



Mechanic Application

The purpose of this application is to determine whether or not the applicant is qualified to maintain Motor Carrier equipment according to the requirements of the Federal MCSR and generally accepted Industry standards. Applicants are considered without regard to race, color, creed, age, disability, sex, religion or national origin. This application will be used by JTS-LLC to match your needs and skills with the needs and requirements of a company in the Trucking Industry.

INSTRUCTIONS TO APPLICANT: Please answer all questions. If the answer to any question is "No" or "None" do not leave the item blank, but write "No" or "None". This is an interactive form. Enter your data, print the form then fax or mail to the contact at the end of the application.

I. GENERAL

Date	Current Base Location			Rank
Name (First)	(Middle)	(Last)	Home Phone: () -	
Current Address				How Long?
Other Address Past 3 Years				How Long?
Other Address				How Long?
Other Address				How Long?
Are you legally authorized to be employed with us?	Yes	No		
Date and Place of Birth	Social Security Number - -		Height	Weight

II. MILITARY/EDUCATIONAL BACKGROUND

MILITARY: MOS Service Entry Date Expected Date of Discharge

Will You be Taking Terminal Leave? Yes No Expected Date of Availability to Start Work?

Please provide a copy of your DD-214 when available.

Briefly describe your Truck/Trailer Maintenance skills obtained in the military. Attach a separate sheet if necessary.

Can you provide a copy of your last three or four performance reviews? Yes No If so, please copy and attach them.

Do you have your own tools? Yes No

As you transition to the civilian world, what specific areas are you interested in moving to?

EDUCATION:

Check highest grade completed: High School 1 2 3 4 GED Yes No College 1 2 3 4

Last civilian school attended Did you graduate? Yes No

City State

Have you graduated from a Civilian Truck Driving School? Yes No

If so, Where and Date Graduated.

List all military schools you have attended. Attach a separate sheet if necessary

DATE	NAME OF SCHOOL	SPECIFIC COURSE	CERTIFICATION?

IN CASE OF EMERGENCY NOTIFY: Name

City State Phone Number() -

Relationship

HOW DID YOU HEAR ABOUT JTS-LLC? ADVERTISING OTHER SOURCE

III. EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your present or most recent billet and work backward, listing your Units and employers for at least 10 years including all full and part-time employment. Please list all unemployment dates in section below. **All time must be accounted for including military service, self-employment and periods of unemployment.** Use supplementary sheet if necessary.

Current or Most Recent Unit/ Employer: Name

Supervisor

Are you presently employed? Yes No May we call your current employer? Yes No

Address (St./City/State/Zip) Telephone () -

Position Held From (mo./yr.) To (mo./yr.) Rate of Pay Reason for Leaving?

Unit/ Employer: Name

Supervisor

Are you presently employed? Yes No May we call your current employer? Yes No

Address (St./City/State/Zip) Telephone () -

Position Held From (mo./yr.) To (mo./yr.) Rate of Pay Reason for Leaving?

Unit/ Employer: Name

Supervisor

Are you presently employed? Yes No May we call your current employer? Yes No

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Position Held From (mo./yr.) To (mo./yr.) Rate of Pay Reason for Leaving?

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Position Held From (mo./yr.) To (mo./yr.) Rate of Pay Reason for Leaving?

Unit/ Employer: Name

Supervisor

Are you presently employed? Yes No May we call your current employer? Yes No

Address (St./City/State/Zip) Telephone () -

Position Held From (mo./yr.) To (mo./yr.) Rate of Pay Reason for Leaving?

UNEMPLOYMENT DATES

From To Did you receive unemployment benefits Yes No
 From To Did you receive unemployment benefits Yes No
 From To Did you receive unemployment benefits Yes No

IV. DRIVER/MECHANIC RECORD/EXPERIENCE

LICENSE

List **all** drivers licenses/permits held in past five (5) years (Including Military) Use an additional sheet if necessary.

