and danger to person or persons. Must be able to tarp cargo to prevent weather damage and have the ability to lift up to 100 or more pounds, pulling, pushing and carrying of varying weight. The driver will work up to 70 hours in any 8 day period, with variable work/rest cycles due to meeting of pick up and delivery schedules, be exposed to environmental extremes, such as weather, noise, vibrations and encounter day-to-day stressful situations.

I have read the above Driver Job Description and I am able to perform these requirements.

XX Signature _____

APPLICANT'S AUTHORIZATION TO OBTAIN PAST DRUG AND ALCOHOL TEST RESULTS

I, _______ understand that as a condition of hire, I must give the Company written authorization to obtain the results of all DOT required drug and /or alcohol test including any refusals to be tested from all of the companies for which I worked as a driver, or for which I took a pre-employment drug and/or alcohol test during the past three (3) years. I have also been advised and understand the signing of this authorization does not guarantee me a job/lease contract or guarantee that I will be offered a position/lease contract with Jaro Transportation Services, Inc.

I have listed all of the companies for which I worked as a driver, or to, which I applied as a driver during the past three (3) years but was not hired because I failed or refused a drug and or alcohol test. I hereby authorize Jaro Transportation Services Inc. to obtain from those companies listed in my Application For Driver Qualification and I hereby authorize those companies to furnish Jaro Transportation Services, Inc., the following information concerning my drug and alcohol test: (a) all positive drug test results during the past three (3) years; (b) all alcohol test results of 0.04 or greater during the past three (3) years; (c) all alcohol test results of 0.02 or greater but less than 0.04 during the past three (3) years; (d) all instances in which I refused to submit to a DOT required drug and /or alcohol during the past three (3) years.

I have carefully read and fully understand this authorization to release my past drug and alcohol test results. In signing below, I certify that all of the information which I have furnish on this form is true and complete and that I have identified all of the companies for which I have either worked or applied for, as a driver during the past three (3) years.

Signature of Applicant

Print Name

Date

TO BE READ AND SIGNED BY APPLICANT

It is understood that the information in this application will be used and that prior employers will be contacted for the purposes of investigation as required by 391.23 and 382.413 of the Federal Motor Carrier Safety Regulations.

I understand under 391.23 I have certain rights regarding investigative information provided by previous employers (1) the right to review information provided by previous employers; (2) have errors in the information corrected by previous employers and for those previous employers to re-send corrected information to the prospected employer; (3) 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. I also agree and give permission to have my work history, accident history and drug and alcohol history with Jaro Transportation Services, Inc. submitted to USIS (DAC) for their records.

If hired as a driver, independent contractor or as a driver for an Independent Contractor I agree to abide by all the rules and policies of Jaro Transportation Services, Inc.

It is agreed and understood that if hired or contracted, that there may be a probationary period during which time I may be discharged without recourse or have my lease cancelled.

It is agreed and understood that this Application for Driver Qualification in no way obligates the employer to employ me or contract to me.

I agree to furnish such additional information and complete such examinations as may be required to complete my qualification as a driver or contractor. I have been advised that I will have to submit to drug and alcohol testing as prescribed under the FMCSR Part 382.

It is understood that the applicant, by presenting this Application for Driver Qualification, represents that the statements given by the applicant, to the information requested in the Application for Driver Qualification are true and correct and complete and that any false, misleading or incomplete statements of the information requested in this Application for Driver Qualification shall be considered an act of dishonesty and shall be sufficient grounds for discharge from employment or cancellation of lease contract regardless of the lapse of time.

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.

Applicant's Signature

_/____/_____ Date

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

RELEASE: I hereby authorize you to release the following information for the purpose of investigation as required by FMCSR Section 391.23 and 40.25. I hereby release you from any and all liability of any type, which may result from furnishing my prospective employer with such information.

XX Signature of Applicant: ______ Date: ____/ ____/

APPLICANT, PLEASE DO NOT WRITE BELOW THIS LINE

Prospective Employer: Jaro Transportation Services, Inc, 975 Post Road NW, Warren, Ohio 44483 **330-393-0125** Send Responses to: Mike Centofanti (mcentofanti@jarotrans.com) ***Confidential Fax No.330-393-0180 ***

Previous Employer:			
Employer's Address			
Contact person:	_ Sent on//2013	, via \Box Fax, Fax Number:	
□ Mailed, Mailing address:			\Box E- Mailed, \Box Phone Interview
Employment dates from to	-	-	
Did the above named applicant work for your c			
\Box Tractor Semi-Trailer \Box Straight Truck \Box Ot	ther	Type of Trailer:	Flatbed Van Other
If no, title or position held:			
What did this driver haul?			
Why did this individual leave your company?	□Resigned □Discharge	d □Laid Off □Other	
Eligible for rehire? \Box Yes \Box No \Box Upon Revie	ew Other		

DOT REPORTABLE ACCIDENTS: Check here is no accident register data for this applicant in the last 3 years.

Date	Location	# of Injuries	# of F	atalities Haz	zmat Spill

Other accidents, or cargo claim:

DRUG AND ALCOHOL INFORMATION

•		□yes	no	
•	Does this person have a verified positive, or refusal to be tested including verified adulterated o	r		
	substituted drug test results?		□yes	□no
• •	Has this person refused to submit to any alcohol or controlled substance test required by Federal Regulation Have you received information from previous employer that this applicant violated DOT drug /alcohol regulates this person committed other violation of Subpart B of Part 382, or Part 40?		□yes □yes □yes	□no □no □no
	1. If this person violated a DOT drug/alcohol regulation, did they complete SAP rehabilitation? If yes, please send documentation back with this form.	□N/A	□yes	□no
	s person violated a DOT drug/alcohol regulation and remained in your employ, did this driver sub nol test result of 0.40 or greater, a verified positive drug test, or refuse to be tested?		have an □yes	□no
Compl	eted by: (signature)D	ate	<u>//</u>	
Please I	Print Name: Title:			
Comn	nents:			
First red	quest Sent: Second Request Sent: Third Request Sent:			- 5/11

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with Jaro Transportation Services, 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 Jaro Transportation Services, 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 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.**