



DRIVER EMPLOYMENT APPLICATION
JT Martin Trucking Inc.
 PO Box 741
 Winters, CA 95694
 PH : 530-681-8960
 FAX : 530-681-9519

JT Martin Trucking Inc.
 JT@JTMartinTrucking.com

APPLICANT: READ BEFORE SUBMITTING THIS APPLICATION

Sections below in RED must be completed

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by section 391.23 of the Motor Carrier Safety Regulations. I authorize my past employers and any others contacted to answer all questions asked by the Company concerning my ability, character, and reputation. I release all such persons and JT Martin Trucking, Inc. from any liability on account of furnishing such information to JT Martin Trucking, Inc..

I understand the Company also may request or obtain investigative consumer report(s) including information about my character, reputation, personal characteristics and mode of living; that upon my timely written request, the Company will disclose the nature and scope of the investigative report(s) it requested; and that I am entitled to the name and address of the reporting agency making such report(s) if I am denied employment because of such report.

I understand that I must pass a pre-employment drug test. I also understand that, if I am employed, I will be required to submit to and pass drug and alcohol tests on a reasonable cause and random basis, as well as drug and alcohol testing after any recordable accident or otherwise as may be required or permitted by law or Company policy. I hereby authorize the Company and its medical review officers to release any such drug or alcohol test results to the Company, its attorneys, governmental, regulatory, and law enforcement agencies and personnel, and other such persons as may legally be entitled thereto and I release the Company and its medical review officers from any liability on account of the release of such information.

I understand that my employment, if any, can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or other representative of JT Martin Trucking, Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I certify that I am providing this information and submitting this application solely in order for a driver position with JT Martin Trucking, Inc.. I understand that I will be considered only for a driving position and that JT Martin Trucking, Inc. will consider this application active for no more than 30 days. If I do not personally renew this application within 30 days, it will signify that I no longer desire to be further considered for employment.

_____ DATE X _____ APPLICANT'S SIGNATURE

Name _____ Date of Birth _____ Social Security No. _____
 First Middle Last

Phone: (____) _____ Message Phone: (____) _____ Relationship: _____

Present Address: _____ How Long: _____

Previous Address: _____ How Long: _____

Residence for Past 3 Years: _____ How Long: _____

Are you 23 years or older? Yes No

Are you a US Citizen? Yes No If no, do you have a legal right to live and work in the U.S.? _____

Have you worked for this company before? Yes No If yes, when? _____

Have you previously applied for employment with this firm? Yes No If yes, when? _____

Driver Referrals
 Name _____
 Employee or Truck # _____

DRIVER SELECTION STANDARDS

JT Martin Trucking, Inc. selection standards and requirements for hiring drivers include:

1. Must live within the JT Martin Trucking, Inc. hiring area.
2. Must be at least 23 years old and have at least 1 year verifiable experience.
3. Must have CDL License with Hazardous Material endorsement issued by the state in which you reside.
4. Must be able to meet all applicable D.O.T. regulations. D.O.T. physical administered by JT Martin Trucking, Inc. company doctor at JT Martin Trucking, Inc. expense.
5. No license suspension for moving violations in the past 5 years.
6. No B.A.Cs, D.U.I.s or D.W.I.s in the past five (5) years or more than one (1) in a lifetime.
7. Must pass pre-employment drug test.
8. Must have and maintain neat, clean appearance.
9. Must be able to meet all legal requirements to drive a commercial truck in USA.
10. No felony convictions in history. Cannot be on probation for any reason.
11. Must be able to meet JT Martin Trucking, Inc. work attendance/availability requirements.
12. Must complete personal interview.
13. With regard to preventable motor vehicle accidents and moving violations, JT Martin Trucking, Inc. reserves the right to judge each applicant on an individual basis.

CHECK ONE OF THE FOLLOWING: I will drive a: Company Truck Owner/Operators truck
Discontinuation of the qualification process will be enforced if you fail the drug screen or falsify the application.
I have read and agree to the standards presented above.

