

J.H.O.C., Inc. d/b/a



323 Cash Memorial Blvd.
Forest Park, GA 30297
Phone: (800) 584-9131 Fax (404) 362-4293

We do not discriminate on the basis of color, race, religion, national origin, sex, age, or non-job related disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

NOTE: Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT or type, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Technician Application

APPLICATION MUST BE RENEWED AFTER 90 DAYS

Date: ____/____/____
Month/ Day/Year

Name: _____
First Middle Last

Date of Birth (month/day/year) _____ Social Security No. _____
The Federal Motor Carrier Safety Regulations require that driver applicants state their date of birth (§391.21(b)(2))

Current Address* _____
Street City State Zip Code

Phone: (____) _____ Cell Phone (____) _____ Email Address: _____

*If at the above residence for less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.
YOU MUST LIST A STREET ADDRESS IN ADDITION TO ANY P.O. BOX ADDRESS

Street City State Zip Code

Position Applying for: _____ Casual Part Time Full Time

Location Applying for? _____ Are you willing to relocate? Yes / No

How did you hear about our company? _____ Who referred you? _____

Rate of pay expected? _____ Any relatives employed by this company? _____
List Relative Name(s)

Have you ever worked for this company before? Yes No Dates: From _____ To _____
Month/Year Month/Year

What dates are you available to start work? ____/____/____ Are you eligible to work in the U.S.? Yes No

GENERAL

Have you ever been convicted of a felony? Yes No If yes, please explain fully on a separate piece of paper.
Conviction of a crime is not an automatic bar to employment—all circumstances will be considered.

Have you ever been known by any other name? Yes No If so, under what name? _____

DRIVING EXPERIENCE AND QUALIFICATION

Licenses

Drivers Licenses held in the past three years must be shown. (Attach separate sheet if more space is needed.) **If none, check here** |

	A B C	Hazardous Doubles/Triples Passenger Air Brake	
State License NO.	Class (check one)	Endorsements (Check those you have now)	Expiration Date
	A B C	Hazardous Doubles/Triples Passenger Air Brake	

State License NO.	Class (check one)	Endorsements (Check those you have now)	Expiration Date
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~IMPORTANT: APPLICANT MUST READ AND ANSWER THE FOLLOWING QUESTIONS~

- 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
- D. Have you ever refused any drug or alcohol test or tested positive for same within the last three years? Yes No If you answered "yes" to A, B, C, explain here. If "yes" to D, list the company name, telephone # and date(s):

Driving Experience

Straight Truck			
Class of Equipment	Type of Equipment (van, tank, flat, yard, etc.)	Dates From	To Approximate Total Miles
Tractor/Semi - Trailer			
Class of Equipment	Type of Equipment (van, tank, flat, yard, etc.)	Dates From	To Approximate Total Miles
Twin Trailer – LVC’s			
Class of Equipment	Type of Equipment (van, tank, flat, yard, etc.)	Dates From	To Approximate Total Miles
Other			
Class of Equipment	Type of Equipment (van, tank, flat, yard, etc.)	Dates From	To Approximate Total Miles

Accident Review for Past 5 Years (Attach separate sheet of paper if more space is needed) **If none, check here** .

Last Accident

	Date	Nature of Accident (Head-on, Rear-End, Overturn, Etc.	Fatalities	Injuries
Next Previous				

	Date	Nature of Accident (Head-on, Rear-End, Overturn, Etc.	Fatalities	Injuries
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Next Previous

	Date	Nature of Accident (Head-on, Rear-End, Overturn, Etc.	Fatalities	Injuries
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Traffic Convictions and Forfeitures for the past 3 years other than parking violations. **If none, check here** .

Location	Date	Charge	Penalty
Location	Date	Charge	Penalty
Location	Date	Charge	Penalty

EDUCATION

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

Technical / College Schools Attended:

Name: _____ Address: _____

Did you graduate? Yes / No Course of Study? _____

Name: _____ Address: _____

Did you graduate? Yes / No Course of Study? _____

EXPERIENCE AND QUALIFICATIONS Indicate Training And Show Experience In The Following:

Skills	Years of Experience	Description
Computer Skills		
Brakes		
Driveline		
Welding		
Electrical		
Engine		

List Courses And Training Completed For Mechanical Work:

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes / No

If yes, please explain.

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EMPLOYMENT RECORD

List all employers for last *ten (10) years*. ***A resume does not replace employment history.*** Start with last or current position, including military experience, and work back. If unemployed for more than 1 month, **list separately** as “unemployed.” (Attach a separate sheet of paper if necessary) **Gaps in employment must be accounted for.**

Check here if you do NOT wish us to contact your current employer at this time.

