



**James Brown Contracting, Inc. DBA Brown Trucking Company
DRIVER'S APPLICATION FOR EMPLOYMENT**

**6908 Chapman Road Lithonia, GA 30058
1-800-241-5624 WATS 770-482-6521 Local 770-408-0824 Fax**

In compliance with Federal and State Equal Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability. Brown Trucking Company is a Drug-Free Workplace. Please answer all questions – please print. A 7 year MVR must accompany this application.

Date of Application : _____ Position applied for: _____

Name: _____ Social Security Number: _____
Last First MI

Current Address: _____
Street City State Zip How long at address?

List your addresses for the past 3 years:

Street City State Zip How long at address?

Previous

Street City State Zip How long at address?

Addresses

Street City State Zip How long at address?

Date of birth: ____/____/____ Do you have the right to work in the United States? YES NO
Can you provide proof of age? YES NO Have you worked for this company before? YES NO

Which location? _____ Date: From: _____ to: _____

Reason for leaving? _____

Are you currently employed? YES NO How long since leaving last employment? _____

Expected rate of pay _____ Who referred you? _____

How can we contact you?

Home phone number: _____ Cell phone number: _____

Emergency Contact Name and phone number: _____

This driving position may include heavy lifting, tailgating, etc.; is there any reason that you may not be qualified to perform the functions of the job you applied for? _____

Education

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 +

Last school attended: _____
Name City



EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide information on all employers in the past 10 years. Please list employers beginning with the most recent. Provide complete information. Attach additional sheets if necessary.

EMPLOYER			DATES	
NAME:			FROM: / /	TO: / /
ADDRESS:			POSITION:	
CITY:	STATE:	ZIP:	SALARY/WAGE:	
CONTACT PERSON:		PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				
EMPLOYER			DATES	
NAME:			FROM: / /	TO: / /
ADDRESS:			POSITION:	
CITY:	STATE:	ZIP:	SALARY/WAGE:	
CONTACT PERSON:		PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				
EMPLOYER			DATES	
NAME:			FROM: / /	TO: / /
ADDRESS:			POSITION:	
CITY:	STATE:	ZIP:	SALARY/WAGE:	
CONTACT PERSON:		PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				
EMPLOYER			DATES	
NAME:			FROM: / /	TO: / /
ADDRESS:			POSITION:	
CITY:	STATE:	ZIP:	SALARY/WAGE:	
CONTACT PERSON:		PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



DRIVER EXPERIENCE AND QUALIFICATIONS

Please list your driver's licenses:

STATE	LICENSE NUMBER	TYPE	EXPIRATION 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 revoked? YES NO

If the answer is yes to either of the above questions, please attach a statement providing details.

Have you taken any special courses or training that will help you as a driver? _____

Which safe driving awards do you hold and from whom? _____

List states operated in for last five years _____

Experience – if none, write none

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES FROM	DATES TO	APPROXIMATE NO. OF MILES
STRAIGHT TRUCK				
TRACTOR & SEMI-TRACTOR				
TRACTOR – TWO TRAILERS				
MOTORCOACH-SCHOOL BUS				
OTHER-LIST				

ACCIDENTS AND CONVICTIONS

Record accidents for the past three years. Attach additional sheets if necessary and if none, write none.

Dates-list from most recent	Nature of accident (Head-on, rear-end, upset, etc)	Fatalities	Injuries
Last accident:			
Next accident:			
Next accident:			

Traffic convictions and forfeitures for the past three years (other than parking violations).

Attach additional sheets if necessary. If none, write none.

LOCATION	DATE	CHARGE	PENALTY

Please discuss any trucking, transportation, or other experience that may help you in your work for this company: _____

List any courses and training other than those shown elsewhere in this application: _____

List special equipment or technical materials you can work with (other than these already shown): _____



TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended. I hereby release employers, schools, health care providers and other persons from all liabilities in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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:

- a) Review information provided by previous employers
- b) Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- c) 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.

In the event of employment is terminated before 90 days, I will be charged for the cost of the physical and drug screen.

DATE

APPLICANT'S SIGNATURE

Owner/Operator Unit Information:

Year: _____

Make: _____

Model: _____

Date of Purchase: _____

Purchase Price: \$ _____

(What YOU paid for the truck)





REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL & CONTROLLED SUBSTANCES TESTING

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____ First, MI, Last _____ Social Security Number _____

Hereby authorize that:

Previous employer: _____

Street address: _____ Telephone _____

City, State, Zip: _____ Fax number _____

may release and forward information requested by Section 2, below, of this document concerning my Alcohol and Controlled Substances Testing records for the previous three (3) years from: _____

(Date of employment application)

Prospective Employer: _____ James Brown Contracting, Inc. DBA Brown Trucking Company _____ 770-482-6521 Telephone

Attention: _____ Safety and Recruiting _____

Address: _____ 6908 Chapman Road, Lithonia, GA 30058 _____ 770-482-3872 Fax number

Applicant: Sign here only -> _____ Applicant's Signature _____ Date _____

The release of this information should be made by letter or fax to the above in order to maintain confidentiality. This is in compliance with Part 40.25 and 391.23.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was not subject to Part 382 testing requirements while employed by this employer, please check here [], show dates of employment from _____ to _____, complete bottom of this section and return.

Dates driver was subject to DOT testing requirements: From: _____ To: _____

- 1. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater? YES NO [] []
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES NO [] []
3. Has this person ever refused a required test for drugs or alcohol? 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 company, including return-to-duty and follow-up test? 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 previous employers in the previous three (3) years prior to the application date shown above.

NAME: _____
COMPANY: _____
STREET: _____
CITY, STATE, ZIP: _____ TELEPHONE: _____

Section 2 Completed by (Signature): _____ Date: _____



SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER
ACCIDENT HISTORY

The applicant named in SECTION 1 above was employed by us. YES NO

The applicant was employed as _____. From _____ to _____
Start Date End Date

1. Did applicant drive a motor vehicle for you? YES NO If yes, what type vehicle? Straight Truck Tractor-Semitrailer Bus Double/Triples Other(specify) _____

2. Reason for leaving your employ: Discharged Resigned Lay off Military Duty

If there is no safety performance history to report, check here sign below and return.

ACCIDENTS: List any accident(s) listed on your accident register that involved the applicant for the three years prior to the application date shown above. If no accidents, enter "NONE".

Date	Location	# of injured	# of fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please list below information concerning other accident(s) involving the applicant which were reported to government agencies, insurers or retained under company policy:

Any remarks concerning the applicant's safety/accident history would be appreciated:

Signature of provider: _____ Date: _____
 Title: _____

SECTION 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed to previous employer Email to previous employer

By: _____ Date: _____

SECTION 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____