DATE

x _____
APPLICANT'S SIGNATURE

To submit an application, you will need to account for the last ten (10) years of your activities.

You will need:

1. Company names, addresses, phone numbers, and name of person to contact.
 2. All motor vehicle accidents or incidents listed that you have been involved in for the last three (3) years.
 3. All tickets listed in all states and in all vehicles in the last three (3) years.
 4. Beginning and ending dates of employment, self-employment or unemployment (month/year).
 5. If (1) a company you worked for is out of business, (2) you were self-employed, or (3) you were unemployed and not drawing unemployment, you will need two (2) personal references with specific dates from two separate individuals or businesses (other than a relative)
 6. If you received unemployment benefits, a printout of benefits can be obtained from your employment office.
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EMPLOYMENT RECORD

Begin with your present or most recent job and work backward in order, listing your employers for ***the last 10 years*** if applicable based on your age. We are especially interested in the most recent three year period when you were an operator of a commercial motor vehicle (driving jobs only). Use another sheet of paper if necessary.

Current/Most Recent Employer: Name _____ Phone: (____) _____
Are you presently employed? Yes No May we call your current employer? Yes No

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Second Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Third Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Fourth Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Fifth Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

LICENSE

List all drivers licenses held in the past three (3) years.

STATE	LICENSE NUMBER	CLASS/ENDORSEMENTS	EXPIRATION DATE

TRAFFIC CITATIONS

Traffic convictions and forfeitures for the past three (3) years on record (if none, write "none")
Truck and Car (other than parking violations)

DATE	LOCATION (STATE)	CHARGE	PENALTY

MOTOR VEHICLE ACCIDENTS

Motor Vehicle Accident Record for last 3 years(if none, write none)
List all involvement with truck and car including property damage, regardless of fault.

DATE	TYPE VEHICLE	NATURE OF ACCIDENT	WHO WAS AT FAULT	FATALITIES	INJURIES

- | | | |
|--|-----|----|
| 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 been suspended or revoked? | Yes | No |
| C. Have you ever been convicted of any alcohol related driving offense? | Yes | No |
| D. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or other controlled substance? | Yes | No |
| E. Have you ever been convicted of a crime? | Yes | No |

If you answered yes to either A, B, C, D, or E, please state the circumstances and date.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES (Total)
		From	/ To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two-Trailers				
Other				

List States Operated in for the last 5 Years _____

DO YOU HAVE A D.O.T. PHYSICAL CERTIFICATE? _____
Doctor Address Date

CAN YOU DO THE FOLLOWING THINGS?

- | | | |
|-----|----|--|
| Yes | No | Get in and out of a semi-truck? |
| Yes | No | Get in and out of a semi-trailer? |
| Yes | No | Get under unit to perform duties, such as checking brakes and visual inspection of equipment |
| Yes | No | Raise and lower trailer dollies when under a load? |
| Yes | No | Unload insulation? |
| Yes | No | Apply enough pressure to release fifth wheel pin? |
| Yes | No | Apply enough force to open and close semi-trailer doors? |
| Yes | No | Repeatedly lift and carry cargo weighing up to 70 lbs. per item? |
| Yes | No | Sit stationary in a driver's seat for long periods of time? |
| Yes | No | Apply enough pressure to trailer tandem lever to release locking pins when sliding tandems? |
| Yes | No | Be on duty the maximum hours allowed by D.O.T. Hours of Service Regulations? |

IF ANY "NO" ANSWERS TO ABOVE, COULD YOU DO WITH REASONABLE ACCOMOCATION? EXPLAIN _____

EDUCATION

Highest Grade Completed: 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Did you graduate High School or College? _____ When? _____

List any other training or schools _____

Truck Driving School _____ Did you graduate? _____ When? _____

Can you read and write the English language? _____

MISCELLANEOUS INFORMATION

Have you ever been discharged or requested to resign from a position? Yes No
How many days were you absent from work during the past year? _____ Three Years _____

I authorize my past employers and any other person or entity who has drug tested me in the past to release to JT Martin Trucking, Inc. the results and information regarding such testing. I further agree that if I am employed by JT Martin Trucking, Inc. I will submit to physical examinations, blood and urine tests as requested by the Company.

