



**S&J**  
Transportation Co.

# DRIVER APPLICATION FOR EMPLOYMENT

309 MERCHANT ST., EMPORIA, KS 66801 | 620-343-7000

*This form must be completed and signed by the applicant.*

## APPLICANT INFORMATION

Date of Application \_\_\_\_\_ Available Start Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
*Last First MI*

Maiden Name(s), if any \_\_\_\_\_

Present Address \_\_\_\_\_  
*Street City State Zip*

Please list all residences during the past 3 years.

\_\_\_\_\_  
*Street City State Zip How long?*

\_\_\_\_\_  
*Street City State Zip How long?*

\_\_\_\_\_  
*Street City State Zip How long?*

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Are you 18 years or older?  Yes  No Date of Birth \_\_\_\_\_

***Federal & Kansas law prohibits unlawful employment discrimination on the basis of age with respect to individuals who are at least 40 years of age.***

Are you a citizen of the United States?  Yes  No

If no, are you lawfully authorized to work in the United States?  Yes  No  N/A

How did you learn about S&J Transportation Co.?  Online  Newspaper  Radio  Word of Mouth

Employee \_\_\_\_\_  Other \_\_\_\_\_  
*Name*

Type of Employment?  Full Time  Part Time Rate of Pay Desired \_\_\_\_\_ per hour

Are you employed now?  Yes  No May we contact your present employer?  Yes  No  N/A

Why do you want to change employment? \_\_\_\_\_

Have you previously been employed by EVCO?  Yes  No If yes, when? \_\_\_\_\_

## BACKGROUND

Have you ever been accused, convicted, plead guilty or "No Contest" to, or been granted diversion, relating to any crime?  Yes  No

If so, please state citation, date and place where the offense occurred. \_\_\_\_\_

***A criminal record will not necessarily be a bar to employment, and factors such as age and the time, seriousness and nature of the offense, and your rehabilitation will be considered in the hiring decision. You may exclude traffic offenses of a minor nature, but must include DUI/DWI offenses.***

## EDUCATION

	Name and Location	Years Attended	Did you Graduate?	Subject/Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Specialized Training			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## PERSONAL REFERENCES

List two individuals ***not related to or living with you***, whom you have known for at least one year.

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone#*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone#*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Years Acquainted*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Years Acquainted*

**COMMERCIAL DRIVER LICENSES/PERMITS**

State	License No.	Type	Expiration Date

**DRIVING EXPERIENCE**

Equipment Class	Type (Van, tank, flat, etc)	Beginning Date	Ending Date	Approx # of Miles
Straight Truck				
Tractor/Trailer				
Tractor/2 Trailers				
Other				

**ACCIDENT RECORD FOR THE PAST 3 YEARS** *(attach additional sheet if necessary)*

Date	Nature of Accident	Injuries	Fatalities

**MOTOR VEHICLE VIOLATIONS FOR THE PAST 3 YEARS** *(other than parking violations)*

Date	Location	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any license, permit or privilege ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY** (must include last 3 yrs for employment, 10 yrs for commercial driving experience)

Date	Name, Address, Phone#	Salary	Position/Responsibilities	Reason for Leaving
From ____/____ Month Year		Starting		
To ____/____ Month Year		Ending		
Were you subject to the Federal Motor Carrier Safety Regulations while employed with this employer?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job designated as a safety sensitive function in any DOT Regulated mode, subject to alcohol and controlled substances testing requirements, as required by 49 CFR part 40?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Date	Name, Address, Phone#	Salary	Position/Responsibilities	Reason for Leaving
From ____/____ Month Year		Starting		
To ____/____ Month Year		Ending		
Were you subject to the Federal Motor Carrier Safety Regulations while employed with this employer?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job designated as a safety sensitive function in any DOT Regulated mode, subject to alcohol and controlled substances testing requirements, as required by 49 CFR part 40?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Date	Name, Address, Phone#	Salary	Position/Responsibilities	Reason for Leaving
From ____/____ Month Year		Starting		
To ____/____ Month Year		Ending		
Were you subject to the Federal Motor Carrier Safety Regulations while employed with this employer?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job designated as a safety sensitive function in any DOT Regulated mode, subject to alcohol and controlled substances testing requirements, as required by 49 CFR part 40?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Date	Name, Address, Phone#	Salary	Position/Responsibilities	Reason for Leaving
From ____/____ Month Year		Starting		
To ____/____ Month Year		Ending		
Were you subject to the Federal Motor Carrier Safety Regulations while employed with this employer?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job designated as a safety sensitive function in any DOT Regulated mode, subject to alcohol and controlled substances testing requirements, as required by 49 CFR part 40?				<input type="checkbox"/> Yes <input type="checkbox"/> No