STATE	LICENSE NUMBER	TYPE and ENDORSEMENTS	EXPIRATION DATE

Is your current license a CDL? Yes No State Hazardous Material Endorsements? Yes No
 Would you be willing to obtain a CDL? Yes No

TRAFFIC CONVICTIONS/SUSPENSIONS

List **all car, truck, etc.** moving traffic convictions and suspensions for the past five (5) years (**if none, write none**)

DATE	LOCATION (STATE)	CHARGE	IF SPEEDING, MPH OVER LIMIT	PENALTY

Job Function

Indicate Training and Experience in the Following	Formal Training (Check)	Years of Experience	Indicate Training and Experience in the Following	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-Up and Rebuild			Electrical Repair		
Gas Engine Tune-Up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
			General Car Repair		

Shop Equipment

Indicate Training and Experience in the Following	Formal Training (Check)	Years of Experience	Indicate Training and Experience in the Following	Formal Training (Check)	Years of Experience
Electrical Diagnostic Equipment			Tire Servicing Machine		
			Wheel & Tire Balancing		
Sheet Metal Equipment			Tire Recapping Mold		
Frame and Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding Equipment			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Pain Spray Gun			Smoke Measuring Equipment		
Air Conditioning			Inspections		
			General Car Repair		

V. PHYSICAL HISTORY

FEDERAL MOTOR CARRIER SAFETY REGULATIONS SECTION 391.41 provides that a person shall not drive a motor vehicle unless that person is physically qualified to do so. It is an essential function of an over-the-road driver to satisfy the DOT qualifications. Please answer **YES** or **NO** to the following questions.

Below is a list of questions that will be asked on the mandatory Department of Transportation Physical Examination Form.

Have you ever received professional help for:

	Yes	No	Date		Yes	No	Date
Heart				High Blood Pressure			
Hernia				Cardiovascular Disease			
Physical Disorders				Diabetes			
Seizures				Any other Nervous Disorders			
Convulsions /Fainting							

If answer to any question above is "Yes", please explain in detail.

Vision - Do you have at least 20/40 (Snellen) with or without corrective lenses in both eyes? Yes No

List all current medications being taken

Do you use, or have you ever used, amphetamines, narcotics, marijuana, or any other habit forming drug or controlled substance? Yes No
If yes when?

Time lost from work in the past three years

Can you perform the following essential job functions with or without reasonable accommodation:

Pull 5th wheel pin with an average of 200 lbs. force?	Yes	No	Tarp loads at heights of 13' 6"?	Yes	No
Pull yourself into a tractor at 60% of your body weight?	Yes	No	Lift 80 pound tarps over your head?	Yes	No

VI. AUTHORIZATION

By completing and submitting this application, I:

*Agree and understand that the completion of this application does not constitute a promise to hire.

*Authorize JTS-LLC and its subsidiaries, affiliates or its agents to request information which may contain but is not limited to the following information: names and dates of previous employers; reason for termination of employment; work experience; accidents; etc.

*Authorize JTS-LLC and its subsidiaries, affiliates or its agent to request Driver Information Records from Transportation Information Services, Inc., d/b/a

DAC Services ("DAC") relating to your previous driver employment, including but not limited to, previous driver employment history, Motor Vehicle Record requests, Alcohol and Drug Test results, Criminal History and Insurance Claim Reports. I further understand that such information will include information from various state agencies which maintain records concerning traffic offenses, accidents, etc., as well as other information on file with DAC.

*Understand and agree that I may will be required to submit to and pass a drug test, an alcohol test and various other tests as required as a condition of pre-employment.

*Understand that JTS-LLC uses an electronic filing system that includes the imaging and storing of employment applications. This eliminates the retention of all original paper applications.

*Agree that providing false, misleading or incomplete statements in this application and/or supplemental documents in connection with employer's evaluation of me as a candidate for employment is grounds for immediate termination of my employment, regardless of when such information is discovered.

*Certify 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: _____ **Date:** _____

VII. NOTICE TO DRIVERS AND CERTIFICATE OF COMPLIANCE

1. NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provisions of this legislation become effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state which issued the license to that driver of such conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. Any violation is punishable by fine not to exceed \$2,500.00. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise the motor carrier the next business day after receiving notification of such action.

2. CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986 which became effective on July 1, 1987.

Driver's Name (print) _____ Social Security # _____

Driver's Address: _____

License: State _____ License No. _____

I further certify that the above commercial vehicle license is the only one held _____ (Initials).

Driver's Signature: _____

Thank you!

If you cannot return your application in person you may send it to:

U.S. Mail to:

Rick Eisiminger

JTS-LLC

5145 Copper Creek Drive

Pleasant Hill, IA 50327

540-729-0619

FAX:

515-264-0296

Email: reisminger@jts-llc.com