

JTS EXPRESS, INC.

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are not discriminated against because of race, religion, national origin, sexual preference, gender, age, physical ability, or ancestry.

EMPLOYMENT APPLICATION

Please be aware your background will be checked by Private Investigators from Allied Management Resources, Inc.

- Please use ink and complete this in your own handwriting.
- Do not write "see resume" on this form; please fill it out in its entirety.

IMPORTANT NOTICE: THIS IS A VERY SIGNIFICANT DOCUMENT. YOU SHOULD BE VERY CAREFUL AS YOU COMPLETE IT. ANSWER EACH ITEM ACCURATELY AND COMPLETELY. FAILURE TO DO SO MAY RESULT IN YOUR NOT BEING CONSIDERED FOR THE POSITION OR IN YOUR TERMINATION IF INACCURATE OR OMITTED INFORMATION IS DISCOVERED AFTER YOUR EMPLOYMENT HAS BEGUN.

DATE

YOUR FULL NAME PRINTED

PERSONAL INFORMATION

NAME: _____
LAST FIRST MIDDLE

SOCIAL SECURITY #: _____ - _____ - _____

LIST ALL OTHER NAMES BY WHICH YOU HAVE EVER BEEN KNOWN:

PERMANENT ADDRESS: _____
STREET APT#

CITY STATE ZIP CODE

PHONE NUMBER PAGER OR CELL PHONE NUMBER

MAILING ADDRESS: _____
(IF DIFFERENT) STREET APT#

CITY STATE ZIP CODE

ARE YOU 18 YEARS OR OLDER?

YES ___ NO ___

CAN YOU PROVIDE PROOF OF AUTHORIZATION TO WORK IN THE U.S.?

YES ___ NO ___

(CONTINUE NEXT PAGE)

EMPLOYMENT DESIRED

POSITION DESIRED: _____

START DATE: _____

DESIRE SALARY: _____

ARE YOU AVAILABLE TO WORK: FULL-TIME? ____ PART-TIME? ____

ARE YOU EMPLOYED NOW?

YES ____ NO ____

MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

YES ____ NO ____

EVER APPLIED TO OUR FIRM BEFORE?

YES ____ NO ____

WHERE? _____ WHEN? _____

HAVE YOU EVER WORKED FOR OUR FIRM BEFORE?

YES ____ NO ____

WHERE? _____ WHEN? _____

WAS TERMINATION VOLUNTARY OR INVOLUNTARY? _____

EXACT REASON(S) FOR LEAVING:

NAME OF LAST SUPERVISOR AT OUR FIRM: _____

WHO REFERRED YOU TO US? _____

(CONTINUE NEXT PAGE)

EMPLOYMENT HISTORY

FORMER EMPLOYERS (LIST LAST FIVE EMPLOYERS FOR THE LAST FIVE YEARS,
BEGINNING WITH THE MOST RECENT)

1. NAME AND ADDRESS OF
PRESENT OR LAST EMPLOYER: _____

STARTING DATE: _____ LEAVING DATE: _____
MONTH YEAR MONTH YEAR

STARTING SALARY: _____ HRS/WK: _____ FINAL SALARY: _____

JOB TITLE: _____

MAY WE CONTACT SUPERVISOR?

YES ___ NO ___

SUPERVISOR: _____ PHONE NO: _____

DESCRIPTION OF WORK: _____

WAS TERMINATION VOLUNTARY OR INVOLUNTARY? _____

EXACT REASON(S) FOR LEAVING:

(CONTINUE NEXT PAGE)

2. NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER:

STARTING DATE: _____ LEAVING DATE: _____
MONTH YEAR MONTH YEAR

STARTING SALARY: _____ HRS/WK: _____ FINAL SALARY: _____

JOB TITLE: _____

MAY WE CONTACT SUPERVISOR?

YES ___ NO ___

SUPERVISOR: _____ PHONE NO: _____

DESCRIPTION OF WORK: _____

WAS TERMINATION VOLUNTARY OR INVOLUNTARY? _____

EXACT REASON(S) FOR LEAVING:

(CONTINUE NEXT PAGE)

3. NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER:

STARTING DATE: _____ LEAVING DATE: _____
MONTH YEAR MONTH YEAR

STARTING SALARY: _____ HRS/WK: _____ FINAL SALARY: _____

JOB TITLE: _____

MAY WE CONTACT SUPERVISOR?

