HELWIG
J.S. HELWIG & SON, LLC.
222 Metro Drive, Terrell, TX 75160

Driver's Application for Employment

Applicant Name _____ Date of Application _____

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, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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 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.

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 previous employers.
- 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
- 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.

Signature _____ Date _____

**** If unable to sign digitally** I hereby agree to the above statement, releasing JS Helwig & Son from any liability, and agree to sign document upon arrival to JS Helwig & Son LLC.**

Agree **Disagree**

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(If rejected, summary report of reasons should be placed in file)

SIGNATURE OF INTERVIEWING OFFICER_____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT_____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(Answer all questions – please print)

Position(s) Applied for: _____

Name _____ Social Security No. _____
Last First Middle

List addresses of residency for past 3 years.

Current Address _____
Street City
_____ Phone _____ How Long? _____
State Zip code

Previous Addresses _____ How Long? _____
Street City State, Zip Code
_____ How Long? _____
Street City State, Zip Code
_____ How Long? _____
Street City State, Zip Code
_____ How Long? _____
Street City State, Zip Code

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? _____ If yes, where? _____

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

Reason for Leaving _____

Are you now employed? _____ If No, how long since leaving last employment? _____

Who referred you? _____ Rate of expected Pay _____

Have you even been bonded?_____ Name of bonding company_____

Have you ever been convicted of a felony? _____ If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

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._____

_____

_____

EMPLOYMENT HISTORY

Please List 10 Year Work History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Please completely list the 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 if necessary.)

Employer			Date	
Name			From Mo Yr.	To Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone #		Reason for Leaving	
Were you subject to the FMCSR's** while employed? ☐ Yes ☐ No				
Was your job designated as a safety-sensitive function in a DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? ☐ Yes ☐ No				

Employer			Date	
Name			From Mo Yr.	To Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone #		Reason for Leaving	
Were you subject to the FMCSR's** while employed? ☐ Yes ☐ No				
Was your job designated as a safety-sensitive function in a DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? ☐ Yes ☐ No				

Employer			Date	
Name			From Mo Yr.	To Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone #		Reason for Leaving	
Were you subject to the FMCSR's** while employed? ☐ Yes ☐ No				
Was your job designated as a safety-sensitive function in a DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? ☐ Yes ☐ No				

Employer			Date	
Name			From Mo Yr.	To Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone #		Reason for Leaving	
Were you subject to the FMCSR's** while employed? ☐ Yes ☐ No				
Was your job designated as a safety-sensitive function in a DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? ☐ Yes ☐ No				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver). Or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**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) weights or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport more than 8 passengers (including driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Accident Record for past 3 years or more (Attach sheet if more space is needed), If none, write NONE

Date of Accident	Description	Fatalities	Injuries	Haz-mat Spill?

Traffic Convictions & Forfeitures for past 3 years (Other than Parking Violations) If none, write NONE

Location	Date	Charge	Penalty

EXPERIENCE & QUALIFICATIONS – DRIVER

Driver Licenses or permits held in the past 3 years

State	License #	Class	Endorsement(s)	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 is YES to Either A or B give details:_____

_____

Driving Experience

Class of Equipment	Yes / No	Type of Equipment	From (mo, yr)	To (mo, yr)	Approx # of Miles (Total)
Straight Truck					
Tractor & Semi-Trailer					
Tractor – Two Trailers					
Tractor – Three Trailers					
Motor Coach/School Bus 8+ Passengers					
Motor Coach/School Bus 15+ Passengers					
Other: (specify)					

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 & QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help you 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):_____

_____

EDUCATION

Highest Grade of School completed:_____ College_____ (yes/no), If yes, How many years completed:_____

Last School Attended: Name_____Location_____

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.

Signature_____Date:_____

**** If unable to sign digitally** I hereby agree to the above statement, releasing JS Helwig & Son from any liability, and agree to sign document upon arrival to JS Helwig & Son LLC.**

Agree **Disagree**

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title 11, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

_____ _____

Applicant's Signature Date

_____ _____

Print Name ID Number

**** If unable to sign digitally** I hereby agree to the above statement, releasing JS Helwig & Son from any liability, and agree to sign document upon arrival to JS Helwig & Son LLC.**

○ **Agree** ○ **Disagree**

HELWIG
J.S. HELWIG & SON, LLC.
222 Metro Drive, Terrell, TX 75160

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Section 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (See Sec. 40.25(b)(5) and (e))

Company: **JS Helwig & Son, LLC.**
222 Metro Drive
Terrell, TX 75160

Prospective Employee: Name (print)_____ ID # _____

The prospective employee is required by Sec 40.25(j) to respond to the following questions.

1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes _____ No_____

2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Yes_____ No_____

_____ _____
Prospective Employee Signature **Date**

_____ _____
Witness Signature **Date**

**** If unable to sign digitally** I hereby agree to the above statement, releasing JS Helwig & Son from any liability, and agree to sign document upon arrival to JS Helwig & Son LLC.**

Agree **Disagree**

I hereby authorize you to release the following information to: **JS HELWIG & SON, LLC** For purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

_____ _____

Applicant Signature Date

**** If unable to sign digitally** I hereby agree to the above statement, releasing JS Helwig & Son from any liability, and agree to sign document upon arrival to JS Helwig & Son LLC.**

☐ **Agree** ☐ **Disagree**

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title 11, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report.
2. The consumer (applicant has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes.
3. The information requested below will be used for a 'permissible purpose' (i.e. information for employment purposes) and will be used for no other purpose.
4. The information being obtained will not be used in violation of any federal state equal opportunity law or regulation, and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of 'permissible uses' of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

_____ _____

Signature of Company Representative Date

**** If unable to sign digitally** I hereby agree to the above statement, releasing JS Helwig & Son from any liability, and agree to sign document upon arrival to JS Helwig & Son LLC.**

☐ **Agree** ☐ **Disagree**

To:_____

_____

_____

Dear Sir or Madam:

☐ The following named person has made application with our company for the position of _____ _____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

☐ The following named person is employed with our company for the position of _____ _____. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past year.