I understand that if I am employed by JT Martin Trucking, Inc., I will be an employee at will. I will not have any employment contract, but instead, I will be hired at the mutual consent of the Company and myself. Under this arrangement, my employment can be discontinued at any time, with or without cause, and with or without notice, at the option of either the Company or myself. I expressly deny that I am contractually bound to the Company, or that the Company is contractually bound to me.

I understand that the Company may provide me with employee handbooks, employee benefits manuals, and other written materials intended to help employees follow and understand the Company's work rules, personnel policies, benefits, etc. I also understand that such materials are not contracts, and that the Company may update, supplement, increase, decrease, eliminate, or otherwise change any policies, rules, or benefits as it deems appropriate. If employed, I agree to familiarize myself with such materials as to abide by all present and future rules, policies, or procedures of the Company.

I understand that no representative of the company has any authority to make any agreement contrary to the foregoing. I also agree that my employment relationship with the Company should be construed according to the laws of the State of OHIO.

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. I UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF INFORMATION IN THIS APPLICATION MAY RESULT IN MY DISMISSAL.

DATE

X _____
APPLICANT'S SIGNATURE

PLEASE READ THE FOLLOWING AGREEMENT

I understand that my eligibility is contingent upon satisfactory application and background reports. I hereby authorize the company to inquire of each of my former employers, references and all other persons having information concerning me. I also authorize the release of my traffic violation record, as well as my PSP Detailed Inspection Report provided by the FMCSA (Federal Motor Carrier Safety Administration) for the previous three (3) years and Crash Data for the previous five (5) years, to the company. This release shall remain in full force and effect until formal withdrawal is filed by me. I acknowledge the company's right to use any recognized investigative technique for the detection of illegal drug or alcohol use or abuse; or for the detection of possession or theft of property on or involving the company's or its customers' property or premises as well as any criminal background history from a consumer reporting agency. As a condition of eligibility, I agree to cooperate fully in any such investigation, including participation in blood or urine test. I understand that this information and any other company documents are not contracts of employment, and that any individual who is hired may voluntarily leave upon proper notice, and may be terminated by the company at any time for any reason. I understand that oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee or contractor. I also understand that I will be subject to a probationary period. This certifies that I agree with the above information and that all entries on this inquiry are true and complete to the best of my knowledge. I understand that this inquiry I have submitted is voluntary and is not an application, and is used for information purposes only.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims or legal action of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

Please indicate if you have read and ACCEPT the terms and conditions of the preceding officially-approved agreement:

I ACCEPT

I DO NOT ACCEPT

If you choose to DECLINE this agreement, please contact our Recruiting Department directly at **1-800-359-9710** to speak with a Recruiter.

Please indicate that you have reviewed your application for accuracy, prior to submitting:

I HAVE REVIEWED




I HAVE NOT REVIEWED

Date: _____

Signature: _____

Name (Please Print): _____

There are 3 methods of sending the completed form to us

- 1) EMAIL - Click on the email button (envelope) in the upper left to auto generate the email process. This will open your default email program with the saved forms already attached. Enter JT@JTMartinTrucking.com as the recipient. *(If you do not see an email icon, you might not have the latest version of Adobe Reader. Please choose another option below.)*  
- 2) EMAIL - Click on the save icon (disk) in the upper left to save a copy of this form to your computer. Then open up your email program manually and attach the files. Enter JT@JTMartinTrucking.com as the recipient. 
- 3) FAX - Click on the save icon (disk) in the upper left to save a copy of this form to your computer. Print the forms and fax them to 530-681-9519. 