

APPLICATION FOR EMPLOYMENT

**J.H. Walker, Inc., d/b/a
J.H. Walker Trucking**
11404 Hempstead Hwy.
Houston TX 77092
Tel. 713 688-8400
Fax 713 686-3017

JHW Driver Code _____
(for referral bonus)
Date _____

___ Houston
___ Grand Prairie
___ Houma/Morgan City
___ Lafayette/Broussard
___ Superior Delivery

Applicant's Name _____ **Phone** _____

Address _____

Street _____ City _____ State _____ Zip _____
Date of Birth (required for drivers) _____ **S.S. #** _____

Addresses for Past Three Years (if different from above)

_____ **How Long?** _____

_____ **How Long?** _____

_____ **How Long?** _____

Education

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4

Last School Attended _____
Name _____ City/State _____

Experience and Qualifications

License # _____ State _____ Type/Class _____ Exp. Date _____

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

Has any license, permit or privilege **ever** been suspended or revoked? Yes No

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986, which became effective on July 1, 1987.

I further certify that the above commercial vehicle license is the only one held _____ or that I have surrendered the following license(s) to the state(s) indicated. Initial

State _____ Type/Class _____ ID # _____ Date Surrendered _____

State _____ Type/Class _____ ID # _____ Date Surrendered _____

Have you **ever** tested positive or refused to submit to any pre-employment drug or alcohol test? _____

Have you **ever** tested positive or refused to submit to **any** DOT drug or alcohol test? _____

Have you **ever** been convicted, plead guilty or no contest to a felony or misdemeanor? _____

Have you **ever** been convicted, plead guilty or no contest to DUI, DWI, OUI, OWI, etc.? _____

List ALL Employment for the Past Ten (10) Years

[Attach additional sheet if needed]

LAST EMPLOYER _____ TELEPHONE _____

ADDRESS _____

POSITION/VEHICLE TYPE _____ SUBJECT TO FMCSA REGULATIONS? Y N

FROM ____/____/____ TO ____/____/____ SAFETY SENSITIVE POSITION (49 CFR PART 40)? Y N

REASON FOR LEAVING _____

EMPLOYER _____ TELEPHONE _____

ADDRESS _____

POSITION/VEHICLE TYPE _____ SUBJECT TO FMCSA REGULATIONS? Y N

FROM ____/____/____ TO ____/____/____ SAFETY SENSITIVE POSITION (49 CFR PART 40)? Y N

REASON FOR LEAVING _____

EMPLOYER _____ TELEPHONE _____

ADDRESS _____

POSITION/VEHICLE TYPE _____ SUBJECT TO FMCSA REGULATIONS? Y N

FROM ____/____/____ TO ____/____/____ SAFETY SENSITIVE POSITION (49 CFR PART 40)? Y N

REASON FOR LEAVING _____

EMPLOYER _____ TELEPHONE _____

ADDRESS _____

POSITION/VEHICLE TYPE _____ SUBJECT TO FMCSA REGULATIONS? Y N

FROM ____/____/____ TO ____/____/____ SAFETY SENSITIVE POSITION (49 CFR PART 40)? Y N

REASON FOR LEAVING _____

EMPLOYER _____ TELEPHONE _____

ADDRESS _____

POSITION/VEHICLE TYPE _____ SUBJECT TO FMCSA REGULATIONS? Y N

FROM ____/____/____ TO ____/____/____ SAFETY SENSITIVE POSITION (49 CFR PART 40)? Y N

REASON FOR LEAVING _____

List ALL Employment for the Past Ten (10) Years

[Attach additional sheet if needed]

