

Leon Jones Feed & Grain, Inc.
4880 Leland Drive
Cumming, GA 30041
Phone (770) 887-6117
1-800-289-0306

Understanding the Application/Hiring Process

ALL pages of the application MUST be completed!

Dates of previous employment do not have to be exact, but a TELEPHONE NUMBER must be provided.

The DOT required employers to obtain and verify certain information from prospective drivers:

MVR

Previous employers

Previous drug & alcohol test results

Accident history

This usually takes 2 – 5 days

If your application results are favorable, you will go for your pre-employment drug test and start the orientation and training period.

This usually takes 2 – 5 days

Orientation = Logs, inspections, pay sheets & general company information

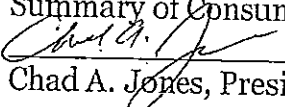
Training = Ride with another driver to learn route, unloading procedure and road test. You will be paid for your training.

A truck will NOT be assigned to you until completion of orientation and training. You MUST be able to run your route and unload BY YOURSELF at the end of training.

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Cumming, Georgia 30041
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NOTICE OF MOTOR VEHICLE REPORT OR CONSUMER REPORT REQUEST

In connection with your employment or prospective employment with Leon Jones Feed & Grain, Inc., a Motor Vehicle Report is being obtained to ascertain your driving history. Accordingly, pursuant to Federal Trade Commission regulations of the Fair Credit Reporting Act, below is a Summary of Consumer Rights of which you should be aware.


Chad A. Jones, President

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION REGARDING
BACKGROUND CONSUMER REPORTS**

Important: Please read carefully before signing.

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, **motor vehicle record**, mode of living and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with Leon Jones Feed & Grain, Inc. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with Leon Jones Feed & Grain, Inc. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the personnel department of Leon Jones Feed & Grain, Inc. and within five (5) days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

READ, ACKNOWLEDGED AND AUTHORIZED

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish Leon Jones Feed & Grain, Inc. with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

Name Signature Date

Drivers License Number Expiration Date Date of Birth

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with Leon Jones Feed and Grain, INC ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

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

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

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

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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

I authorize Leon Jones Feed and Grain, INC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge 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 understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015

DRIVER'S APPLICATION FOR EMPLOYMENT

Company LEON JONES FEED & GRAIN, INC.
Address 4880 LELAND DRIVE
City CUMMING State GA Zip 30041-4057

(answer all questions - please print)

In compliance with Federal and State equal employment 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.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

Previous Addresses _____
State Zip Code Phone How Long?

Street City State & Zip Code How Long?

Street City State & Zip Code How Long?

Street City State & Zip Code How Long?

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish. _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCOUNT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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 EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR - TWO TRAILERS _____				
MOTOR COACH - SCHOOL BUS _____				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE 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, inquiries 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 liability 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 interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date _____ Applicant's Signature _____

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
 DATE EMPLOYED _____ POINT EMPLOYED _____
 DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

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

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____
 DATE: _____
 REASON FOR TRANSFER _____

FROM: _____ TO: _____
 DATE: _____
 REASON FOR TRANSFER _____

FROM: _____ TO: _____
 DATE: _____
 REASON FOR TRANSFER _____

FROM: _____ TO: _____
 DATE: _____
 REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
 DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
 TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

* NOTE: Please list 10 years previous employment

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.
(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Previous Employment Information Request from Previous Employer



4880 Leland Drive
 Cumming, Georgia 30041
 Office: (770) 887-6117
 Fax: (770) 887-0630

I hereby authorize you to release the following information to Leon Jones Feed and Grain, Inc. for purposes of investigation as required by Sections 391 and 382 of the Federal Motor Carrier Safety Regulations. You are released from any liability which may result from furnishing such information.