YES ___ NO ___

SUPERVISOR: _____ PHONE NO: _____

DESCRIPTION OF WORK: _____

WAS TERMINATION VOLUNTARY OR INVOLUNTARY? _____

EXACT REASON(S) FOR LEAVING:

(CONTINUE NEXT PAGE)

4. NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER:

STARTING DATE: _____ LEAVING DATE: _____
MONTH YEAR MONTH YEAR

STARTING SALARY: _____ HRS/WK: _____ FINAL SALARY: _____

JOB TITLE: _____

MAY WE CONTACT SUPERVISOR?

YES ___ NO ___

SUPERVISOR: _____ PHONE NO: _____

DESCRIPTION OF WORK: _____

WAS TERMINATION VOLUNTARY OR INVOLUNTARY? _____

EXACT REASON(S) FOR LEAVING:

(CONTINUE NEXT PAGE)

5. NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER:

STARTING DATE: _____ LEAVING DATE: _____
MONTH YEAR MONTH YEAR

STARTING SALARY: _____ HRS/WK: _____ FINAL SALARY: _____

JOB TITLE: _____

MAY WE CONTACT SUPERVISOR?

YES ___ NO ___

SUPERVISOR: _____ PHONE NO: _____

DESCRIPTION OF WORK: _____

WAS TERMINATION VOLUNTARY OR INVOLUNTARY? _____

EXACT REASON(S) FOR LEAVING:

(CONTINUE NEXT PAGE)

UNEMPLOYMENT HISTORY

PLEASE ACCOUNT FOR ANY TIME YOU WERE NOT EMPLOYED IN THE LAST 10 YEARS, AFTER LEAVING SCHOOL (YOU NEED NOT LIST ANY UNEMPLOYED PERIODS OF ONE MONTH OR LESS).

TIME PERIOD: REASON(S) UNEMPLOYED:

(PLEASE ATTACH ADDITIONAL SHEETS, IF NECESSARY.)

EDUCATION

HIGH SCHOOL(S): _____

DID YOU GRADUATE?

YES ___ NO ___

COLLEGE(S): _____

COURSE OF STUDY: _____

NUMBER OF YEARS COMPLETED ____

YEAR GRADUATED: _____

TRADE/BUSINESS SCHOOL(S): _____

COURSE OF STUDY: _____

NUMBER OF YEARS COMPLETED ____

YEAR GRADUATED: _____

(CONTINUE NEXT PAGE)

MISCELLANEOUS

SUBJECTS OF SPECIAL

STUDY OR RESEARCH WORK: _____

SPECIAL TRAINING: _____

SPECIAL SKILLS: _____

DO YOU HAVE ANY COMMITMENTS TO ANOTHER ENTITY, BUSINESS, OR PERSON
THAT MIGHT AFFECT YOUR EMPLOYMENT US?

YES ___ NO ___

EXPLAIN FULLY:

(CONTINUE NEXT PAGE)

PERFORMANCE OF JOB-RELATED TASKS

ARE YOU ABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT ACCOMMODATION?

NO ____ YES, WITHOUT ACCOMMODATION ____
YES, WITH ACCOMMODATION ____

IF YOU ARE ABLE TO PERFORM THE FUNCTIONS ONLY WITH ACCOMMODATIONS, PLEASE DESCRIBE THE NATURE OF THE ACCOMMODATIONS YOU REQUIRE AND HOW YOU WOULD PERFORM THE FUNCTIONS:

IS THERE ANY REASON WHY YOU, WHEN PERFORMING YOUR DUTIES, WOULD POSE A DIRECT THREAT TO THE HEALTH OR SAFETY OF YOURSELF OR OTHERS IN THE WORKPLACE?

YES ____ NO ____

DESCRIBE FULLY: _____

DO YOU TAKE ANY ILLEGAL OR NON-PRESCRIBED DRUGS?

YES ____ NO ____

DESCRIBE FULLY: _____

DO YOU USE ALCOHOL IN A WAY WHICH MIGHT IMPAIR WORK?

