

TRAFFIC VIOLATION

Notification to Employer's and State Driver's License Agency(s)

383.31 of the Federal Motor Carrier Safety Regulations requires that drivers having a CDL notify their employer and the State or jurisdiction that issued their license of any violations of State or Local Law relating to motor vehicle traffic control violations (other than parking violations) for which the driver forfeited collateral or was convicted, in any type of Motor Vehicle, within 30 days after conviction. See reverse for listing of state agency addresses.

The following information is being provided by the below named driver to comply with the traffic violation notification requirements of §383.31.

TO: _____

Dear Sir or Madam:

Driver's Full Name _____

Driver's license No. _____ State _____

Vehicle Operated (check one): Commercial (GVWR/GCWR 26,001 lbs or more) _____

Other (describe): _____

Location of Offense: City/Town/County: _____ State _____

Citation No.: _____ Date of Conviction: ____/____/____

Nature of Violation: _____

Disposition of Case (Forfeiture, Conviction with fine and /or loss of license, unconditional discharge, etc.):

This violation did / did not (circle one) result in a suspension _____ revocation _____ cancellation of certain driving privileges _____. (check the appropriate space if applies)

Driver's Signature: _____ Date _____

Cheryl Armstrong SSC Services, Windsor WI

NOTICE OF DISQUALIFICATION — 49 CFR PART 383 & 391

As prescribed by the United States Department of Transportation in accordance with regulations 49 CFR Part 383 and Part 391, as the employer of the driver named below it has been determined after careful review of this driver's record that the driver is not properly qualified to operate a commercial motor vehicle. The disqualification code (as listed on the back of this form) is shown below.

This notice is issued to _____
(driver's name)
date of _____, 19____, Personally or by Certified U.S. Mail.

OFFENSE CODE	MINIMUM MANDATORY TIME per D.O.T. REGULATION	COMPANY TIME PER POLICY & PROCEDURE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment Suspension effective _____, 19____ through _____, 19____
for _____ violation.

Any **Corrective/Retraining** action is as follows: _____

_____.

Termination of Employment effective _____, 19____.

Reinstatement or Termination of a suspended employee is solely at the discretion of employer.

DRIVER'S SIGNATURE _____ **DATE** _____

EMPLOYER: JMB Express Trucking LLC _____

BY: _____ **TITLE:** _____

DRIVER REFUSED TO SIGN: ____ **YES** ____ **NO** **DATE:** _____ **TIME:** _____

JMB Express Trucking LLC
Receipt of
Policies and Procedures

I acknowledge receipt of this Handbook of Policies and Procedures from ***JMB Express Trucking LLC***. I agree to familiarize myself with these Policies and procedures and the Controlled Substance/Alcohol Testing as outlined. In addition I agree to familiarize myself with the Employee Assistance Plan and the Disciplinary Policy also contained in this Handbook. I further agree to adhere to these Policies and Procedures and all of the Federal and State Regulations to which I am subject. I also understand that this handbook contains updates and additional Company policies I will be responsible for complying with the changes. As a new employee I have also been issued a copy of Controlled Substance and Alcohol Abuse Training for CMV Drivers Book. I agree to familiarize myself with the contents of the training material.

Signature of Driver

Date

Driver Name - Printed

Signature of Company Official

Date

JMB Express Trucking LLC

9810 S Ridgeview Drive

Oak Creek, WI 53154

414-304-1975

414-304-7211 (Fax)

PSP Consent Agreement Form

In connection with your application for employment with *JMB Express Trucking LLC* you hereby authorize *JMB Express Trucking LLC* to obtain one or more reports regarding your driving and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If for any reason *JMB Express Trucking LLC* uses any information from the FMCSA in our decision not to hire you, *JMB Express Trucking LLC* will provide you with a copy of the report which it based its decision on. *JMB Express Trucking LLC* cannot obtain background reports from FMCSA unless it receives written consent from prospective employee. If you agree that *JMB Express Trucking LLC* may obtain such background reports please read the following and sign below. If you chose not to consent to the PSP as part of *JMB Express Trucking LLC's* hiring evaluation process, upon review of your application and MVR, it may affect your eligibility for employment with *JMB Express Trucking LLC*.

I authorize *JMB Express Trucking LLC* 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 information may assist *JMB Express Trucking LLC* in making a determination regarding my suitability as an employee.

