

EMPLOYMENT HISTORY

Include your last ten (10) years of employment history, including periods of unemployment.

Start with your current/most recent position.

Employer Name: _____ Phone: _____
Full Address (Street, City, State, Zip) _____ Supervisor's Name and Title _____

Dates Employed (Month & Year) _____ Wage _____
From _____ To _____ Start _____ Final _____

Job Title: _____
Summarize work performed: _____

Reason for leaving: _____

Driver Applicant: Was this job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements as required by 49 CFR Part 40? [] Yes [] No
Were you subject to FMCSR's while you were employed? [] Yes [] No

Employer Name: _____ Phone: _____
Full Address (Street, City, State, Zip) _____ Supervisor's Name and Title _____

Dates Employed (Month & Year) _____ Wage _____
From _____ To _____ Start _____ Final _____

Job Title: _____
Summarize work performed: _____

Reason for leaving: _____

Driver Applicant: Was this job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements as required by 49 CFR Part 40? [] Yes [] No
Were you subject to FMCSR's while you were employed? [] Yes [] No

Employer Name: _____ Phone: _____
Full Address (Street, City, State, Zip) _____ Supervisor's Name and Title _____

Dates Employed (Month & Year) _____ Wage _____
From _____ To _____ Start _____ Final _____

Job Title: _____
Summarize work performed: _____

Reason for leaving: _____

Driver Applicant: Was this job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements as required by 49 CFR Part 40? [] Yes [] No
Were you subject to FMCSR's while you were employed? [] Yes [] No

**If you need another page to finish 10 years, please request or use a separate page.*

REFERENCES

Give the names of three persons, not related to you, whom have knowledge of your work performance / qualifications within the last five (5) years

	<i>Name</i>	<i>Address</i>	<i>Phone & Email</i>	<i>Years Acquainted</i>
1				
2				
3				

APPLICANT'S CERTIFICATION AND AGREEMENT

Please read carefully before signing.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any other document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and L & J Transportation, other than one that is "at will." I understand and agree that if I am employed; my employment will be of an "at will" nature, whereby either the employee or the employer may terminate the employment relationship at any time, with or without cause or notice. I further understand that my employment, if hired, is for no definite or determinable period of time and may be terminated at any time at the option of either myself or L & J Transportation, and that no promise or representation contrary to the foregoing is binding on the company unless made in writing and signed by me and the company's designated representative.

Applicant Signature: _____ Date: _____

L & J Transportation is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability.

Thank you for completing this application form and for your interest in our business.



DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

Disclosure

L&J Transportation Companies, Inc. (the "Company") may investigate your background information for matters related to your suitability for employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

The background investigation may include information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to investigate as described above about me. I further authorize the employers, schools and other references I have listed to disclose to L & J Transportation any and all documents, transcripts, letters, reports and other information related to these references, without giving me prior notice of such disclosure.

Applicant Name : _____

Applicant Signature: _____

Date: _____



L&J Transportation Companies Inc.

APPLICATION: Driver Extension

L&J Transportation Companies, Inc. | 190 Yarnell Road, Pottstown, PA 19465 | 800-641-6683

PERSONAL INFORMATION

Date: _____

Name: _____

Address: Last First Middle

Address: # Street City State Zip Years Resided*

*less than 3 yrs need previous addresses

DOB: _____ SSN: _____

DRIVER'S LICENSE HISTORY

State License Number Class Expiration Date

1 _____

2 _____

3 _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle [] Yes [] No

Has a license, permit, or privilege ever been suspended or revoked? [] Yes [] No

If yes, please explain: _____

DRIVING EXPERIENCE

If no driving experience: Check Here []

Class of Equipment Type of Equipment Dates (From -To) Mileage (Approx) States Driven

ACCIDENT RECORD

List any accidents for the past three (3) years or more. Attach sheet if necessary.

