

JACK RICH INC.

617 ALTAMONT BOULEVARD
FRACKVILLE, PA. 17931
TEL: 570-874-2000

THIS COMPANY HAS A NON-NICOTINE USE HIRING POLICY;
ALL JOB CANDIDATES WILL BE REQUIRED TO SUCCESSFULLY
COMPLETE A PRE-EMPLOYMENT DRUG AND NICOTINE TEST
AT THE TIME OF THEIR FIRST INTERVIEW.

We are an equal opportunity employer, dedicated to a policy of non-discrimination on any basis including sex, race, color, religion, national origin, age, disability, or any other characteristics protected under applicable law.

Position(s) Applied For:	Salary Desired	Date of Application
How Did You Learn About Us? (Check One)		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Internet
<input type="checkbox"/> Other _____		

Last Name	First Name	Middle Name
Present Address : Number	Street	City State Zip Code
Previous Addresses : List any previous addresses of residency for the past 3 years. If same, please write "same"		

Telephone Number (s)	Social Security Number	

Please check "Yes" or "No":

Have you ever filed an application with us before? Yes No

If Yes, please give date: _____

Have you ever been employed with us before? Yes No

If Yes, please give date: _____

Job Duties: _____

Reason for leaving: _____

Are you currently employed? Yes No

If yes, may we contact your present employer? Yes No

Do you use nicotine products? Yes No

(THIS COMPANY HAS A NON-NICOTINE USE HIRING POLICY)

Do you have the legal right to work in the United States? Yes No

Proof of citizenship or immigration status will be required upon employment.

Date of Birth ____/____/____ Can you provide proof of age? _____
(Required for Commercial Driver Only)

On what date would you be available for work? Date: _____

Are you available to work: Full Time Part Time Shift Work Temporary

Have you been convicted of a felony? Yes No

(Convictions will not necessarily disqualify an applicant for employment. Each one is considered in relation to the position applied for.)

If yes, please explain: _____

Employment Experience

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employees for whom you have driven a commercial vehicle seven years prior to the initial three years (Total of ten years employment record)

Do not leave any gaps in employment. Any gaps in employment must be listed and explained

Employer (Current or Most Recent)		Description of Duties	Dates Employed	
Street Address		Job Title or Position	From	To
City	State	Supervisor	Hourly Rate / Salary	
Zip	Telephone Number (s)	Reason for Leaving	Starting	Final

Were you subject to the FMCSRs** while employed? Yes No

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

Employer (Current or Most Recent)		Description of Duties	Dates Employed	
Street Address		Job Title or Position	From	To
City	State	Supervisor	Hourly Rate / Salary	
Zip	Telephone Number (s)	Reason for Leaving	Starting	Final

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

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City	State	Supervisor	Hourly Rate / Salary	
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Employer (Current or Most Recent)		Description of Duties	Dates Employed	
Street Address		Job Title or Position	From	To
City	State	Supervisor	Hourly Rate / Salary	
Zip	Telephone Number (s)	Reason for Leaving	Starting	Final

Were you subject to the FMCSRs** while employed? Yes No

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

Driving Experience

If none, write the word "none"

CLASS OF EQUIP.	TYPE OF EQUIP. (VAN,TANK,FLAT,ETC)	DATES FROM / TO		APPROX. NO OF MILES TOTAL
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailers				
Other				

Accident History (3 years)

If none, write the word "none"

DATES	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	FATALITIES	INJURIES

Traffic Convictions and Forfeitures (3 years)

If none, write the word "none". (Do not include parking violations)

LOCATION	DATE	CHARGE	PENALTY

License Information

UNEXPIRED LICENSE

Section 383.21 FMCSR states, "No person who operates a commercial vehicle shall at any time have more than one driver license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License Number	Type	Exp. Date	Signature	Date
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- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?
YES _____ NO _____
- B. Has any license, permit, or privilege ever been suspended or revoked?
YES _____ NO _____

If the answer to "A" or "B" is yes, give details: _____

Education

Name & Address of School	Years Completed	Graduate (Yes or No)	Course of Study	Degree
High School:				
Undergraduate College:				
Graduate, Professional or Other:				

Additional Information

Please list three people, who are not related to you and whom you have known for at least one year, that we may contact as additional references.