1. Current Employer:	Supervisor's Name:
Street Address:	Phone:
City/State:	From To Salary
Position Held:	Reason for Leaving:
2. Previous Employer:	Supervisor's Name:
Street Address:	Phone:
City/State:	From To Salary
Position Held:	Reason for Leaving:

3.	Previous Employer:	Supervisor's Name:		
	Street Address:	Phone:		
	City/State:	From	To	Salary
	Position Held:	Reason for Leaving:		
4.	Previous Employer:	Supervisor's Name:		
	Street Address:	Phone:		
	City/State:	From	To	Salary
	Position Held:	Reason for Leaving:		
5.	Previous Employer:	Supervisor's Name:		
	Street Address:	Phone:		
	City/State:	From	To	Salary
	Position Held:	Reason for Leaving:		
6.	Previous Employer:	Supervisor's Name:		
	Street Address:	Phone:		
	City/State:	From	To	Salary
	Position Held:	Reason for Leaving:		
7.	Previous Employer:	Supervisor's Name:		
	Street Address:	Phone:		
	City/State:	From	To	Salary
	Position Held:	Reason for Leaving:		

DRIVER'S PRIVACY PROTECTION ACT DISCLOSURE

In accordance with the provisions of Section 272 (b)(3)(A) of the Driver's Privacy Protection Act, title 18 Part 1, chapter 123, you are being informed that a personal motor vehicle record will be obtained only with your expressed written permission and will be used only to verify the accuracy of personal information submitted by you on this application and will be on-going in the event such report is needed in the future for qualification purposes only.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996, Title 11, Subtitle D, Chapter 1 of Public Law 104-208, you are being informed that your consumer report, including Motor Vehicle Reports, may be obtained for qualification purposes.

I am seeking driver qualification with Premier Transportation and hereby direct and authorize the appropriate state agency to make available to Premier Transportation any criminal record a state law enforcement agency has on file in reference to me. In addition, I hereby authorize Premier Transportation to obtain copies of my credit history, educational records, employment and driver's license information.

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of the employment application. Further, that I completed this application and that all of the information I supplied in this application packet is full and complete statement of fact and contains no material omissions. It is understood that if falsification is discovered, it will constitute grounds for rejection of application for employment or, if hired, dismissal from employment upon discovery thereof. If hired, I agree to abide by all rules and policies of Premier Transportation.

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 that are pertinent to the job. I also understand that if offered a job, the offer may be conditioned on the results of a physical examination and drug/alcohol tests.

In addition, I authorize, Premier Transportation, to obtain the necessary hospital reports and other documents that would indicate whether there were any controlled substances in my system if I am seriously injured while on-the-job and cannot provide a specimen at the time. The authorization conforms with Section 391.113(B) of the Federal Motor Carrier Safety Regulations.

I understand that prior to any hiring decision that I have the following rights regarding the investigative information that will be provided to employer pursuant to 49 CFR 391.23(d) and (e): 1. The right to review information provided by current/previous employers; 2. The right to have errors in the information corrected by the previous employers and for that previous employer to re-send the corrected information to the prospective employer; 3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and driver cannot agree on the accuracy of the information.

I also understand that this application is not a contract of employment. I understand that if I am employed I will be an at-will employee and I may voluntarily leave my employment or my employment may be terminated at any time for any reason. I acknowledge that no written or oral statements have been made to or relied upon by me regarding the length of employment or the reasons for which my employment can be terminated.

I authorize Premier Transportation to conduct a thorough Background Investigation in accordance with state and federal law and authorize my previous employers to release any information requested by Premier Transportation and hold them harmless of all liability from the release of said information. Also, in accordance with the provisions of 49 CFR 382.405 and 382.413, I hereby authorize and require my previous and/or current employers to release the following to Premier Transportation by whatever means is most expedient: The results (including any refusal to test or pre-employment positive) of all Drug and Alcohol tests taken by me pursuant to the provisions of 49 CFR while in their employment, as well as any other information received from a past employer that indicated a violation of FMCSR Part 382.

Date: _____ **Applicant Signature:** _____

Process Record

Applicant Hired _____	Rejected _____
Date Employed _____	Point Employed _____
Department _____	Classification _____

This section to be filled in by responsible office or company representative

	Superior	Good	Fair	Below Average	Poor	Written Record On File
1. Application						
2. Interview						
3. Past Employment						
4. Experience						
5. Criminal And Traffic Convictions						

Transfers

From:		To:	
Date:		Date:	
Reason For Transfer:		Reason For Transfer:	

Termination Of Employment

Date Terminated:		Department Released From:	
Dismissed:	Voluntary Quit:		Other:
Termination Report Placed In File		Supervisor	