

JAT Oil Inc.
600 West Main Street
PO Box 5288
Chattanooga, TN 37406
423-629-6611

DRIVER APPLICATION

Applicant Name: _____

Date: _____

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 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 matters as may be necessary in arriving at an employment decision. I hereby release employers, school, health 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 may result in discharge. I understand also, that I am required to abide by all rules and regulations of the company. I understand the information I provide regarding current and or previous employers may be used, and those employers will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 381.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by a previous employers and for previous employers to re-send the corrected information to prospective employers
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information

Job applicants, be advised that JAT Oil Inc. participates in E verify.

Signature: _____

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: _____

Termination report placed in file : _____ Supervisor: _____

APPLICANT TO COMPLETE

(be sure to answer all questions-please print)

Name: _____

(First) (Middle) (Maiden, JR,SR) (Last name)

Current Address: _____

Street City State and ZIP Code

How Long: _____

Date of birth: _____ Social Security: _____

Phone number: _____ Cell number: _____

In case of emergency contact: _____ Telephone: _____

Address for past three years: _____

Street City State and ZIP Code

Street City State and ZIP Code

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

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.

EMPLOYMENT HISTORY

On driver applications to drive in interstate and intrastate commerce must provide the following information on all employers During the preceding three years. List complete mailing address is, street number, city, state, and ZIP Code.

Applicants to drive a commercial motor vehicle in interstate or interstate commerce shall also provide an additional seven years information on those employers for whom the applicant operated such vehicle. Please list employers in reverse order starting with the most recent add another sheet if necessary.

Employer Name: _____

Address: _____

Street City State and ZIP Code

Dates Employed: From _____ To: _____

REASON FOR LEAVING: _____

Position Held: _____ Salary/Wage _____

Contact Person: _____ Phone number _____

Were you subject to the FMCSRs while employed? _____

What is your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40?

Employer Name: _____

Address: _____

Street City State and ZIP Code

Dates Employed: From _____ To: _____

REASON FOR LEAVING: _____

Position Held: _____ Salary/Wage _____

Contact Person: _____ Phone number _____

Were you subject to the FMCSRs while employed? _____

What is your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40?

Employer Name: _____

Address: _____

Street City State and ZIP Code

Dates Employed: From _____ To: _____

REASON FOR LEAVING: _____

Position Held: _____ Salary/Wage _____

Contact Person: _____ Phone number _____

Were you subject to the FMCSRs while employed? _____

What is your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40?

Employer Name: _____

Address: _____

Street City State and ZIP Code

Dates Employed: From _____ To: _____

REASON FOR LEAVING: _____

Position Held: _____ Salary/Wage _____

Contact Person: _____ Phone number _____

Were you subject to the FMCSRs while employed? _____

What is your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40?

The Federal motor carrier safety regulations (FMCSR) Apply to anyone operating a motor vehicle on a highway and interstate or intrastate commerce to transport passengers or property when the vehicle Weighs or has a GVWR of 10,001 pounds or more or is designed to transport nine or more passengers, or is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE
(Attach sheet if needed) If none, write NONE

Dates	Nature of accident (Head on, rear end, upset, etc.)	Fatalities	Injuries Y/N	Hazardous material spilled Y/N
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Last accident: _____

Previous: _____

Next previous: _____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS
(OTHER THAN PARKING VIOLATIONS) If none, write NONE

Location: _____ Date: _____

Charge: _____ Penalty: _____

(attach sheet if more space is needed)

EXPERIENCE AND QUALIFICATIONS

State License# Type ExpirationDate

Have you ever been denied a; license, permit, or privilege to operate a motor vehicle? _____

Has any license, permit, or privilege ever been suspended or revoked? _____

If the answer is yes, give details _____

DRIVING EXPERIENCE

(Check Yes or No/Check all that apply)

