

JP EXPRESS SERVICE, INC.
(Corporate Office) DOT # 511440
131 Hoffman Lane
Islandia, NY 11749
(800) 331-8065

DRIVER APPLICATION

Location: _____ Hire Date: _____ Position: _____

Name: _____
(First) (Middle) (Last)

Current Address: _____
(Street) (City) (State/Zip Code) How Long? _____

Previous Address (1): _____
(Street) (City) (State/Zip Code) How Long? _____

Previous Address (2): _____
(Street) (City) (State/Zip Code) How Long? _____

Date of Birth: _____ Soc. Security #: _____

Phone: Home: _____ Cell Phone: _____

Email address: _____

Must list all addresses for the past 3 years

DRIVER'S LICENSE INFORMATION

State	License #	Type	Endorsements	Expiration Date
_____/_____/_____/_____/_____				

DRIVER EXPERIENCE

Types of Equipment	From (Date)	To (Date)	Approx. # of Miles Weekly

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 you answered yes to either of the above 2 questions, attach a statement of explanation.		

TICKETS / ACCIDENTS / ETC.

Accident Record for Past 3 Years:

Date	Description	# of Injuries / Fatalities
_____	_____	_____
_____	_____	_____
_____	_____	_____

Traffic Convictions & Forfeitures for Past 3 Years:

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

HISTORY WITH COMPANY WHICH YOU ARE APPLYING FOR

I have worked for JP Express before ___ Yes ___ No (If yes, please indicate hire and termination date)

I have applied for work with this company before ___ Yes ___ No

How did you hear about JP Express? _____

EMPLOYMENT RECORD

Note: DOT requires employment for 3 years previous and/or commercial driving experience for past **10 years** be shown.

PLEASE CONTINUE EMPLOYMENT RECORD ON NEXT PAGE (PAGE 3)

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor _____

Position: _____ Reason for leaving: _____

Were you subject to the FMCSRs while Employed? _____ Yes _____ No

Was your job designated as a safety function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

EMPLOYMENT RECORD

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor _____

Position: _____ Reason for leaving: _____

Were you subject to the FMCSRs while Employed? _____ Yes _____ No

Was your job designated as a safety function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No---

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor _____

Position: _____ Reason for leaving: _____

Were you subject to the FMCSRs while Employed? _____ Yes _____ No

Was your job designated as a safety function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor _____

Position: _____ Reason for leaving: _____

Were you subject to the FMCSRs while Employed? _____ Yes _____ No

Was your job designated as a safety function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

EMPLOYMENT RECORD

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor _____

Position: _____ Reason for leaving: _____

Were you subject to the FMCSRs while Employed? _____ Yes _____ No

Was your job designated as a safety function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No---

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor _____

Position: _____ Reason for leaving: _____

Were you subject to the FMCSRs while Employed? _____ Yes _____ No

Was your job designated as a safety function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor _____

Position: _____ Reason for leaving: _____

Were you subject to the FMCSRs while Employed? _____ Yes _____ No

Was your job designated as a safety function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

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 1966 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Your employer may obtain this information from Accufax, Equifax, Transunion, Experian or other vendors of information services.

Applicant's Signature

Date

Print Name

ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE

Have you ever refused to be tested for drugs & alcohol at any time in the last 2 years?	YES NO
Have you ever tested positive for drugs or alcohol at any time in the last 2 years?	YES NO
Have you ever tested positive on any pre-employment drug or alcohol test for a job which you applied for but did not obtain?	YES NO

If you answered yes to any of the above questions, attach a statement of explanation and provide proof of return to duty process.

I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post Accident

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

Applicant's Signature

Date

Print Name

JP Express Witness

DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR FULL AND LIMITED QUERIES

NOTICE TO DRIVER:

The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that *only* indicates whether the Clearinghouse has any information about you; it does not release any violation or testing information. Before a motor carrier may request a full or limited report, they must have your written authorization, per §382.701 (b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER:

This consent form authorizes you to run a full or "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701 (b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

I, _____, hereby authorize

JP Express Service, Inc. to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: _____

ID Number: _____

Date: _____

Pre-Employment Screening Program (PSP)

Operator-Applicant Consent

INSTRUCTIONS: The Operator-Applicant must complete this consent form to authorize the Prospective Employer, named below, to request the operator-applicant's records from the PSP system. The Prospective Employer must provide the documentation described in the second paragraph, in the event this paragraph applies. The FMCSA established the system of records under the Privacy Act of 1974 (5 U.S.C. 552a) for its Pre-Employment Screening Program (PSP), as required by 49 U.S.C.31150.

Prospective motor carrier employer JP Express Service Inc. intends to request your crash data for the previous five (5) years and your inspection history for the previous three (3) years from the Federal Motor Carrier Safety Administration's (FMCSA) Pre-Employment Screening Program (PSP). This data will be extracted from FMCSA's Motor Carrier Management Information System (MCMIS). This data will only be used for pre-employment screening purposes.

Crash and inspection records in the PSP database will be retrieved by using the operator-applicant's last name, license number, and license state. Additional operator-applicant information, such as date of birth and first name, will be used to confirm the accuracy of the search.