I understand that neither *JMB Express Trucking LLC* 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.

I have read the above information regarding the PSP reports provided to me by *JMB Express Trucking LLC* and understand that by signing this consent form *JMB Express Trucking LLC* may obtain a report of my crash and inspection history.

I hereby authorize *JMB Express Trucking LLC* and its authorized employees to obtain the information authorized above.

Signature Date

Print Name

MECHANICAL EXPERIENCE

List all training whether it be formal or on the job: (Attach a separate sheet of paper if necessary)

	Type of Training	Location	Length of Training
Knowledgeable of proper tools and equipment needed to affect repairs and inspections			
Knowledge of truck defects and can identify mechanical components			

List all training whether it be formal or on the job: (Attach a separate sheet of paper if necessary)

	Name	Date(s) of Training	Length of Training	Completed
Manufacturer Sponsored				
Commercial Garage				
Fleet Leasing Company				
Other				

BRAKES

List all training whether it be formal or on the job: (Attach a separate sheet of paper if necessary)

	Type of Training	Location	Length of Training
Understands brake systems			
Knowledge of tools and equipment needed for repair and inspection of brakes			
Has passed Air Brake knowledge and skills test of CDL			

List experience and training either formal or on the job training received (must be a minimum totaling 1 year)

	Name	Date(s) of Training	Length of Training	Completed
Manufacturer Sponsored				
Commercial Garage				
Fleet Leasing Company				
Other				

Cheryl Armstrong SSC Services, Windsor WI

APPLICANT MUST READ AND SIGN

It is agreed and understood that the employer and/or his agents will investigate my background as required by 49 CFR, § 391.23 of the Federal Motor Carrier Safety Regulations to obtain any and all information pertaining to my employment history. By making application I agree to release employers and/or other persons named herein from any and all liability in regards to the release of any and all information pertinent for the processing of this application. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are required for this job 49 CFR, § 391.31. I also understand that if offered a job, it will be contingent on the results of a physical examination, drug test and the completion of all other documents needed to comply with requirements for the completion of my employment file. I also understand that misrepresentation or omission of information or facts may result in a rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer as well as all Local, State and Federal Laws and Regulations which govern the position.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason. The information provided may be used, and all prior employers may be contacted, for the purpose of investigating the safety performance history information as required by 49 CFR Part 391.23 (d) & (e). You are entitled to due process rights as specified in §391.23(i) regarding information received as a result of these investigations.

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.

Applicant Signature

FOR OFFICE USE - DO NOT WRITE IN THIS SPACE - PROCESS RECORD

Applicant Hired? Yes No

Date Employed	Assigned
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Position _____

IN CASE OF EMERGENCY NOTIFY: _____ Phone: () _____

Address _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Written Record on File
Application					
Interview					
Physical Exam					
Past Employment					
Written Exam					
Road Test					
Policy and Traffic Record					

Signature of Interviewer _____ Date _____

TERMINATION OF EMPLOYMENT

Date Terminated	Position Held:
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[illegible]

Termination Report Placed in File Supervisor

Cheryl Armstrong SSC Services, Windsor WI

Rebuttal of Safety Performance History

Date: _____

Driver's Name: _____

Address: _____

City, State, Zip code: _____

Previous Employer: _____

Address: _____

City, State, Zip code: _____

I am rebutting the safety performance history provided by the above previous employer. The correct information is provided below:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Driver Rights Regarding the Investigative Information

49 CFR 391.23 provisions drivers rights regarding the investigative information provided to prospective employers. As a driver you have the following rights:

1. The right to review information provided by previous employers,
2. 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 the prospective employer:
3. 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.

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 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 received 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.

Drivers wishing to request correction of erroneous information in records received must send the request for the correction to the previous employer that provided the records to the prospective employer. The previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance of the driver's safety history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

Driver's wishing to rebut information in records received must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history. Within 5 business days of receiving a rebuttal from a driver, the previous employer must:

1. Forward a copy of the rebuttal to the prospective motor carrier employer,
2. Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement,

The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction. The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at §386.12.

No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against:

1. A motor carrier investigating the information of an individual under consideration for employment as a commercial motor vehicle driver,
2. A person who has provided such information; or
3. The agents or insurers of a person, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

The protections of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

Records regarding the safety performance history is required to be maintained by the motor carrier of a new or prospective driver in a secure location with controlled access. This data must only be used for the hiring decision.

