

JVF TRANSPORT, L.L.C.

862 State Hwy 59
Diamond, Missouri 64840
Phone: (417) 623-0071
Fax: (417) 359-8794

APPLICATION FOR EMPLOYMENT

Date of Application: _____ Position Applied For: _____

GENERAL INFORMATION:

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

(Current Address) (City) (State) (Zip)

(Area Code) (Home Phone) (Cellular Phone) (Emergency Contact Phone)

Date of Birth _____ Drivers License # / State _____

For checking prior records, provide other names under which you have worked: _____

Can you, after employment, submit evidence of your lawful right to work in the U.S.? _____
(Proof of citizenship or immigration status may be required upon employment)

Have you filed an application at JVF Transport, L.L.C. before? _____ If so, please give dates:

Are you employed now? _____ If so, please provide name of employer: _____

Are you available to work: Full-time _____ Part-time _____ Casual _____ Days _____ Nights _____

Have you been convicted of a felony within the previous seven (7) years? _____
If so, please explain: _____
(A conviction will not necessarily disqualify applicant from the job applied for)

EDUCATION

Schools	Name and Address	Major Subject	Diploma/G.E.D./ Degree
High School			
College/University			
Business/Technical			
Other			

EMPLOYMENT

Please provide accurate and complete information of all full-time and part-time employment for the previous ten (10) years. Start with the most recent employer and account for all periods of unemployment. If you need additional space, please continue on a separate sheet of paper or on the reverse of this page.

Company Name:	Type of Business:	Telephone:
Address:	Employed (Month & Year): From: To:	
Name of Supervisor:	Rate of Pay Start: End:	
Job Title/Description of Work:	Reason for Leaving:	

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Would you object to JVF Transport, L.L.C. contacting your present employer for a reference? _____

I hereby authorize JVF Transport, L.L.C. and its agents to investigate my background, education, past employment and references, and in this regard to ascertain information from private individuals and firms, from security organizations, from public records, and from other private and public sources.

I hereby release JVF Transport, L.L.C., and any person or organization who furnishes information to JVF Transport, L.L.C., from any and all liability arising out of the furnishing of such information. I further agree to hold harmless JVF Transport, L.L.C. from any claims which may result from its seeking, obtaining, or using the background information described above.

It is agreed and understood that failure to reveal prior employment within the past ten (10) years, or that the giving of any false or misleading information in this application shall be grounds for discharge.

I understand that if hired by JVF Transport, L.L.C. my employment is for an indefinite period of time and may be terminated with or without cause and with or without at any time for the option of either company or myself. I further understand that no management representative has any authority to enter into an agreement of employment for a specified period of time or to make any agreements contrary to the foregoing.

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.

DATED

APPLICANT'S SIGNATURE

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**AUTHORIZATION FOR PAST DRUG AND
ALCOHOL TEST RESULTS**

I understand that, under Federal law, it is a condition of qualification with **JVF TRANSPORT, L.L.C., 862 State Hwy 59, Diamond, MO 64840**, that I provide written authorization to obtain the results of All Department of Transportation (DOT) required drug and alcohol tests (including refusals to get tested) from all companies for which I provided services as a driver during the last three years, whether as an employee or independent contractor or as an employee or contractor of an agent of the company, or for which I took a pre-employment or pre-qualification drug test during the past three years and name(s) and addresses of any Substance Abuse Professional (SAP) under which I obtained treatment or counseling during the past five years.

The company listed below is one for which I provided services as a driver or to which I applied as a driver during the last three years. I authorize **JVF Transport, L.L.C.** to obtain from this company and I authorize this company to furnish to **JVF Transport, L.L.C., 862 State Hwy 59, Diamond, MO 64840** the following information on my drug and/or alcohol tests (including any information the company obtained from a previous employer for whom I provided services as a driver or to which I applied for a driving position) during the last three years: (1) all positive drug test results; (2) all alcohol test results or 0.02 or greater but less than 0.04; (4) all instances in which I refused to submit to a DOT-required drug and/or alcohol test.

Company Name and Address:

I have carefully read and fully understand this authorization. I certify that all of the information that I have furnished is true and complete and that the company listed is one that I have provided services for as a driver or applied for work or qualification as a driver during the past three years.

(Signature of Applicant)

Date

Has applicant ever tested positive (or) refused to test for drugs or alcohol within the last three (3) years?

Yes _____

No _____

If yes, please explain.

INQUIRY TO PAST EMPLOYERS

TO: _____ **DATE:** _____
FROM: JVF TRANSPORT, L.L.C.
NAME & TITLE: _____ **File:** _____
STREET ADDRESS: 862 State Hwy 59
CITY: Diamond **State:** MO **Zip:** 64840
PHONE: (417) 623-0071 **FAX:** (417) 359-8794

Personnel Manager:

The person named below has applied for employment. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry regarding this applicant? As you will note from the waiver stated below, the applicant has waived any claim to liability against the company (and the agents) for information submitted in response to this inquiry. For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope.

Name of applicant: _____ **Social Security Number:** _____
Job applied for: _____

This applicant lists dates of employment with your firm from: _____ to _____, is this correct? Yes or No
If no, please explain:

What kind of work did he/she do? Drive; Dock; Office; Shop; Other
(Specify) _____

If employed as a driver, please indicate type of equipment driven. Tractor trailer; Straight truck; Twin-Trailers; Bus;
Other (Specify): _____

Number of accidents _____; number of accidents in which applicant was ticketed _____; number in
which the applicant was at fault _____ (Please show dates and circumstances on a separate sheet).