YES ____ NO ____

DESCRIBE FULLY: _____

IS THERE ANY REASON WHY YOU WOULD NOT BE ABLE TO FULLY CONFORM TO ALL ATTENDANCE REQUIREMENTS?

YES ____ NO ____

DESCRIBE FULLY: _____

(CONTINUE NEXT PAGE)

CRIMINAL MATTERS - READ CAREFULLY AND ANSWER FULLY

HAVE YOU EVER BEEN CONVICTED OF (OR PLEADED GUILTY OR NOLO CONTENDERE TO) A CRIME? (DO NOT IDENTIFY MARIJUANA-RELATED MISDEMEANOR CONVICTIONS OCCURRING MORE THAN TWO YEARS AGO OR CONVICTIONS FOR WHICH THE CRIMINAL RECORD HAS BEEN EXPUNGED, SEALED OR ERADICATED BY THE COURT, OR MISDEMEANOR CONVICTIONS FOR WHICH ANY PROBATION HAS BEEN COMPLETED AND THE CASE DISMISSED BY THE COURT).

YES ___ NO ___ NO. OF TIMES ___

DID THE CONVICTION (S) (OR GUILTY OR NOLO CONTENDERE PLEA) RESULT IN IMPRISONMENT?

YES ___ NO ___ NO. OF TIMES ___

EXPLAIN EACH CONVICTION: (AND GUILTY OR NOLO CONTENDERE PLEA) FULLY. (A, CONVICTION, OR GUILTY OR NOLO CONTENDERE PLEA, WILL NOT NECESSARILY DISQUALIFY AN APPLICANT.)

HAVE YOU EVER COMMITTED A CRIME?

YES ___ NO ___ NO. OF TIMES ___

IF YES, PLEASE STATE CIRCUMSTANCES: (COMMISSION OF A CRIME WILL NOT NECESSARILY DISQUALIFY AN APPLICANT).

ARE YOU CURRENTLY CHARGED WITH AN UNRESOLVED CRIMINAL CHARGE (A CHARGE WHICH HAS NOT YET RESULTED IN A PLEA, TRIAL, OR A DROPPING OF THE CHARGE, OR FOR WHICH YOU ARE OUT ON BAIL OR ON YOUR OWN RECOGNIZANCE PENDING TRIAL)?

YES ___ NO ___

EXPLAIN FULLY: (A CHARGE WILL NOT NECESSARILY DISQUALIFY AN APPLICANT.)

(CONTINUE NEXT PAGE)

SERVICE RECORD

U.S. MILITARY OR

NAVAL SERVICE: _____ RANK: _____

PRESENT MEMBERSHIP IN

DATE NATIONAL GUARD OR RESERVES: _____ OBLIGATION ENDS: _____

RELEVANT SKILLS ACQUIRED DURING MILITARY SERVICE:

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>YEARS ACQUAINTED</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I DECLARE UNDER PENALTY OF PERJURY THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE: _____

PRINTED NAME: _____

(CONTINUE NEXT PAGE)

PLEASE READ CAREFULLY THE FOLLOWING PARAGRAPHS, UNDERSTAND EACH, AND INITIAL EACH OF THEM TO INDICATE YOU BOTH UNDERSTAND AND AGREE. THESE ARE VERY IMPORTANT. IF YOU NEED FURTHER EXPLANATION, PLEASE ASK HUMAN RESOURCES.

I DECLARE UNDER PENALTY OF PERJURY THE INFORMATION I PROVIDE THE COMPANY ON THIS APPLICATION, MY RESUME, OR BY ANY OTHER MEANS IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATION OF INFORMATION OR MATERIAL OMISSIONS OF ANY KIND WILL DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT OR, IF ALREADY EMPLOYED WHEN DISCOVERED, WILL BE JUSTIFICATION FOR IMMEDIATE DISMISSAL.

INITIALS _____

I AGREE TO IMMEDIATELY NOTIFY THE COMPANY IF I SHOULD BECOME CONVICTED OF ANY CRIME WHILE MY APPLICATION IS PENDING OR AT ANY TIME DURING MY EMPLOYMENT.