Reference Name	Relationship	Company	Years Known	Address	Area Code & Telephone Number

Military Service

Branch Name	Service from	Service To	Rank at Discharge	Type of Discharge	If other than Honorable, Explain

Applicant Certification

This certifies that:

- I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.
- I only have one motor vehicle operator's license.
- I authorize you to obtain information regarding my previous employment and my driving record as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

JACK RICH INC.
BACKGROUND INFORMATION
AUTHORIZATION AND REQUEST

Consumer Information:

Legal Name: _____ **SSN:** _____

Full Address: _____
No Street City State Zip

County of Residence: _____ **State:** _____

Date of Birth: _____ **Driver's License No.** _____ **State :** _____

Note: Date of Birth, Driver's License Number, and Social Security Numbers on this form will be used for background checks only.

By signing below, I give this Company permission to seek the requested reports, verifications, and references. I do hereby release the consumer reporting agencies, governmental agencies, employers, and this Company and its owners, directors, officers, employees, and agents of all liability for releasing the requested information.

Reports that may be requested:

- | | |
|--|--|
| <input type="checkbox"/> Credit Report for Employment purposes | <input type="checkbox"/> Federal Criminal Record Report |
| <input type="checkbox"/> State Criminal Conviction Report | <input type="checkbox"/> Federal Civil Record Report |
| <input type="checkbox"/> State Civil Conviction Report | <input type="checkbox"/> Employment Verification/Reference |
| <input type="checkbox"/> County Criminal Conviction Report | <input type="checkbox"/> Personal/Professional Reference |
| <input type="checkbox"/> County Civil Conviction Report | <input type="checkbox"/> Ohio Bureau of Criminal Identification and Investigation Report |
| <input type="checkbox"/> Driving Record Report | <input type="checkbox"/> Social Security Number Verification |
| <input type="checkbox"/> State Identification Verification | <input type="checkbox"/> Residence Verification |
| <input type="checkbox"/> Professional License Verification | <input type="checkbox"/> Visa/Passport Verification |
| <input type="checkbox"/> Professional Certification Verification | <input type="checkbox"/> Immigration Document Verification |
| <input type="checkbox"/> School, College, or University Verification | <input type="checkbox"/> Other _____ |

“ I understand that information I provide regarding current and/or previous employers may be used, and those employer (s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to: review information provided by current/previous employers; have errors in the information corrected by the previous employers and for those previous employers to re-send the corrected information to the prospective employer; and have a rebuttal statement attached to the alleged erroneous information; if the previous employer(s) and I cannot agree on the accuracy of the information.”

Driver's Signature: _____

Date: _____

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Please Return Fax To: _____

Previous Employer Verification

Company Name: _____

Attn: _____

Driver Name: _____

Social Security #: _____

Position: _____

Dates Of Employment: _____

Did he/she drive a motor vehicle for you? Yes No

If yes, what type? Tractor Trailer Straight Truck Van Flat Bed

Tanker Doubles/Triples Other (Specify) _____

Reason for leaving your employment: _____

Was his/her general conduct satisfactory? _____

Comments: _____

Eligibility for Rehire: Yes No Upon Review

Was the applicant subject to the Federal Motor Carrier Safety Regulations while

Employed with your company? Yes No

Accidents: Complete the following for any accidents included on your accident register Required Per Section 390.15(b) that involved the applicant in the 3 years prior to the applicant date shown below or write none if there is no accident history data to report for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Under Part 382 testing requirements in the past 3 years:

1. Was this person employed in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40. Yes or No If No then sign bottom and fax back to the number below.

2. Any positive drug/controlled substance test results? Yes No

3. Any alcohol test results showing a concentration of .02 or greater? Yes No

4. Any refusal to test for drugs or alcohol when required by DOT? Yes No

5. Has the driver ever violated any other provisions of the DOT drug and alcohol testing regulations? Yes No

6. Have you received information from any previous employer that this individual violated DOT drug and alcohol regulations? Yes No

* If yes to any of the above questions, please give the SAP's name, address and phone number for further reference. _____

Prepared By: _____ Position: _____ Date: _____

I hereby authorize you to release the preceding information for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature: _____ Date: _____

MOTOR VEHICLE DRIVER'S Certification of Violations/Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27) Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE
		EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box - None.)

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 violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____

Signature	Date
Printed Name	Title

Motor Carrier Name _____ Motor Carrier Address _____