**EMPLOYMENT HISTORY** *(must include last 3 yrs for employment, 10 yrs for commercial driving experience)*

Date	Name, Address, Phone#	Salary	Position/Responsibilities	Reason for Leaving
From ____/____ Month Year		Starting		
To ____/____ Month Year		Ending		
Were you subject to the Federal Motor Carrier Safety Regulations while employed with this employer?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job designated as a safety sensitive function in any DOT Regulated mode, subject to alcohol and controlled substances testing requirements, as required by 49 CFR part 40?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Date	Name, Address, Phone#	Salary	Position/Responsibilities	Reason for Leaving
From ____/____ Month Year		Starting		
To ____/____ Month Year		Ending		
Were you subject to the Federal Motor Carrier Safety Regulations while employed with this employer?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job designated as a safety sensitive function in any DOT Regulated mode, subject to alcohol and controlled substances testing requirements, as required by 49 CFR part 40?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Date	Name, Address, Phone#	Salary	Position/Responsibilities	Reason for Leaving
From ____/____ Month Year		Starting		
To ____/____ Month Year		Ending		
Were you subject to the Federal Motor Carrier Safety Regulations while employed with this employer?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job designated as a safety sensitive function in any DOT Regulated mode, subject to alcohol and controlled substances testing requirements, as required by 49 CFR part 40?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Date	Name, Address, Phone#	Salary	Position/Responsibilities	Reason for Leaving
From ____/____ Month Year		Starting		
To ____/____ Month Year		Ending		
Were you subject to the Federal Motor Carrier Safety Regulations while employed with this employer?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job designated as a safety sensitive function in any DOT Regulated mode, subject to alcohol and controlled substances testing requirements, as required by 49 CFR part 40?				<input type="checkbox"/> Yes <input type="checkbox"/> No

## MOTOR VEHICLE RECORD CONSENT FORM

This form is to be completed by all applicants who apply for a position that will require driving during the course of their employment. This includes delivery drivers, sales employees, and anyone who is authorized to drive a company-insured vehicle. S&J Transportation Co. will review a pre-employment Motor Vehicle Record (MVR), and at least annually thereafter.

**Completion of this form is not optional.** Allowing the company to review a current driving record is a condition of continued employment.

Full Legal Name \_\_\_\_\_  
*Last* *First* *Middle*

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State of Issue \_\_\_\_\_

Address \_\_\_\_\_  
*Street* *City* *State* *Zip*

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

I hereby authorize S&J Transportation Co., 309 Merchant St./PO Box D, Emporia, KS 66801 to obtain my driver's license information, including my personal information on those records.

\_\_\_\_\_  
*Signature* *Date*

**NEW DRIVER EMPLOYEES:** The Federal Motor Carrier Safety Administration requires that an employer inquire about a driver's driving record during the preceding 3 years for every state in which the driver held a motor vehicle operator's license or permit. This inquiry must be made within 30 days of the date employment begins. (Reg 391.23)

**CURRENT DRIVER EMPLOYEES:** The Federal Motor Carrier Safety Administration requires that a motor carrier shall, at least once every 12 months, make and inquiry into the driving record of each driver it employs, covering at least the preceding 12 months, to the appropriate agency of every state in which the driver held a commercial vehicle operator's license or permit. (Reg 391.25)



## READ AND SIGN BEFORE SUBMITTING APPLICATION

Previous employers will be contacted. Federal Motor Carrier Safety Regulation 391.21(d) requires notification to you that the information you have provided on this application may be used, and your previous employers will be contacted, for the purpose of investigating your safety performance history information as required by Federal Motor Carrier Safety Regulation 391.23. Applicants who refuse to sign a release of information form will not be eligible for hire as a CMV driver.

**Due process rights.** Further, FMCSR 391.21(d) requires notification of your due process rights as specified in 391.23(i) regarding the investigative information that will be provided by your previous employers pursuant to CFR 391.23(d) (e). You have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer. You have the right to have a rebuttal statement attached to the alleged erroneous information, if you and the previous employer cannot agree on the accuracy of the information. Drivers who wish to review applicable information must submit a written request to the prospective employer within 30 days after being employed or being notified of denial of employment. The prospective employer will respond within 5 business days of receiving the written request. If the prospective employer has not yet received the information from the previous employer(s), then the 5-business days will begin when the prospective employer receives the requested information. The driver must arrange to pick up or receive the requested records within 30 days of the prospective employer making them available or the prospective employer may consider the driver to have waived his/her request to review the records. Drivers wishing to request correction of erroneous information in records received pursuant to CFR 329.23 (i) must send the request for the correction to the previous employer that provided the records to the prospective employer. Drivers who wish to rebut information in records received pursuant to CFR 329.23 (i) must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

**Substance Abuse Commitment.** It is the policy of S&J Transportation Co. that its drivers be free of substance and alcohol abuse, and has adopted a Substance Abuse Policy in accordance with 49 CFR Part 391. By submission of this application, the applicant agrees to follow all aspects of S&J Transportation Co.'s Substance Abuse Policy and submit to testing for safety-sensitive positions.

I 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.

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*Applicant Signature*

*Date*



THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

## **IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE**

In connection with your application for employment with S&J Transportation, Co. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, 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 its 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.

When the application for employment is submitted by mail, telephone, computer, or other similar means, 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 must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a state, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

## AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize S&J Transportation, Co. ("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 authorizing 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 challenge 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 understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and state citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain on my PSP report. I have read the above disclosure regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this disclosure and authorization, 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.