I have read and understand my right of due process relating to the investigative information of the safety performance history.

Driver's Name: _____ Driver's Signature: _____
(print)

Motor Carrier: **JMB Express Trucking LLC** Date: _____

Controlled Substance Certification

Motor Carrier Name: JMB Express Trucking LLC

Street Address: 9810 S Ridgeview Dr

City, State, Zip code: Oak Creek, WI 53154

Applicant Name: _____ Date: _____

I certify that I have not tested positive or refused a pre-employment test where I was refused a job, during the three years preceding the date of this application. I have not tested positive with any prior employer for controlled substances or Alcohol over the prior 3 years.

Signed: _____
(Applicant Signature) (Witness)

I certify that I have tested positive or refused a pre-employment test or tested positive during my employment with a previous employer for controlled substances or alcohol with _____

on _____ (Name of the Motor Carrier having conducted the test)
(Date) over the prior 3 years.

I have completed the return to duty process and the documentation for the completion is attached.

Signed: _____
(Applicant Signature) (Witness)

DRIVER STATEMENT OF VIOLATION AND ANNUAL REVIEW

Driver's Name: _____

I. CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) and driver disqualifications for which I have been convicted or forfeited bond or collateral or have been placed out of service during the past 12 months (365 days). I also certify that the following is a true and complete list of any traffic accidents that I was involved in the last 12 months (365 days).

If no violations are listed 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 12 months (365 days).

Date of Conviction / accident / out-of-service	Offense / type of accident	Location	Type of Vehicle operated

(Date of Certification)

(Driver's Signature)

JMB Express Trucking LLC

9810 S Ridgeview Dr, Oak Creek, WI 53154

(Motor Carrier's Name)

(Motor Carrier's Address)

II Review and evaluation of Driver's Record:

In accordance with § 391.25 of the Federal Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him/her in accordance with 49 CFR § 391.27, has been reviewed for the past 12 months (365 days).

Action Taken: _____

Reviewed by: _____
(Signature of Company Official) (Title) (Date)

Cheryl Armstrong SSC Services, Windsor WI

Pre-Employment Controlled substances testing requirements: A motor carrier may use a driver who is a regularly employed driver of another motor carrier without complying with the pre-employment testing requirements, provided the driver meets the following criteria:

The driver has participated in a controlled substances testing program that meets the Federal requirements within the previous 30 days.

The motor carrier must insure itself that while the driver was participating in that program, the driver was either:

- (1) tested for controlled substances within the past 6 months (from the date of application with the employer)
- (2) participated in random controlled substances testing program for the previous 12 months (from the date of application with the motor carrier).
- (3) the motor carrier ensures that no prior employer of the driver/applicant of whom the employer has knowledge has records of a violation of Part 382 or the controlled substance use rule of another DOT agency within the previous six months.

If either one of these options is exercised, the motor carrier shall contact the controlled substance testing program in which the driver participated in, and obtain the following information. This information must be kept in the driver's qualification file.

(1) Name and Address of the program(s): _____

(2) The driver participated in the program(s) Yes _____ No _____

(3) The program conformed to 49 CFR Part 40 Yes _____ No _____

(4) The driver is qualified Yes _____ No _____

(5) The driver has not refused to be tested for controlled substance Yes _____ No _____

(6) The date the driver was last tested for alcohol and controlled substances: alcohol - ____/____/____
controlled substances - ____/____/____

(7) The results of any tests taken within the previous six months (Copy or results attached):
controlled substances alcohol
Positive _____ Negative _____ Positive _____ Negative _____

(8) Any other violations of subpart B of Part 382 Yes _____ No _____

A motor carrier who uses, but does not employ, such a driver more than one year must assure itself once every 6 months that the driver participated in an alcohol and controlled substances testing program(s) that meets the Federal requirements.

Information obtained and certified by: _____
(Company Official)

DRIVER DATA SHEET

For Casuals, Intermittent, New Hires, & Other Temporary Drivers

I. GENERAL(To be completed by all drivers - casual, intermittent, and occasional drivers must also fill out an application for employment.)

Name (Print) _____ Soc. Sec. # _____

Driver's License: State _____ Type/Class _____ ID No. _____

II. HOURS OF SERVICE Every driver, when first employed, or when being employed temporarily must comply with 49 CFR 395.8(j) by completing the information below for each of the last 7 days, and indicating the date and time at which that person was last relieved from work.