Name of Applicant/Driver_____

Address_____

(Number & Street) (City) (State) (Zip Code)

Previous Address_____

(Number & Street) (City) (State) (Zip Code)

Date of Birth _____ SSN _____ License #_____

REQUESTED BY

JS Helwig & Son, LLC

222 Metro Dr

Terrell, TX 75160

Ph# 214-771-3331

Name:_____

Title:_____

Signature:_____

HELWIG
J.S. HELWIG & SON, LLC.
222 Metro Drive, Terrell, TX 75160

Request for Information from Previous Employer Release & Authorization

Name of Applicant _____

Social Security Number_____

I hereby authorize you to release the attached information to J.S. Helwig & Son, LLC. For the purposes of investigation as required by Section 391.23 and allowed by Section 383.35 for the Federal Motor Carrier Safety Regulations. You are released from any and all liability for disclosure of such information.

I authorize, per 49 CFR Part 40, the release of information from any DOT regulated drug and alcohol testing records by the carriers (company/school) listed on the attached for the sole purpose of transmitting such records to the above listed employers. I authorized release of the following information concerning DOT drug/alcohol testing violations during the past three years, (i) alcohol test with a result of 0.04 or higher, (ii) verified positive drug test, (iii) refusals to be tested (including verified adulterated or substituted results), (iv) other violations of DOT drug/alcohol testing regulations, (v) information obtained from previous employers of a drug/alcohol rule violation and, (vi) documents, if any, of completion of a return to duty process following a rule violation.

The information that I have authorized involves test required by DOT. If any carrier (company/school) listed on the attached furnishes information concerning items (i) through (vi), above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests with results below 0.04 during the three year period and the name and phone numbers of any substance abuse professional who evaluated me during the past three years.

A photocopy of this release shall be as valid as the original. This authorization shall be valid for one year from the date of signature hereof.

_____ _____

Applicants Signature Date

**** If unable to sign digitally** I hereby agree to the above statement, releasing JS Helwig & Son from any liability, and agree to sign document upon arrival to JS Helwig & Son LLC.**

Agree **Disagree**

HELWIG
J.S. HELWIG & SON, LLC.
222 Metro Drive, Terrell, TX 75160

IMPORTANT NOTICE: REGARDING BACKGROUND REPORTS FROM THE PSP *Online Service*

In connection with your application for employment with **J.S. Helwig & Son, LLC** ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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 it's 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. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **J.S. Helwig & Son, LLC** ("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 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 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 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 Notice Regarding Background Reports provided to me by prospective Employer and I understand that if I sign this consent form, 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.

_____ _____

Signature Date

_____

Name (Please Print)

**** If unable to sign digitally** I hereby agree to the above statement, releasing JS Helwig & Son from any liability, and agree to sign document upon arrival to JS Helwig & Son LLC.**

Agree **Disagree**

Instructions for Submission of Applications

E-Mail - If using Windows Outlook, or Outlook Express:

- Click EMAIL Button Below. This will attached the completed form to an e-mail window.
- An Adobe Popup will appear asking you 'How would you like to email this document:' Click on '**SEND COPY**'.
- In the To: field enter: info@jshelwig.com
- In the Subject Line, enter 'Driver Application : <Your Name>'
- Click on Send.

E-Mail – If using A Web Based Email Service (i.e., Yahoo.com, gmail.com, aol.com, hotmail.com, etc):

- Click on COPY Button below. You will need to save a copy of the completed form to your computer.
- Change the name of the document to 'Driver Application : <Your Name>'
- Note the directory you are saving to. (Suggestion: Click on the Desktop Icon to the left, or click the drop down box on the top and select Desktop)
- Click SAVE.
- Go to your web based E-Mail Service, and create a **NEW** E-Mail.
- In the To: field enter: info@jshelwig.com
- In the Subject Line, enter 'Driver Application : <Your Name>'
- Most E-Mail services should have an **ATTACHMENT, ATTACH** or **A PAPER CLIP ICON**. Select whichever applies.
- Click 'BROWSE' button.
- Change the directory to match the one used during the saving process. (Note: If the Desktop option was selected during saving process, Click on the Desktop Icon on the left, or click the drop down box on the top and select Desktop)
- Select the document 'Driver Application : <Your Name>', then click the OK or OPEN button
- After the download process is completed, returning to your E-mail and verifying application is attached, click SEND.

Print & Fax a copy:

- Click on the PRINT Button Below
- Select the printer you wish to use, than select OK, or PRINT.
- Fax to 214-771-3150

Save a Copy for your records:

- Click on the COPY Button below
- Change the name of the document to 'Driver Application : <Your Name>'
- Note the directory you are saving to. (Suggestion: Click on the Desktop Icon to the left, or click the drop down box on the top and select Desktop)
- Click SAVE or OK.

(ANY ADDITIONAL PROBLEMS AFTER COMPLETING THESE INSTRUCTIONS PLEASE CALL 214-771-3331)

E-MAIL **PRINT** **SAVE COPY**