If the Prospective Employer named above uses any information it obtains from the PSP 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 on the PSP report, the Prospective Employer will notify you that the action has been taken and that the PSP report was the reason for the action.

I understand that I, as an operator-applicant, can seek to correct inaccurate information in the PSP via the DataQs system currently maintained by the FMCSA. Only FMCSA, and not FMCSA's contractor, is authorized to receive proposed corrections to database information and determine if the information should be corrected.

In exchange for the 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 the information described above to the Prospective Employer named above or to its agents. 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 this information.

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

Operator-applicant's name : _____

Date of birth _____

Driver's License Number: _____

State: _____

Operator-applicant's signature: _____

Date: _____

PREVIOUS EMPLOYER RECORD REQUEST FOR:
DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

PART 1:

COMPLETED BY THE DRIVER/APPLICANT

TO: Prospective Employer :

JP Express Service, Inc.
131 Hoffman Lane
Islandia, New York 11749
Phone Number: 800-331-8065

FROM:

Driver/Applicant: _____

Street: _____

City, State, Zip: _____

Social Security/I.D.# _____

Telephone# _____

I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records,

- ☐ This information should be:
- ☐ Sent to me at the above address.
 - ☐ I will arrange to pick up.
 - ☐ E mail to: _____

Driver/Applicant Signature: _____

Date: _____

COMPLETED BY THE PROSPECTIVE EMPLOYER

The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.

Information supplied to: JP Express Service, Inc. 131 Hoffman Lane, Islandia, NY 11749

By: _____ **Telephone 800-331-8065** **Date:** ____/____/____

Signature /Person Providing Information

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First M.I. Last Social Security # last 4 digits

Hereby authorize:

Previous Employer: _____ Date of Birth: _____
Street: _____ Email: _____
City, State, Zip: _____ Telephone: _____
Fax No.: _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
(employment application date)

To: Prospective Employer: JP Express Service Inc. Telephone: 800-331-8065
Attention: Safety Department
Street: 131 Hoffman Lane, Islandia, New York 11749

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's fax number: 631-667-6843

Prospective employer's email address: safety@myjpexpress.com

Applicant's Signature

Date

This information is being requested in compliance with §40.25(9) and 391.23.

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER **ACCIDENT HISTORY**

The applicant named above was employed by us. YES ☐ NO ☐

Employed as _____ from _____ (m/y) to _____ (m/y)

1. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If yes, what type?

Straight Truck ☐ Bus ☐ Cargo Tank ☐ Doubles/triples ☐ other (Specify) _____ Tractor-Semitrailer ☐

2. Reason for leaving your employ: Discharged _____ Resignation _____ Lay Off _____ Military Duty _____ If there is no safety performance history to report, check this _____ and sign below.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the app date shown above, or check D here if there is no accident register data for this driver.

Date	Location	# Injuries	#Fatalities	Hazmat Spill
1. _____				
2. _____				
3. _____				

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies and any other remarks:

Signature: _____

Title: _____ Date: _____

PREVIOUS EMPLOYER - COMPLETE PAGE 2
TO BE COMPLETED BY PREVIOUS EMPLOYER

PART3:

DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please mark here ____, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?
YES ☐ NO ☐
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES ☐ NO ☐
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES ☐ NO ☐
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES ☐ NO ☐
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES ☐ NO ☐
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES ☐ NO ☐

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____

Telephone: _____

Part 3 Completed by (Signature): _____ Date: _____

PART4a:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was: __ Faxed to previous employer __ Mailed __ Emailed ____ Other _____

By _____

Date: _____

PART4b:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: __ Fax __ Mail __ Email __ Telephone

Date: _____

Part 4C:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____ Method: __ Fax __ Mail __ Email __ Telephone

Recorded by: _____

Dated : _____

Federal Motor Carrier Safety Administration

DRUG & ALCOHOL CLEARINGHOUSE



Responding To Consent Requests

What is a consent request?

A consent request is how an employer asks for a CDL driver's permission to view his or her information in the Drug and Alcohol Clearinghouse. This would include access to information regarding any drug and alcohol program violations in your record.

I CONSENT

I DO NOT CONSENT

Per [49 C.F.R. § 382.703\(a\)](#), no employer may query the Drug and Alcohol Clearinghouse to determine whether a record exists for any particular driver without first obtaining that driver's written or electronic consent.

How do employers request consent?

How an employer requests your consent depends on the type of query the employer is conducting.

- **For a limited query**, general consent is provided outside the Clearinghouse. This consent covers a period of time and the frequency of the limited query, which is specified in the employer's request form. You can view [a sample limited consent request form here](#).
- **For a full query**, specific consent is provided electronically in the Clearinghouse. This includes all pre-employment queries. See page 2 for details on this process.

For more information on the difference between limited and full queries, see the [Queries and Consent Requests Factsheet](#). You can also review the [frequently asked questions](#).

How will I receive a consent request?

CDL drivers will receive notification from FMCSA about employer requests for consent to full queries.