List dates operated in for the past five years _____

Straight Truck: _____ Yes No

VAN TANK FLAT DUMP REFER

Tractor & Semi Trailers: _____ Yes No

VAN TANK FLAT DUMP REFER

Tractor & 2 Trailers: _____ Yes No

VAN TANK FLAT DUMP REFER

Tractor & 3 Trailers: _____ Yes No

VAN TANK FLAT DUMP REFER

Motor coach - School Bus: _____ Yes No

MORE THAN 8 PASSENGERS MORE THAN 15 PASSENGERS

Show special courses or training that will help you as a driver _____

Which safe driving award do you hold in from home? _____

EXPERIENCE AND QUALIFICATIONS

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

Check 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, state

TO BE READ AND SIGNED BY APPLICANTS

This certifies that the 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

Date _____

Signature _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

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

Prospective employees printed name: _____

Prospective employees SS # or ID # _____

The perspective employee is required by Sec. 40.25(j) to respond to the following questions:
Have you tested positive, or refused to test, or any pre-employment drug or alcohol test administered by an employer to which you applied for, Or did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes No

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

Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee's Signature _____

Date _____

Witness Signature _____

Date _____

Record retention guidelines: If yes to question one retain this form and documentation provided for five years. If you know to question one, discard after employment terminated but not less than two years from date of statement.

DISCLOSURE

We JAT Oil Inc. will obtain one or more consumer reports or investigate of consumer reports about you for employment purposes. These purposes may include hiring, contract, assignment, promotion, reassignment, and termination. The reports will include information about your character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through a consumer reporting agency. Our consumer reporting agency is backgroundchecks.com. BGC's address is POBox 353, Chapin, SC 29036. BGC's Telephone number is 866-265-6602 and you may find information about BGC's international privacy policies practices.

To prepare the report, BGC they investigate your education, work history, professional licenses, and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources.

You made obtain a copy of the report at BGC provide and files about you by providing identification to BGC. If you do you BGC will provide you with help to understand the files, including trained personnel and an explanation Of any codes. Another person may accompany you by providing identification.

If BGC obtain any information about interview, you may have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

Please sign below to acknowledge your receipt of this disclosure.

Signature: _____

Date: _____

Printed name: _____

Do not attach this document to or include it in an employment application or any other document

COMMERCIAL DRIVER INQUIRY AUTHORIZATION

To be read and signed by commercial driver applicant

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, healthcare providers, and other persons of 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

I understand the information provided regarding current and or previous employers maybe used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by current or previous employers
- Have errors in information corrected by a previous employers and for those previous employers to re-send the corrected information to the prospective employer.
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

Signature of applicant: _____

Date: _____

This certifies that this application was completed by me and all entries on it and information in it are true and complete to the best of my knowledge. Such information includes if any, a resume or supplemental materials.

Signature of applicant: _____

Date: _____

JAT OIL INC. BLUE CROSS BLUE SHIELD HEALTH INSURANCE

As of 10/01/2017

JAT Maintains a policy with blue cross and blue shield of Tennessee (BCBST) To provide health insurance two full-time employees. JAT's Current policy is valid through October. All premium amounts are subject to change at policy renewal.

JAT's policy has two networks, S and P, with in both networks the coverage is identical. The only difference between the two networks is the provider and hospital. Both networks are high deductible health care plans which in turn allows the employee to enroll in a health savings account. Full-time employees are eligible for enrollment within 60 days of hiring.

JAT Does not fund health care premiums for spouse, children, or other family members. Currently, JAT does fund the majority of premiums for employees. Below are the premium rates for both S & P network.

P NETWORK

Employee \$17.07
Employee and spouse \$106.86
Employee and children \$84.84
Employee and family \$183.23
all/per week

S NETWORK

Employee \$5.73
Employee and spouse \$83.06
Employee and children \$64.08
Employee and family \$148.80
all/per week

Within JAT's BCBST policy, dental and vision coverage is available but the premium payment is 100% funded by the employee. Below are the premium rates for both dental and vision.

DENTAL

Employee \$7.26
Employee and spouse \$15.97
Employee and children \$13.07
Employee and family \$23.81
all/per week

VISION

Employee \$1.70
Employee and spouse \$3.40
Employee and children \$3.57
Employee and family \$5.61
all/per week