LAST EMPLOYER _____ TELEPHONE _____

ADDRESS _____

POSITION/VEHICLE TYPE _____ SUBJECT TO FMCSA REGULATIONS? Y N

FROM ____/____/____ TO ____/____/____ SAFETY SENSITIVE POSITION (49 CFR PART 40)? Y N

REASON FOR LEAVING _____

EMPLOYER _____ TELEPHONE _____

ADDRESS _____

POSITION/VEHICLE TYPE _____ SUBJECT TO FMCSA REGULATIONS? Y N

FROM ____/____/____ TO ____/____/____ SAFETY SENSITIVE POSITION (49 CFR PART 40)? Y N

REASON FOR LEAVING _____

EMPLOYER _____ TELEPHONE _____

ADDRESS _____

POSITION/VEHICLE TYPE _____ SUBJECT TO FMCSA REGULATIONS? Y N

FROM ____/____/____ TO ____/____/____ SAFETY SENSITIVE POSITION (49 CFR PART 40)? Y N

REASON FOR LEAVING _____

EMPLOYER _____ TELEPHONE _____

ADDRESS _____

POSITION/VEHICLE TYPE _____ SUBJECT TO FMCSA REGULATIONS? Y N

FROM ____/____/____ TO ____/____/____ SAFETY SENSITIVE POSITION (49 CFR PART 40)? Y N

REASON FOR LEAVING _____

EMPLOYER _____ TELEPHONE _____

ADDRESS _____

POSITION/VEHICLE TYPE _____ SUBJECT TO FMCSA REGULATIONS? Y N

FROM ____/____/____ TO ____/____/____ SAFETY SENSITIVE POSITION (49 CFR PART 40)? Y N

REASON FOR LEAVING _____

Previous Driving Experience

Have you ever applied to or been employed as a driver by another Motor Carrier? Yes No

Estimated Experience: Straight Truck _____ Years or Miles
 Tractor/Trailer _____ Years or Miles (Circle **one**)
 Tractor/Tanker _____ Years or Miles

Experience With: Machinery Yes No Pipe Yes No
 Oversize/Permit Yes No Steel Yes No
 Lumber Yes No Specialized Yes No

Accident Record

List all accidents you have been involved in, regardless of fault during the past five (5) years. If none, write

Date	Location	Type	CMV	Preventable	Citation
_____	_____	_____	[]	Yes No	Yes No
_____	_____	_____	[]	Yes No	Yes No
_____	_____	_____	[]	Yes No	Yes No

Traffic Violation Record

List all violations of motor vehicle law or ordinances (other than parking violations) of which you were convicted, plead no contest, paid a fine or forfeited

Date	Location	Violation (Including Original Charge if Reduced)
_____	_____	_____ []
_____	_____	_____ []
_____	_____	_____ []
_____	_____	_____ []
_____	_____	_____ []

I certify that the checked items above is a true and complete list of all traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past **twelve (12) months**.

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

Date of Certification _____

Motor Carrier: J.H. Walker Trucking

Address: PO Box 19771 Houston, TX 77224

Reviewed by _____

Title _____

Certification

It is agreed and understood that any material misrepresentation or omission of information given/requested herein shall be considered falsification and may result in immediate termination regardless of when discovered.

It is agreed and understood that the applicant specifically authorizes those employers named herein (and/or those who may become known to J.H. Walker, Inc.) and their agents to furnish all pertinent information to J.H. Walker, Inc. and releases said employers and their agents from any and all liability resulting or arising from furnishing said information.

The applicant agrees to furnish such additional information and complete such examinations as may be necessary to complete his/her employment and qualification files.

It is agreed and understood that this application for employment in no way obligates J.H. Walker, Inc. to hire this applicant. No contract, implicit or implied shall exist. Any offer of employment is conditional, contingent on verifications which may not be completed at the time the offer is made.

I certify that this Application was completed by me and all entries on it and information in it are true and complete to the best of my knowledge.