To your knowledge, was this person's chauffeur, operator's or Commerical Drivers License (CDL) suspended or
revoked while in your employ? _____ If so, please
explain _____

Did the applicant conform to reasonable company policies and to the Federal Motor Carrier Safety Regulations during
employment? Yes or No

Why did the employee leave your company? Resigned; Discharged; Laid off

Would you re-employ this person? Yes; No Please
explain: _____

_____ Date _____
(Signature of person supplying information)

(Former Employer) _____ (Date)
I hereby authorize this company to release all information concerning my employment with it and including all records of employment, work history, drug and alcohol testing and refusals, oral assessments of my job performance, ability and fitness, to each and every company (and its agents and employees) which may request such information in connection with my application for employment with said company. I hereby release this company and its officers, directors, employees and agents from any and all liability of any kind as a result of providing the above-mentioned information to this company, its officers, directors, employees or agents.

(Applicant's signature)

(Witness's signature)

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DRIVER'S CERTIFICATION

Driver's Name _____, Driver's Signature _____
Social Security Number _____. I certify that the above named driver as defined in 391.3 (c) is federal motor carrier safety regulations. His/Her current medical certification expires on _____ (no later than present expiration date of present medical certificate). Issued by _____ on (date) _____. **JVF TRANSPORT, L.L.C., 862 State Hwy 59, Diamond, MO 64840.** Driver, _____ is relieved of all responsibility for his vehicle during meals, coffee and routine stops, providing that said vehicle is legally and safely parked and keys for the vehicle are in the driver's possession. He is to log OFF DUTY for a period of not less than thirty minutes.

Witness: _____

JVF TRANSPORT, L.L.C.

To be considered for employment with JVf TRANSPORT, L.L.C., you are required to authorize its medical representative to obtain a blood and/or urinalysis test prior to an offer of employment. If you are applying for a driver's position, you will also need to submit to a physical examination per D.O.T. Regulations if an offer of employment has been extended to you.

By signing below, you authorize JVf TRANSPORT, L.L.C. and its agents to obtain a blood and/or urinalysis sample for the purpose of determining the presence of a controlled substance.

It is JVf's policy to treat as confidential the results of any blood or urinalysis test taken in conjunction with this policy.

Signature

Terminal Location or Department

Witness

Date

VIOLATION AND REVIEW RECORD

Driver's Name: _____
(Please print or type)

CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited or collateral during the past 12 months.

(Driver Signature and Date)

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violations required to be listed during the past 12 months.

(Driver Signature and Date)

JVF TRANSPORT, L.L.C. 862 State Hwy 59, Diamond, MO 64840
(Motor Carrier's Name/Address)

(Reviewed by Signature) (Title)

REVIEWED AND EVALUATION OF DRIVER'S RECORD:

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months.

Action taken: _____

JVF TRANSPORT, L.L.C., 862 State Hwy 59, Diamond, MO 64840
(Motor Carrier's Name/Address)

(Reviewed by Signature) (Date) (Title)

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Drug and Alcohol Policy

This company is dedicated to providing safe and efficient service to our customers. Our employees are our most valuable resource in ensuring the quality of this service. The goal of this company is, therefore to provide our employees with a workplace environment which promotes health and safety.

In order to meet this goal, we hereby endorse the federal highway administration's anti-drug and anti-alcohol policies and regulations. This company will not tolerate abuse, possession or sale of controlled substances by its employees. Drug testing will be an integral part of our program. We will provide training, education and other assistance to our employees to help them understand their responsibilities in achieving a drug-free environment. Non-compliance with this policy or violation of the regulations may result in severe disciplinary action including suspension or dismissal.

DATED

APPLICANT'S SIGNATURE

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THIS SHEET EXPLAINS COMPANY RULES AND REGULATIONS for the good of all involved in the company and also to comply with federal and state regulations.

There will not be more than 200.00 in advances in a seven-day period.

Logs turned in complete with bills, receipts and all pertinent paperwork shall be turned into JVF or mailed (by fed-ex) by each Monday following the trip. All drivers must know how many hours they have available to run the next day so therefore must keep a recap on a daily basis. We do not allow our trucks to be loaded too heavy and will not pay for over weight tickets it is the driver responsibility to weigh and make sure they are in compliance. JVF TRANSPORT, L.L.C. will always give enough time so that you will be in compliance on your log books and expect you to plan your trip accordingly.

We will keep a record of missed appointments and log book violations, tickets, accidents, customer complaints and there will be the following consequences for those errors and are listed and will be handled as written below.

Verbal warning

Written warning

Dismissal

A yearly review of your driving record and performance with the company will be done. Alcohol and drugs use will have the consequences of automatic dismissal because of your profession it will not be tolerated.

4. Company trucks will be parked either at our home office and will not be taken home with the driver after this time unless pre authorized by Mark or Julie Fields for only unusual reasons or mileage reasons This is due to excessive driving of the trucks for other than company use and also so that the equipment can be looked over by the owners for possible problems that we are not aware of or not informed of unless they are looked over. Also because of drivers not leaving as they should (having plenty of time to get to their destination) and without our knowledge and causing driving violations and missed appointments.

You also need to have your own transportation to and from the truck that is not the company s responsibility to see that you get to your job or home after your truck is dropped off.

Driver signature: _____

Date: _____