Day	1	2	3	4	5	6	7	Total
Date								
Hours of Work								

I was last relieved of work at:

Time: _____ AM
_____ PM

Date _____ / _____ / _____
Mo. Date Year

I hereby certify that the above information is correct to the best of my knowledge and belief:

Driver's Signature _____ Date _____ / _____ / _____

III. Employment Check List For Casuals In compliance with 49 CFR 391.51(d), the following information must be obtained and retained in the driver qualification file for every person used as a driver on an intermittent, casual, or occasional basis.

ON FILE

Date of Expiration

1. Medical Certificate- The medical examiner's certificate that the driver is physically qualified, or a legible photographic copy, not more than 2 years old.

2. Certificate of Road Test- The certificate of driver's road test issued to the driver pursuant to § 391.31 (e), or a copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test pursuant to § 391.31.

3. Compliance with Controlled Substance Testing Requirements(See Reverse Side)

IV. CERTIFICATION OF QUALIFIED DRIVER As provided in 49 CFR 391, a person who is a qualified driver regularly employed by another motor carrier may be used upon presentation of a valid Certificate of Qualification. A legible photographic copy must be attached to this form.

Processed by: _____ Date: _____
(Company Official or Representative)

Motor Carrier Name: **JMB Express Trucking LLC**

A. TURNING

In advance signals intention to turn
 Selects proper lane well in advance of turn
 Observes traffic conditions and turns only when intersection is clear
 When pepping to complete a right hand turn applicant restricts traffic from passing on right
 Completes turn promptly and safely without impeding other traffic

B. TRAFFIC SIGNS AND SIGNALS

Applicant plans stop in advance and adjusts speed correctly
 Obeys all traffic signals
 Comes to a complete stop at all stop signs

C. INTERSECTIONS

Applicant yields right of way
 Checks for cross traffic regardless of traffic controls
 Enters all intersections prepared to stop if necessary

D. GRADE CROSSINGS

Stops at a minimum 15 feet but not more than 50 feet before crossing grade if stop is necessary
 Selects proper gear and does not shift gears while crossing a grade
 Knows and understands federal and state rules governing grade crossing

E. PASSING

Allows sufficient space ahead for passing
 Passes only in safe locations
 Warning drivers ahead and behind him of his intent to pass signals changing lanes before and after passing
 Passes with sufficient speed differential to minimize obstructing traffic
 Returns to right lane promptly when safe to do so

F. SPEED

Observes speed limits
 Applicant drives at speed consistent with their ability
 Adjusts speed properly accordingly to road, weather and traffic conditions
 Slows down in advance of curves, danger zones and intersections
 Consistent speed is maintained where possible

G. COURTESY AND SAFETY

Yields right of way
 Consistently strives to drive in a safe manner
 Allows faster traffic to pass
 Uses horn only when necessary

PART 7 - MISCELLANEOUS**A. GENERAL DRIVING ABILITY AND HABITS**

Consistently alert and attentive
 Consistently is aware of changing traffic condition
 Anticipates and tries to void problems
 routine functions are performed without taking eyes from road
 Instruments are regularly checked while driving
 Remains calm under pressure

B. USE OF SPECIAL EQUIPMENT (SPECIFY)**REMARKS:**

GENERAL PERFORMANCE:

Satisfactory _____

Needs Training _____

Explain _____

QUALIFIED FOR: Straight Truck _____

Tractor-Semi-trailer _____

Twin Trailers _____

Other Combination: _____

Tow Truck: _____ Cargo Tank _____

Special Equipment _____

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If this road test has been successfully completed, resulting in the hiring of this applicant, the person (s) who administered this test must complete this certificate retaining the original in the employing carrier's files. A certificate of successful completion shall also be provided to the applicant.

Driver's Name _____ Social Security No. _____

CDL or Operator's License No. _____ State _____

Type of Power Unit _____ Type of Trailer(s) _____

This is to certify that the above-named driver was given a road test under my supervision on _____ 19____ consisting of approximately _____ miles of driving.