If you are registered for the Clearinghouse, the consent request notification will be sent via the method you selected as your preferred contact method, either email or U.S. Mail.

If you have not yet registered for the Clearinghouse, the consent request notification will be sent as a letter via U.S. Mail to the address of record associated with your commercial driver's license (CDL).

Note: Consent requests are time-sensitive. If you have selected U.S. Mail, or if you have not yet registered in the Clearinghouse, this may result in delays in receiving these notifications, which may impact your eligibility to perform safety-sensitive functions, including operating a commercial motor vehicle (CMV).





How do I respond to a consent request?

If an employer has requested your specific, electronic consent in the Clearinghouse, follow the instructions below.

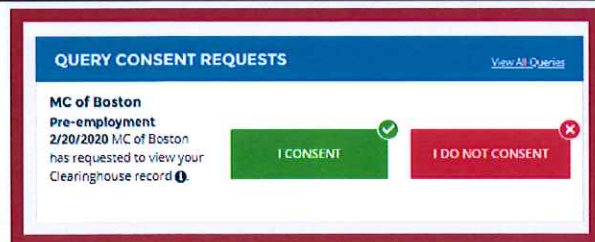
- 1 Visit <https://clearinghouse.fmcsa.dot.gov/> and log in to the Clearinghouse. If you have not yet registered for the Clearinghouse, click **Register** to [create your Clearinghouse account](#).
- 2 Upon logging in, you will see your Driver Dashboard. (If you don't see it, click **My Dashboard**.)



- 3 Locate the box labeled **Query Consent Requests**. From this screen, you can either click **I consent** to provide your consent, or click **I do not consent** to refuse your consent.



Note: For pre-employment queries, such as in the example at left, employers will be notified if there is an update to your driver record within 30 days of the original query. The employer would need to send you a new consent request to view this updated information.





- 4 Depending on your selection, you will be prompted to either confirm your consent, or confirm that you are refusing your consent. Be sure to read this information carefully, as your selection may impact your eligibility to operate a commercial motor vehicle for the employer requesting your consent.

I CONSENT

Confirm your consent for your employer to receive specific drug and alcohol violation information about you.

In accordance with 49 CFR, § 392.70(b), MC of Boston has requested access to any drug or alcohol violation information that exists about you in the Federal Motor Carrier Safety Administration (FMCSA) Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse). Your specific consent is required by 49 CFR, §§ 392.70(b), 40.321, and 10.35(a). In order for FMCSA to disclose to MC of Boston drug or alcohol violation information, as required by Federal regulations. [Learn more](#)

By confirming your specific consent below, you are authorizing FMCSA to disclose to MC of Boston any drug or alcohol violation information about you that exists in the Clearinghouse as of 12/26/2019.

In accordance with 49 CFR, § 392.70(c), your consent below further authorizes FMCSA to notify MC of Boston if any additional drug or alcohol violation information about you is reported to the Clearinghouse within 30 days after MC of Boston's pre-employment query. MC of Boston must first obtain specific consent from you before FMCSA can disclose the additional violation information.

[View your driver record](#)

Do you recognize this employer?

If you receive a consent request from an employer for which you are not currently employed, or for which you are not currently applying for a position, you can report this to FMCSA using the [National](#)

Do you consent to FMCSA releasing this information to MC of Boston?

☒ **YES**
Disclose any information that exists about me in the Clearinghouse

☐ **NO**
Do not disclose any information that exists about me in the Clearinghouse

Submit
Cancel

I DO NOT CONSENT

You are refusing to provide your specific consent.

Failure to provide the specific consent requested by MC of Boston means that FMCSA will not disclose to MC of Boston any drug or alcohol violation information about you that exists in the Clearinghouse.

As a result of your refusal to provide specific consent, MC of Boston is prohibited from allowing you to perform safety-sensitive functions, such as driving a commercial motor vehicle, in accordance with 49 CFR, § 392.70(c).

Do you consent to FMCSA releasing this information to MC of Boston?

☐ **YES**
Disclose any information that exists about me in the Clearinghouse

☒ **NO**
Do not disclose any information that exists about me in the Clearinghouse

Submit
Cancel

What will happen if I provide or refuse my consent for a full query?

Consult this table and find the information related to your situation.

	<p>If you have no drug and alcohol program violation(s) in your Clearinghouse record</p>	<p>If you have drug and alcohol program violation(s) in your Clearinghouse record</p>
<div style="background-color: #2e8b57; color: white; padding: 10px; text-align: center; margin-bottom: 10px;"> I CONSENT </div>	<p>The employer will be informed that you are not prohibited from performing safety-sensitive functions such as operating a CMV.</p>	<p>Your violation information, including return-to-duty status, will be disclosed to the employer. You will receive a confirmation of this disclosure.</p>
<div style="background-color: #c00000; color: white; padding: 10px; text-align: center; margin-bottom: 10px;"> I DO NOT CONSENT </div>	<p>FMCSA will not disclose any information to the employer. As a result of your refusal to provide specific consent, the employer will be informed that you are prohibited from performing safety-sensitive functions, such as operating a CMV.</p>	