JUNG TRUCKING INC
3775 VENTURE DRIVE, BLDG O, STE 202 DULUTH, GA 30096
EMAIL : JUNHO.KIM@JTRUCKINGS.COM

INFORMATION / DATA SHEET

Independent Contractor **Date:**_____

GENERAL INFORMATION

*Last Name:*_____ *First name:*_____ *M.I:* ___

*Address:*_____ *City*_____ *State*_____ *Zip:* _____

*Phone #:*_____ *Pager #*_____ *Cell #*_____

*Birth date:*_____ *Are you over 25 years old?* ***YES / NO*** *Social Security Number:*_____

*Commercial Drivers License Number :*_____ *State:*_____ *Medical card expires:*_____

*Please list all of the following that you have: CA #:*_____ *US DOT #*_____ *ICC #* _____

Do you have or are you required to have a Worker Permit or other Work authorization from any State or Federal Agency? ***YES / NO***

If yes please list the issuing agency and type(s) of card possessed including Card number and Expiration date:

*Agency:*_____ *Card number:*_____ *Expires:* _____

Have you ever been convicted of any offense, other than minor traffic violations? ***YES / NO***

Do you have any physical condition that would prevent you from performing your duties? ***YES / NO***

Have you ever been dismissed from employment and / or had your contract terminated? ***YES / NO***

EDUCATION

Name Address

*HIGH SCHOOL:*_____ *GRADUATE: YES / NO*

*COLLEGE:*_____ *GRADUATE / DEGREE*

*BUSINESS OR TECHNICAL:*_____ *GRADUATE / DEGREE*

*OTHER:*_____ *GRADUATE / DEGREE*

REFERENCES

Name Address & Phone # Years Known

1. _____

2. _____

3. _____

DRIVING EXPERIENCE

Type of vehicle operated Type of equipment (van flatbed etc..) Aprox No. of miles

1. _____

2. _____

3. _____

CONTINUED ON NEXT PAGE

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PREVIOUS EMPLOYERS/CONTACTS

Date of work | Employer name and address | Contact and Phone No.

From: _____ _____ _____
Position and duties

To: _____ _____

Date of work | Employer name and address | Contact and Phone No.

From: _____ _____ _____
Position and duties

To: _____ _____

Date of work | Employer name and address | Contact and Phone No.

From: _____ _____ _____
Position and duties

To: _____ _____

Date of work | Employer name and address | Contact and Phone No.

From: _____ _____ _____
Position and duties

To: _____ _____

ATTACH ADDITIONAL SHEET IF REQUIRED (must have 10 years experience listed)

VIOLATIONS AND / OR ACCIDENTS *(within the last 12 months)*

Date | Type (violation and/or accident) | Location

1. _____

2. _____

3. _____

DRIVER CERTIFICATION

I understand that any and all of the person(s) or entities, identified above may be contacted by JUNG TRUCKING INC. and release such persons to answer and/or verify any and all information requested by JUNG TRUCKING INC. concerning my duties and responsibilities while under contract or employment to them. Additionally, I also certify that as a Commercial Driver, I possess only the Commercial *Drivers License indicated on this "Information/Data Sheet".*

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.

Driver's signature _____ ***Date:*** _____

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PAST EMPLOYMENT VERIFICATION

APPLICANT FILL OUT INSIDE THIS BOX ONLY

I authorize JUNG TRUCKING INC ("JT"), and its agents or representatives the right to investigate all references and to secure additional information about my employment background, and information related to my controlled substance and alcohol testing and/or results pursuant to Regulation 49 CFR 391.23d & e. I further authorize "JT" and its agents or representatives' permission to receive consumer reports regarding my employment history, criminal background, and worker compensation claims from third party agencies such as HireRight or other agencies, which may be requested by "JT" to provide such information. I hereby release from all liability for damages "JT" and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information:

Applicant Print Name:_____ **S.S#:**_____ **DOB:**_____

Applicant's Signature:_____ **DATE:** _____

PAST EMPLOYER'S NAME:_____ PHONE #: _____

ADDRESS:_____ CONTACT: _____

1. Dates of Employment: From:_____ To:_____ AND From:_____ To: _____

2. What type of position held?_____ If driver, see below

Type of Driving: ( ) Solo ( ) Team

Type of operation: ( ) Company Driver ( ) Owner Operator ( ) Drive for Owner Operator

Was It: ( ) Over the Road ( ) Regional ( ) Local

Type Equipment: ( ) Tractor-Trailer ( ) Straight Truck ( ) Tri-Axle ( ) Other

Type of Trailer: ( ) Pneumatic ( ) Van/Reefer ( ) Dump ( ) Tank ( ) Container
( ) Flatbed ( ) Other_____ Trailer dimensions/capacity: _____

Types of commodities hauled: ( ) Dry Bulk ( ) Iron, Steel, Etc. ( ) Coils ( ) Machine
( ) Gen. Freight ( ) Produce ( ) Liquid ( ) Scrap
( ) Other

3. Number of accidents/incidents while employed: _____
Date City/Town, State # of Injuries # of Fatalities Hazmat Release Y/N Vehicles Towed Y/N Comments

_____

_____

_____

4. Was your equipment returned to an authorized location: ( ) YES ( ) NO
5. What was reason for leaving? ( ) Voluntarily Quit ( ) Layoff ( ) Discharged Why? _____
6. Is driver eligible for rehire? ( ) Yes ( ) No Why? _____

7. DRUG/ALCOHOL TEST (S):

Was this person employed in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40 ( ) Yes ( ) No
Has this person had an alcohol test with a result of .04 or higher alcohol concentration? ( ) Yes ( ) No
Has this person tested positive or adulterated or substituted a test specimen for controlled substance? ( ) Yes ( ) No
Has this person refused to submit to a Post Accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? ( ) Yes ( ) No
Has this person committed other violations of Sub Part B of Part 382 or Part 40? ( ) Yes ( ) No
Has this person violated a DOT drug or alcohol regulation and completed a SAP prescribed rehabilitation program in your employ, including a return to duty and follow-up test. ( ) Yes ( ) No
- If Yes above, has this person, after successfully completing a SAP's Rehabilitation referral, remained in your employ, but subsequently had an alcohol test result of .04 or greater, or a verified positive drug test or refusal to be tested? ( ) Yes ( ) No
In providing this information, any drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT regulations is included:

Name_____ Address_____ Phone:_____

VERIFIED BY:_____ **TITLE:**_____ **DATE:** _____