It is my considered opinion that this applicant possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of Examiner

Title

Organization and address of examiner

ROAD TEST

I - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT - CHECK POINTS

Overall condition of unit _____
Fuel, oil, water levels _____
Around unit - tires, lights, glad hands, hookup, brake and light lines, and body for damage _____
Cleans all windows, mirrors, lights and reflectors _____
Checks Dashboard lights for proper functioning _____
Tests brake pedal for play, steering for play and parking brake _____
Horn, windshield wipers, fluid, mirrors, emergency equipment; reflectors/flares/fuses, and fire extinguisher for charge and securement _____
Dash instruments for normal readings and pressure _____
Reviews previous daily inspection report _____

II - COUPLING AND UNCOUPLING

Connects glad hands and light line property to trailer to apply trailer brakes before coupling _____
Backs under trailer without difficulty _____
Raises landing gear fully after coupling and secures arm _____
Visually checks king pin assemble before pulling forward to be certain of proper coupling and pulls away gently to check connections _____
Checks lights to ensure light line is properly connected to trailer after pulling forward _____
Checks surface to ensure it will support trailer before uncoupling _____
Checks glad hands and light line to ensure they are disconnected before pulling tractor away from trailer _____

III - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

A. MOTOR

Checks to ensure transmission is in neutral before starting engine _____
Starts engine without difficulty _____
Checks instruments at regular intervals _____
Shifts engine at proper RPM while driving _____

B. BRAKES

Checks tractor-protection valve (trailer air supply valve) and can explain proper use _____
Builds full air pressure before moving _____
Tests service brakes _____

C. CLUTCH AND TRANSMISSION

Starts unit moving smoothly _____
Uses clutch properly when approaching a stop and when driving _____

D. LIGHTS

Dims lights when approaching another vehicle or following other traffic _____
Uses lights when driving in inclement weather (wiper law) _____

IV - BACKING AND PARKING

A. BACKING

Gets out and checks area before backing _____
Uses mirrors properly _____
Avoids backing from blind side _____

B. PARKING

Parks without hitting any other objects and at the correct distance from the curb _____
Parks properly along roadside for visibility when no curb is present _____
Secures unit properly _____
Uses emergency warning signal and devices when necessary _____

V - SLOWING AND STOPPING

Uses clutch and gears properly _____
Gears down properly before descending hills _____
Test and uses brakes properly on grades _____
Watches in mirrors for movement of other traffic _____
Slows prior to stopping far enough in advance to avoid hard braking _____

PART 6 - OPERATING IN TRAFFIC, PASSING AND TURNING

Cheryl Armstrong SSC Services, Windsor WI

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)
	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	
	11. Clinic, doctor, or hospital record	8. Employment authorization document issued by the Department of Homeland Security
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

**Form I-9, Employment
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
☐ A noncitizen national of the United States (see instructions)
☐ A lawful permanent resident (Alien #) _____
☐ An alien authorized to work (Alien # or Admission #) _____
until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*


Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

JMB Express Trucking LLC, 9810 S Ridgeview Dr, Oak Creek, WI 53154

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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**NOTICE TO DRIVERS
&
CERTIFICATE OF COMPLIANCE**

I. NOTICE TO DRIVERS

§383.37 prohibits any employer from allowing a driver of a Commercial Motor Vehicle (any motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle - has a gross combination weight rating of 26,001 lbs or more inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 lbs - or - has a gross vehicle weight rating of 26,001 lbs or more - or - is designed to transport 16 or more passengers, including the driver - or - is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CAR Part 172, Subpart F) to operate in the United States during any period if any of the following are found to be true:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license except during the 10-day period beginning on the date such employee is issued a driver's license.
2. A driver has a commercial motor vehicle driver's license suspended, revoked, or canceled by a State, has lost the right to operate commercial motor vehicle in a State, or has been disqualified from operating a commercial motor vehicle.

II. Requirements of holder's of a CDL

1. A driver who has a driver's license suspended, revoked, or canceled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State or jurisdiction for any period, or who is disqualified from operating a commercial motor vehicle for any period, shall notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business day following the day the employee received notice of suspension, revocation, cancellation, lost privilege or disqualification.
2. A driver who operates a CMV, who holds a CDL issued by a State or Jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation) must notify his/her current employer of such conviction. The notification must be made within 30 days after the date that the person has been convicted. In addition if the violation occurred in a State or jurisdiction other than the one which issued his/her license, must notify an official designated by the State or Jurisdiction which issued such license, of such conviction. The notification must be made within 30 days after the date that person has been convicted, must be in writing and contain specific information as set forth in § 383.31 (c).
3. As a Driver of a Commercial Motor Vehicle I am aware that I am also subject the the policies and procedures of the Motor Carrier that employs me and that I am obligated to adhere to those policies provided they do not conflict with Federal, State or Local regulations.