INITIALS _____

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION (AND RESUME, IF PROVIDED) AND FURTHER AUTHORIZE ANY PERSON, SCHOOL, CURRENT EMPLOYER (EXCEPT AS EXPRESSLY NOTED ON THE APPLICATION), CONSUMER REPORTING AGENCY OR ORGANIZATION, WHETHER OR NOT NAMED IN THIS APPLICATION, TO GIVE THE COMPANY RECORDS, INFORMATION AND OPINION WHICH MAY BE USEFUL IN THEIR MAKING AN EMPLOYMENT DECISION. I RELEASE ALL THE ABOVE INFORMANTS FROM ALL LIABILITY FOR ANY DECISION, CLAIM OR DAMAGE THAT MAY RESULT FROM FURNISHING SUCH INFORMATION AND OPINION, SO LONG AS IT IS MADE IN GOOD FAITH TO THE COMPANY.

INITIALS _____

I GIVE PERMISSION FOR A PRE-EMPLOYMENT DRUG/ALCOHOL SCREENING EXAMINATION AND, IF THE COMPANY MAKES A CONDITIONAL JOB OFFER, I GIVE PERMISSION FOR A COMPLETE PHYSICAL AND MENTAL EXAMINATION, HEREBY GIVING MY CONSENT TO THE APPROPRIATE RELEASE OF ANY AND ALL MEDICAL INFORMATION, AS MAY BE DEEMED NECESSARY BY THE COMPANY.

INITIALS _____

IF I BECOME EMPLOYED/ IN CONSIDERATION OF RAY EMPLOYMENT, I AGREE THAT MY EMPLOYMENT WILL BE AT-WILL AND MAY BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER MYSELF OR THE COMPANY. ONLY THE PRESIDENT OF THE COMPANY HAS AUTHORITY TO ENTER INTO AN EMPLOYMENT AGREEMENT FOR A SPECIFIED PERIOD OF TIME OR OF TERMINATION ONLY FOR CAUSE, AND ANY SUCH AGREEMENT MUST BE IN WRITING. I UNDERSTAND AND ACKNOWLEDGE THAT THIS CONSTITUTES THE ENTIRE AGREEMENT BETWEEN MYSELF AND THE COMPANY REGARDING THE TERM OF EMPLOYMENT AND SUPERSEDES ANY OTHER WRITTEN OR ORAL AGREEMENT, DISCUSSION, WRITTEN AGREEMENT OR UNDERSTANDING.

INITIALS _____

(CONTINUE NEXT PAGE)

IF I BECOME EMPLOYED, IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO COMPLY WITH THE RULES, REGULATIONS, POLICIES AND PROCEDURES OF THE COMPANY.

INITIALS_____

I UNDERSTAND THAT, IF I AM OFFERED EMPLOYMENT, I UNDERSTAND I WILL BE REQUIRED TO REVIEW, COMPLETE AND EXECUTE VARIOUS EMPLOYMENT DOCUMENTS INCLUDING, BUT NOT LIMITED TO, THIS APPLICATION, EMPLOYEE HANDBOOK AND FORMS SHOWING I RECEIVED CERTAIN MATERIAL. I AGREE THE PROCESS OF MY BEING HIRED WILL NOT BE COMPLETE UNTIL ALL SUCH DOCUMENTS REQUIRED BY THE COMPANY HAVE BEEN SIGNED.

INITIALS_____

COMPANY PROBLEM RESOLUTION PROCEDURE AND AGREEMENT TO ARBITRATE:

IF OFFERED EMPLOYMENT, I UNDERSTAND THAT A CONDITION OF EMPLOYMENT IS TO AGREE TO THE COMPANY'S PROBLEM RESOLUTION PROCEDURE, WHICH INCLUDES AN AGREEMENT TO ARBITRATE AS A FINAL AND BINDING STEP, AND I AGREE THAT THE PROCESS OF MY BECOMING AN EMPLOYEE CAN NOT AND WILL NOT BECOME COMPLETE UNTIL I HAVE SIGNED ALL EMPLOYMENT DOCUMENTS INCLUDING, BUT NOT LIMITED TO, THE AGREEMENT TO ARBITRATE.

INITIALS_____

I AGREE THAT, SHOULD ANY PART OF THIS APPLICATION BE ULTIMATELY DEEMED UNENFORCEABLE OR ILLEGAL, THE REMAINING PORTIONS SHALL REMAIN UNAFFECTED AND FULLY ENFORCEABLE.

INITIALS_____