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*Applicant Name*

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*Applicant Signature*

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*Date*

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

## READ AND SIGN BEFORE SUBMITTING APPLICATION

By signing and submitting this application for employment to S&J Transportation Co., I have read, clearly understand, certify and otherwise agree as follows:

(1) I certify that the information contained in this application is correct and complete to the best of my knowledge and understand that any omission, misrepresentation or falsification of information made herein or in any interviews will result in the refusal to employ me or my dismissal if discovered after I am employed;

(2) I authorize the references, schools and current and past employers I have listed to give S&J Transportation Co., any and all information concerning my previous employment and any information they may have, personal or otherwise, and I release all parties from all liability for any damages or claims that may result from furnishing information about me to the Company;

(3) If I am employed, I will abide by the rules, regulations and policies of S&J Transportation Co.;

(4) I understand that my employment is **“AT-WILL”**. If I am hired, my employment and compensation can be terminated, with or without cause, with or without notice, at any time, at the option of either the Company or myself;

(5) I understand that no representative of S&J Transportation Co., other than the President of the Company, has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing.

***By submitting electronically, I agree that this electronic signature has the same legal effect and will be enforced the same as a written signature.***

***By submitting an incomplete application, I realize that I will not be considered for employment.***

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

**If submitting this application electronically, please email [hr@evcofoods.com](mailto:hr@evcofoods.com), and include in the subject line “Last name, First name Application” Example: Smith, John Application.**

### EMPLOYER USE ONLY

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_ Pre-employment Date \_\_\_\_\_

Hired  Yes  No Starting Date \_\_\_\_\_ Position \_\_\_\_\_ Wages \_\_\_\_\_

# REQUEST FOR DRIVER SAFETY AND SUBSTANCE ABUSE INFORMATION FROM PREVIOUS EMPLOYER



S&J

Transportation Co.

Please return completed form to:  
309 Merchant St./PO Box D, Emporia, KS 66801  
Ph. 620-343-7000, Fax 620-343-6375

## APPLICANT SECTION

**Applicant's Authorization:**

I hereby authorize my previous employers to release the following information (front and back) to S&J Transportation Co. for the purpose of investigation, as required by Section 40.25 and Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

## TO BE COMPLETED BY S&J TRANSPORTATION

Previous Employer \_\_\_\_\_

Address \_\_\_\_\_  
*Street* *City* *State* *Zip*

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## TO BE COMPLETED BY PREVIOUS EMPLOYER

Dear Previous Employer,

The applicant named above has applied for a driving position with our company, and states that he/she was previously employed by you. Please complete this form and return it as soon as possible. We appreciate your prompt attention to this, as we are required by Section 391.23 of the Federal Motor Carrier Safety Regulations to obtain a driver's safety performance history.

## GENERAL EMPLOYMENT INFORMATION

Employment Start Date \_\_\_\_\_ Employment End Date \_\_\_\_\_

Position \_\_\_\_\_

Reason for leaving:  Voluntary  Terminated  Other \_\_\_\_\_

1. Is person eligible for rehire? If no, why not? _____	Y N <input type="checkbox"/> <input type="checkbox"/>
2. Did he/she drive a motor vehicle for your company? Please check all that apply: <input type="checkbox"/> Passenger Car <input type="checkbox"/> Bus <input type="checkbox"/> Tractor/Semi Trailer <input type="checkbox"/> Straight Truck <input type="checkbox"/> Other _____	Y N <input type="checkbox"/> <input type="checkbox"/>
3. Was the driver subject to Federal Motor Carrier Safety Regulations while employed by you?	Y N <input type="checkbox"/> <input type="checkbox"/>

Attendance	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Attitude toward company	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Safety habits	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Congeniality	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Initiative	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Driving skill	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

## TO BE COMPLETED BY PREVIOUS EMPLOYER

### ACCIDENT HISTORY

Did the applicant have any accidents while employed by your company? If yes, please complete the following for each accident during the past 3 years. Attach another sheet if necessary. A copy of the accident report must be enclosed for each occurrence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Date	City & State	# Injuries	# Fatalities	Hazardous Materials Released?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

### SUBSTANCE ABUSE INFORMATION

Was the applicant in a safety-sensitive position while employed by your company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the applicant subject to Department of Transportation testing requirements while employed by your company? (If no, please skip the remaining questions. If yes, please answer the remaining questions.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Under Department of Transportation testing requirements, in the past 3 years:

Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this person had a verified positive drug test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this person refused to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant committed other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did a previous employer report a drug or alcohol rule violation to you? If yes, you must provide the previous employers report.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this person has violated a DOT drug or alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up test? (Please send this documentation back with this form, if applicable.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

### PREVIOUS EMPLOYER INFORMATION

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street                      City                      State                      Zip

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### EMPLOYER USE ONLY

1st Request	on	/	/	/	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Phone	Received: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Phone   on _____/_____/_____ By _____
2nd Request	on	/	/	/	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Phone	
3rd Request	on	/	/	/	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Phone	