III. CERTIFICATION BY DRIVER

I hereby certify that I have read the above and understand the driver provisions of the Federal Motor Carrier Safety Regulations as set forth in 49 CFR Parts 383 and 391.

Driver's Name (print) : _____ Soc Sec #: _____

Driver's Signature _____

Motor Carrier's Name: **JMB Express Trucking LLC**

Cheryl Armstrong SSC Services, Windsor WI

3. Was the driver/applicant subject to the FMCSRs while employed by you?: Yes _____ No _____
4. Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?: Yes _____ No _____.
5. If employed as driver, indicate type of equipment driven: Tractor/Trailer _____; Straight Truck _____ Twin-Trailers _____ Bus _____; Cargo Tank: _____ Other (specify) _____.
6. Was he/she a safe and efficient driver? Yes _____ No _____ Comments: _____.
7. Was applicants CDL/operator's license suspended while in your employ? Yes _____ No _____.
- If so please explain: _____.
8. Did applicant pose any disciplinary problems? Yes _____ No _____. If so please explain: _____.

9. Reason the driver;/applicant left your employ: _____

Traffic Accident/Traffic Convictions/Disqualifications

10. Please list any and all traffic accidents, traffic convictions and disqualifications the driver/applicant had over the time he/she was employed by you up to 3 years.

Accidents pursuant to §390.15(b)(2) and any minor accidents retained as per internal policies: _____

Traffic Convictions: _____

Disqualifications and Driver Out of Services: _____

11. Is there anything in the applicant's history that could suggest he/she may not be trusted to handle Company currency?

Yes: _____ No: _____, If yes please explain: _____.

12. Reason for leaving employ: Discharged _____; Resigned _____; Laid Off _____; Military Duty _____; Other _____

13. Would you reemploy this applicant? Yes _____ No _____. If no please explain: _____.

14. Was the driver/applicant in an alcohol/substance abuse program of random picks: Yes _____ No ____;
If yes, were the results of the last test negative? Alcohol: Yes _____ No ____; Controlled Substances: Yes _____ No ____;
If No, has the driver/applicant completed the requirements of 49 CFR Part 382.605 or 49 CFR part 40, subpart O? Yes _____ No ____
Do not know: _____;
Has the driver/applicant had a return to duty test and were the results Negative? Yes _____ No ____;
Date of the Return to duty Test: _____.
Has there been any testing violations subsequent to completion of a §382.605 or 49 CFR part 40, subpart O referral?: Yes _____ No ____

15. Any other comments: _____

Previous Employment Check

FROM - Prospective Employer

TO - Previous Employer

Company JMB Express Trucking LLC

Company: _____

Individual _____ Name: _____

Street 9810 S Ridgeview Dr Street: _____

City Oak Creek State WI Zip code 53154 City: _____ State: _____ Zip: _____

Dear Sir/Madam:

(Driver/Applicant's Name) Social Security Nbr: _____ - _____ - _____ has applied to this company
for the position of: _____. Your firm is listed by the applicant as a past employer. In response to this inquiry,
the applicant has waived any claim of liability against your Company (and its agents) in regards to the release of this information. As
required by §391.23(g) your response is required within 30 days.

Very Truly Yours,

(Official's Name)

(Title)

WAIVER

(Former Employer)

(Date)

I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

(Applicant's signature)

(Witness's Signature)

WAIVER

(Former Employer)

(Date)

I hereby authorize you to release all information - copies of test results from MRO, dates of tests administered - for controlled substance testing and alcohol testing for the preceding 3 year period from ____/____/____ to ____/____/____
Month day year Month day year

_____. I hereby authorize you to release all information on any test results for

(Name of person to receive documents)

alcohol where test results showed a concentration of 0.04 or greater, verified positive test results for Controlled Substances and any refusals for alcohol and controlled substance testing for the preceding 3 years. I further authorize you to release all information pertaining to any and all training I have received relating to alcohol and controlled substances. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

(Applicant's signature)

(Witness's signature)

1. Dates of employment with your company? From _____ to _____.

2. What kind of work did he/she do?(specify) _____.

If driver/applicant did not operate any Commercial Motor Vehicles or Combinations of 10,001Lbs or more you may stop here:

