



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)

Date ____ / ____ / ____

PERSONAL INFORMATION:

Name _____ Social Security No. _____
(First) (Middle) (Last)

Phone (____) _____ Home ____ Message ____ Cell (____) _____

Present Address _____ How Long? _____
(Address) (City) (State) (Zip)

Optional: Email address _____

Date of Birth ____ / ____ / ____

THREE-YEAR ADDRESS HISTORY: If less than 3 years at current address, complete this sections.

(Address) (City) (State) (Zip) How Long? _____

(Address) (City) (State) (Zip) How Long? _____

How many years of over-the-road semi tractor-trailer driving experience do you have? _____

How many of these years are hauling iron and steel products? _____

How were you referred to Jaro Transportation Services, Inc.? Name of paper _____

Personally Referred by _____ Other _____

Are you legally eligible for employment in the U.S.? Yes ____ No ____ Proof of citizenship or immigration status will be required.

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. Provide address and telephone numbers for all employers.

Current or Most Recent Employer: Name _____ Telephone (____) _____

Address _____

Street City St Zip

Position Held _____ Date Hired _____ Date Left _____

Type of Equipment Operated: _____ Type of Trailer: _____ What did you haul? _____

Reason for leaving this employer? _____

****Was this position a safety sensitive function in any D OT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No Was this position subject to FMCS Regulations? Yes No

Second Last Employer: Name _____ Telephone (____) _____

Address _____

Street City St Zip

Position Held _____ Date Hired _____ Date Left _____

Type of Equipment Operated: _____ Type of Trailer: _____ What did you haul? _____

Reason for leaving this employer? _____

****Was this position a safety sensitive function in any D OT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No Was this position subject to FMCS Regulations? Yes No

Third Last Employer: Name _____ Telephone (____) _____

Address _____

Street City St Zip

Position Held _____ Date Hired _____ Date Left _____

Type of Equipment Operated: _____ Type of Trailer: _____ What did you haul? _____

Reason for leaving this employer? _____

****Was this position a safety sensitive function in any D OT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No Was this position subject to FMCS Regulations? Yes No

Fourth Last Employer: Name _____ Telephone (____) _____

Address _____

Street City St Zip

Position Held _____ Date Hired _____ Date Left _____

Type of Equipment Operated: _____ Type of Trailer: _____ What did you haul? _____

Reason for leaving this employer? _____

****Was this position a safety sensitive function in any D OT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No Was this position subject to FMCS Regulations? Yes No

Fifth Last Employer: Name _____ Telephone (____) _____

Address _____

Street City St Zip

Position Held _____ Date Hired _____ Date Left _____

Type of Equipment Operated: _____ Type of Trailer: _____ What did you haul? _____

Reason for leaving this employer? _____

****Was this position a safety sensitive function in any D OT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No Was this position subject to FMCS Regulations? Yes No

Sixth Last Employer: Name _____ Telephone (____) _____

Address _____

Street City St Zip

Position Held _____ Date Hired _____ Date Left _____

Type of Equipment Operated: _____ Type of Trailer: _____ What did you haul? _____

Reason for leaving this employer? _____

****Was this position a safety sensitive function in any D OT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No Was this position subject to FMCS Regulations? Yes No

Seventh Last Employer: Name _____ Telephone (____) _____
Address _____
Street City St Zip

Position Held _____ Date Hired _____ Date Left _____

Type of Equipment Operated: _____ Type of Trailer: _____ What did you haul? _____

Reason for leaving this employer? _____

****Was this position a safety sensitive function in any D OT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No Was this position subject to FMCS Regulations? Yes No

Eighth Last Employer: Name _____ Telephone (____) _____
Address _____
Street City St Zip

Position Held _____ Date Hired _____ Date Left _____

Type of Equipment Operated: _____ Type of Trailer: _____ What did you haul? _____

Reason for leaving this employer? _____

****Was this position a safety sensitive function in any D OT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No Was this position subject to FMCS Regulations? Yes No

Ninth Last Employer: Name _____ Telephone (____) _____
Address _____
Street City St Zip

Position Held _____ Date Hired _____ Date Left _____

Type of Equipment Operated: _____ Type of Trailer: _____ What did you haul? _____

Reason for leaving this employer? _____

****Was this position a safety sensitive function in any D OT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No Was this position subject to FMCS Regulations? Yes No

Tenth Last Employer: Name _____ Telephone (____) _____
Address _____
Street City St Zip

Position Held _____ Date Hired _____ Date Left _____

Type of Equipment Operated: _____ Type of Trailer: _____ What did you haul? _____

Reason for leaving this employer? _____

****Was this position a safety sensitive function in any D OT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No Was this position subject to FMCS Regulations? Yes No

Eleventh Last Employer: Name _____ Telephone (____) _____
Address _____
Street City St Zip

Position Held _____ Date Hired _____ Date Left _____

Type of Equipment Operated: _____ Type of Trailer: _____ What did you haul? _____

Reason for leaving this employer? _____

****Was this position a safety sensitive function in any D OT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No Was this position subject to FMCS Regulations? Yes No

Twelfth Last Employer: Name _____ Telephone (____) _____
Address _____
Street City St Zip

Position Held _____ Date Hired _____ Date Left _____

Type of Equipment Operated: _____ Type of Trailer: _____ What did you haul? _____

Reason for leaving this employer? _____

****Was this position a safety sensitive function in any D OT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No Was this position subject to FMCS Regulations? Yes No

LICENSE:

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

State	License Number	Class	Endorsements	Expiration Date

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)

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

TRAFFIC CONVICTONS:

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 _____ **XX** 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: _____ Previous Employee: _____
Employer's Address _____ Social Security No: _____
Contact person: _____ Sent on ____/____/2013, via Fax, Fax Number: _____
 Mailed, Mailing address: _____ E- Mailed, Phone Interview

Employment dates from _____ to _____ If different, please give correct dates _____

Did the above named applicant work for your company as a DOT regulated driver? Yes No If yes, equipment operated
 Tractor Semi-Trailer Straight Truck Other _____ 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 Discharged Laid Off Other _____

Eligible for rehire? Yes No Upon Review Other _____

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

Date	Location	# of Injuries	# of Fatalities	Hazmat Spill

Other accidents, or cargo claim: _____

DRUG AND ALCOHOL INFORMATION

- Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? yes no
 - Does this person have a verified positive, or refusal to be tested including verified adulterated or substituted drug test results? yes no
 - Has this person refused to submit to any alcohol or controlled substance test required by Federal Regulations? yes no
 - Have you received information from previous employer that this applicant violated DOT drug /alcohol regulations? yes no
 - Has this person committed other violation of Subpart B of Part 382, or Part 40? yes no
1. If this person violated a DOT drug/alcohol regulation, did they complete SAP rehabilitation? N/A yes no
If yes, please send documentation back with this form.

2. If this person violated a DOT drug/alcohol regulation and remained in your employ, did this driver subsequently have an alcohol test result of 0.40 or greater, a verified positive drug test, or refuse to be tested? N/A yes no

Completed by: (signature) _____ Date ____/____/____

Please Print Name: _____ Title: _____

Comments: _____

First request Sent: _____ Second Request Sent: _____ Third Request Sent: _____

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 Employer and its 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.**