Date _____

CONSUMER REPORT DISCLOSURE AND RELEASE	
<p>In connection with my application (including contract for services) with J.H. Walker, Inc., I understand that consumer reports which may contain public record information may be requested from USIS/DAC Services, Tulsa, OK. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record other agencies which maintain such records as well as information from USIS/DAC concerning previous driving record requests made by others from such agencies and state provided driving records.</p>	
<p>I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY USIS/DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION. <u>THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION.</u></p>	
<p>I have a right to request from USIS/DAC, upon presentation of proper identification, the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any reports on me which USIS/DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from USIS/DAC and I agree that such information which USIS/DAC has or obtains, and my employment history (not DOT Drug and Alcohol information without a specific consent by me) with you if I am hired, will be supplied by USIS/DAC to other companies which subscribe to USIS/DAC Services.</p>	
<p>I hereby authorize procurement of consumer report(s). If hired or contracted this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.</p>	
_____ Printed Name	_____ Social Security Number
_____ Signature	_____ Date

NOTICE

If you have previous DOT regulated employment during the past three years you have the following rights regarding investigative information that may be provided to this Employer:

- the right to review information provided by previous employers
- the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to this Employer
- the right to have a rebuttal statement attached to the alleged erroneous information, if you and the previous employer can not agree on the accuracy of the information.

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization



Send to Fax# (800) 267-4093 (Manual Service)
 Send to Fax# (800) 257-8069 (Database Retrieval)

HireRight Customer:	
Company Name:	<u>J H Walker Inc.</u>
Company Contact Name:	<u>Jim White</u>
Fax #:	<u>(713) 686 - 3017</u>
HireRight Customer #:	<u>4433</u> Sub-account: _____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____
 Applicant Signature: _____ Date: _____

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

In connection with your application for employment with **J H WALKER INC** ("Prospective Employer"), it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report 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 a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **J H WALKER INC** to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. 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, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions 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. 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 and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment. I hereby authorize Prospective Employer and its employees, agents, and affiliates to obtain the information authorized.

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 and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Prospective Employer and its employees, agents, and affiliates to obtain the information authorized above.

Date: _____ Signature: _____

Print Name: _____

J. H. Walker, Inc.

11404 Hempstead Rd
PH 713-688-8400

Houston, TX 77092
FAX 713-686-3017

REQUEST FOR PREVIOUS EMPLOYMENT INFORMATION

or carriers to obtain certain previous employment information. You are hereby authorized to release to this Company any and all information regarding my performance, character, conduct and drug and/or alcohol tests (including adulterated, substituted or refusals) conducted pursuant to 49 CFR 382 Subpart B, 382.605, 49 CFR Part 40 and/or any Company Substance Abuse Program including violations after completing a SAP referral.

Applicant Name: _____ X _____
Print name Signature

Social Security # _____ D.O.B. _____ Date: _____

Applicant, please do not write below this line

Previous Employer: _____ Phone () _____

_____ FAX () _____

Address

The individual identified above has made application to this company as a commercial driver and states he/she worked for your company. Please provide the following information:

1. Dates of employment? _____ to _____ Safety Sensitive Position? Y N

2. Was the employee?: Full Time Part Time Temp Contract/Lease

3. Type of Truck? N/A Straight 2Axle 3Axle COE Conventional Other: _____

4. Type of Trailers? N/A Van Flat Reefer Doubles Tank Other: _____ Length _____

5. [] Local [] Regional [] O-T-R Commodities: _____

6. Number of DOT Accidents? _____ Non-DOT? _____

Date _____ City/State _____ # Injured ____ # Fatalities ____ H/M Y N

Date _____ City/State _____ # Injured ____ # Fatalities ____ H/M Y N

7. Is this employee eligible for rehire? [] Yes [] No [] Upon Review

8. Why did this employee separate from your company? [] Quit [] Terminated

9. In the last THREE years did this individual refuse a DOT Drug or Alcohol Test? Yes No

10. In the last THREE years did this individual test positive on a DOT Drug Test? Yes No

11. In the last THREE years did this individual test .04 or higher BAC on a DOT Alcohol Test? Yes No

12. Has this individual violated any other DOT drug and/or alcohol regulation? Yes No

13. Any information received from previous employers regarding drug/alcohol violations? Yes No

14. MC/DOT#: _____ Signature and Title of person completing this form

1st Attempt: _____

2nd Attempt: _____

3rd Attempt: _____ Phone _____ Date _____

We appreciate your help in completing this form. Please FAX it to: **713-686-3017 THANK YOU**
Previous Employment Verification Rev. 04/11