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this year period. (total of 10 Years) 391.21 (B)(10), (11). Start with the previous or current position, including military experience, and work backwards. (Attach a separate sheet of paper if necessary)

Current Employer: _____ Supervisor's Name: _____
Street Address: _____ Employed from: _____ To: _____
City, State, Zip code: _____ Reason for leaving: _____
Phone #: _____

During my employment I was subject to the FMCSR: Yes / No I was subject to controlled substance and alcohol testing: Yes / No

Previous Employer: _____ Supervisor's Name: _____
Street Address: _____ Employed from: _____ To: _____
City, State, Zip code: _____ Reason for leaving: _____
Phone #: _____

During my employment I was subject to the FMCSR: Yes / No I was subject to controlled substance and alcohol testing: Yes / No

Previous Employer: _____ Supervisor's Name: _____
Street Address: _____ Employed from: _____ To: _____
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Previous Employer: _____ Supervisor's Name: _____

Street Address: _____ Employed from: _____ To: _____

City, State, Zip code: _____ Reason for leaving: _____

Phone #: _____

During my employment I was subject to the FMCSR: Yes / No I was subject to controlled substance and alcohol testing: Yes / No

License(s):

State	License Number	Class(es)	Endorsement(s)	Expiration Date
Drivers Licenses held in past 3 years must be shown				

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 _____

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered yes to A, B, C, attach a statement telling us about it.

Driving Experience:

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	From	Date To	Approximate Total Miles
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers - LVC's				
Other				

List states operated in during last five years _____

List special courses or training and any driving awards that will help you as a driver _____

Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)

Date(s) of Accident(s)	Nature of accident (Head-on, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures other than parking violations and any disqualifications and driver out of services for the past 3 years (Attach separate sheet of paper if necessary)

Location:	Date:	Charge:	Penalty:

APPLICATION FOR EMPLOYMENT OF C.M.V. DRIVERS

Company Name: **JMB Express Trucking LLC**

Street Address: **9810 S Ridgeview Dr**

City, State, Zip Code: **Oak Creek, WI 53154**

Date: _____

Name _____ Phone(____) _____
First Middle Last

Social Security No. _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Month Day Year

List all addresses for the past 3 years below (Attach a separate sheet if necessary):

Current: Address _____
Street City State Zip Code

Street City State Zip Code

Street City State Zip Code

Position applying for _____ Temporary _____ Part Time _____ Full Time _____ Rate of pay desired _____

Are you currently employed? _____ If not, how long since leaving last employment _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

GENERAL

Have you ever been bonded? _____ Name of Company _____

Have you ever been convicted of a felony? _____

If yes, please explain on a separate sheet of paper. Conviction of a crime does not disqualify you for employment. All applicants will be considered on a equal basis.

Pre-Employment Urinalysis Test Notification

The Federal Motor Carrier Safety Regulations, Section 382.201 - - pre-employment testing requirements, apply to driver-applicants of this company for controlled substances.

As a condition of my employment, I agree to the urine sample collection for controlled substance testing. I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company. The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company. My written authorization is required for the Urinalysis and Test results to be given to other parties. I have read and understand the above conditions for the Pre-Employment Urinalysis test Notification.

APPLICANT'S SIGNATURE _____ MONTH DAY YEAR
WITNESSED BY:

COMPANY REPRESENTATIVE'S SIGNATURE _____ MONTH DAY YEAR

Cheryl Armstrong SSC Services, Windsor WI

Driver Qualification File Tracking List
JMB Express Trucking LLC

Driver Name: _____

Date Completed Date Updated

1. Application		
2. Previous Employer Check		
a. Certified Mail		
b. Phone Call/fax		
3. D.O.T. Physical -		
a. Certificate		
b. Long Form		
4. Road Test		
5. I-9		
a. Copy of Driver's License		
b. Copy of SS Card/Birth Cert		
6. Driver Data Sheet		
7. Certificate of Compliance		
8. Driving Record		
9. Statement of Violation		
10. Statement of rights/rebuttal		
11. Annual Review		
12. Other Driving Matters		
13. Pre-Hire Drug Test		
a. Neg. Test Results		
b. Training / Materials		
c. Pre-hire certification		
14. Policy & Procedure issued		

Cheryl Armstrong SSC Services, Windsor, WI