

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

(If the answer to either question is, "Yes", explain on a separate piece of paper.)

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 _____

Driver Applicants' Signature _____

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.? _____

(If the answer to any question is "YES", use a separate piece of paper to explain any affirmative answers.)

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 "NONE".

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 bond or collateral during the past three (3) years. If none, write "NONE".

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 _____ Driver Applicants' Signature _____

Motor Carrier: J.H. Walker Trucking Address: PO Box 19771 Houston, TX 77224

Reviewed by _____ Title _____

J. H. Walker, Inc.

11404 Hempstead Rd
PH 713-688-8400

Houston, TX 77092
FAX 713-686-3017

REQUEST FOR PREVIOUS EMPLOYMENT INFORMATION

To the Former Employer: The FMCSR's require motor 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: _____

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#: _____
1st Attempt: _____ Signature and Title of person completing this form
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



TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 257-8069

HireRight Customer:	
Company Name:	<u>JH WALKER INC.</u>
Company Contact Name:	<u>JIM WHITE</u>
Fax #:	<u>(713) 686 - 3017</u>
HireRight Account Code:	<u>JHW (4433)</u>

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 of 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 as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (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: _____

Part 2 - FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have 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 prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.



CONSUMER DISCLOSURE AND AUTHORIZATION FORM Disclosure Regarding Background Investigation

JH Walker Inc. (the "Company") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, Massachusetts, New York or Washington State applicant, employee or contractor, please also note:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. HireRight has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

"Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, HireRight may require additional information concerning your employment and personal or family history to verify your identity.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports. **MASSACHUSETTS:** If we request an investigative consumer report, you have the right, upon written request, to a copy of the report. **NEW YORK:** You have the right, upon written request, to be informed of whether or not an investigative consumer report was requested. If an investigative consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Attached below is additional information about New York law. **WASHINGTON STATE:** If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period. I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services. I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency. By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.
2. Deliver, mail or FAX the completed form to:

**Texas Department of Public Safety
Motor Carrier Bureau, MSC# 0522
6200 Guadalupe, Building P
Austin, Texas 78752-4019
Facsimile: 512-424-5310**

I, _____ ,
Print Name of CDL Holder

of _____ ,
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to _____ ,
Print Name

of _____ ,
Print Address

Driver License Number: _____ State: _____ Date of Birth: _____

Signature of Driver:

Date:

X

MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with JH Walker Trucking (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA 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 your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize JH Walker Trucking (Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. 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. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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 may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver’s written or electronic consent prior to accessing the driver’s PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**