If no accidents: Check Here []

<i>Date</i>	<i>Nature of Accident</i>	<i># of Fatalities</i>	<i># of Injuries</i>
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1

2

3

4

TRAFFIC CONVICTIONS

List any convictions and forfeitures for the past three (3) years other than parking violations. Attach sheet if necessary.

If no convictions: Check Here []

<i>Date</i>	<i>Location</i>	<i>Conviction Type</i>	<i>Final Disposition</i>
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1

2

3

4

APPLICANT'S CERTIFICATION

Please read carefully before signing.

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 Signature: _____

Date: _____



REQUEST FOR INFORMATION OF DRIVING RECORD

L&J Transportation Companies, Inc. | 190 Yarnell Road, Pottstown, PA 19465 | 800-641-6683 | FAX: 610-327-8585

Disclosure

In accordance with the provision of Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, L&J hereby certifies that the information requested will be used for a "permissible purpose" as defined in Act, and that the information received will be used for no other purpose.

L&J further certifies that if the applicant named below is denied employment based upon the information received, L&J will identify the source of the report in accordance with section 615 (a) of the Fair Credit Reporting Act.

Authorization

I hereby authorize you to release the following information to: L&J Transportation Companies Inc. for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant Name : _____

DOB: _____

Applicant Signature: _____

SSN: _____

Date: _____



REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER /CONTRACTOR

L&J Transportation Companies, Inc. | 190 Yarnell Road, Pottstown, PA 19465 | 800-641-6683 | FAX: 610-327-8585

Authorization

I hereby authorize you to release the following information to: L&J Transportation Companies Inc. for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant Name : _____ DOB: _____

Applicant Signature: _____ SSN: _____

Date: _____

Previous Company to Complete

Company: _____

Period of Service:

Start Date: _____ End Date: _____ [] No Record

Position(s) Held: _____ Product Hauled: _____

Subject to FMCSRs? [] YES [] NO Subject to DOT D&A? [] YES [] NO

Driver Class: _____ Type: _____ Truck: _____

[] Company [] Solo [] Tractor Trailer

[] Lease [] Team [] Straight Truck

[] Own/Op [] Student [] Other

[] Other [] Other Trailer Length _____

Reason(s) for Leaving: _____

Eligible for Rehire? [] YES [] NO Terminated / Discharged? [] YES [] NO

Accidents:

[] None

[] Preventable #: _____

[] Non-Preventable #: _____

[] DOT Reportable #: _____ # of Fatalities? _____ # of Injuries? _____

Information provided by: _____

Signature / Date _____ Phone _____

Printed Name / Title _____ Email _____



REQUEST FOR INFORMATION DRUG AND ALCOHOL TESTING

49 CFR Part 40

L&J Transportation Companies, Inc. | 190 Yarnell Road, Pottstown, PA 19465 | 800-641-6683 | FAX: 610-327-8585

Section I. To be completed by the signed by the applicant, and transmitted to the previous employer:

Applicant Name: _____

Applicant SSN: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Applicant Signature: _____

Date: _____

I-A.

Company Name: L&J Transportation Companies, Inc.

Address: 190 Yarnell Rd., Pottstown PA, 19465

Phone #: 610-327-3100

Fax: 610-327-8585

Designated Employer Representative: safety@ljmoving.net

I-B. (To be completed by L&J)

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Rep: _____

Section II. To be completed by the previous employer and transmitted by mail or fax to L&J:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- | | | |
|--|---------|--------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | [] YES | [] NO |
| 2. Did the employee have verified positive drug tests? | [] YES | [] NO |
| 3. Did the employee refuse to be tested? | [] YES | [] NO |
| 4. Did the employee have other violations of DOT agency drug & alcohol testing regulations? | [] YES | [] NO |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | [] YES | [] NO |
| 6. If "yes" to any of the above items, did the employee complete the return-to-duty process? | [] YES | [] NO |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A : _____

Title: _____

Phone #: _____

Date: _____