Applicant Name Printed	Applicant Signature
Applicant Social Security Number	Date of Application

Company Name _____ Phone Number _____

Company Address _____ Fax Number _____

The individual named below has been given an offer of employment with our company for a position as a CDL DRIVER and stated that he/she was employed by your company as a _____ from _____ to _____. We appreciate your time in completing, in confidence, the following information:

1. Name of applicant: _____	SS#: _____
2. Employed from: _____ to: _____ as: _____	
3. Did he/she drive a motor vehicle for you? (Circle One) YES NO (Circle One) Straight Truck Tractor Trailer Bus Dump Truck Other: _____	
4. If tractor-trailer was driven what type of trailer? (Circle One) Dryvan Flatbed Reefer Hopper Dump Lowboy Tanker Other: _____	
5. What states did he/she operate in: _____	Logs Required: Yes No
6. Was he/she dependable? Yes No	Was his/her work record satisfactory: Yes No
7. Reason for leaving your employment: (Circle One) Discharged; reason: _____ Resigned Layoff Military Eligible for Re-Hire: Yes No	
8. Please advise us of any DOT Accidents this employee had: _____ Date Location/Description Injuries or Fatalities	
9. Please advise us of any Injuries or Illnesses this employee had: _____	
10. Any other comments or concerns: _____	
11. In the past 3 years did he/she; test .04 or greater for alcohol? YES NO Test positive for controlled substance? YES NO Refuse to be tested or violate any drug/alcohol prohibitions? YES NO If YES to any of the above question, please provide date: _____ If YES to the above, did the driver follow the mandatory treatment steps? YES NO	
Signature: _____	Title: _____ Date: _____

PLEASE RETURN THE COMPLETED FORM VIA FAX TO NATHAN BOTTOMS at (770) 887-0630

LOG TEST

Log the following scenario on the grid log below. Follow all DOT and FMCSA regulations and all Hour of Service rules. Please show a Pre-Trip inspection, Post-Trip inspection, as well as the fuel stop to make sure that the log is filled out correctly and completely.

Scenario:

You are a solo driver, dispatched to begin work on March 1, 2013 at 6:00 AM, after being in your sleeper berth for the past 10 hours, hauling Poultry Fat for API. After completing your 15 minute PTI (Pre-Trip Inspection) on your truck (#14) and your tanker (#LJ35) in Gulf Port, Mississippi, you drive 5 hours to load at Hanceville, Alabama. It takes you an hour to load and then your back to driving, where you drive one hour and stop in Birmingham, Alabama, where it takes you 30 minutes to fuel and you take your 30 minute break. Once your break is up, it takes you 2 hours and 45 minutes to drive to Cumming, Georgia to unload, which takes 30 minutes. After unloading, you drive another 2 hours, to Tallapoosa, Georgia, where you will spend the night in the sleeper berth after completing a 30 minute Post Trip Inspection and an hour off duty eating and taking a shower in the truck stop. Total miles for the day are 665.



DRIVER'S DAILY LOG
(24 HOURS)

_____/_____/_____
(Month) (Day) (Year)

Original - File at home terminal
Duplicate - Driver retains in his/her possession for eight days

Total Miles Driving Today

Total Mileage Today

LEON JONES FEED & GRAIN, INC.

Name of Carrier or Carriers

4880 LELAND DR. - CUMMING, GA 30041

Main Office Address

Home Terminal Address

I certify these entries are true and correct:

Truck/Tractor and Trailer Numbers or License Plate(s) / State (show each unit)

Driver's Full Signature

Co-Driver's Name

	MID-NIGHT											NOON											TOTAL HOURS
	1	2	3	4	5	6	7	8	9	10	11	1	2	3	4	5	6	7	8	9	10	11	
1. OFF DUTY																							
2. SLEEPER BERTH																							
3. DRIVING																							
4. ON DUTY (NOT DRIVING)																							
REMARKS																							

SHIPPING DOCUMENTS:

B/L or Manifest No.
or

Shipper & Commodity

Enter name of place you reported and where released from work and when and where each change of duty occurred.

From:

To:

19654

