

DATE: _____

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JBS CARRIERS
APPLICATION FOR EMPLOYMENT
TRUCK DRIVER

(PLEASE COMPLETE THE ENTIRE APPLICATION)

I understand that the information in this application will be used, and that prior employers will be contacted, for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

PERSONAL DATA:

FIRST NAME MIDDLE LAST NAME

HOME PHONE SOCIAL SECURITY NUMBER

CELL PHONE

List your addresses of residency for the past three years.

Current Address _____ **How Long?** _____
Street Month/Year

City State Zip

Previous Addresses _____ **How Long?** _____
Street Month/Year

City State Zip

Street Month/Year

City State Zip

Do you have the legal right to work in the United States? Yes() No()

Date of Birth ____/____/____

Have you worked for this company before? Yes() No() Where? _____

Are you now employed? Yes() No() If not, how long since leaving last employment? _____

Who referred you? _____

Have you ever been convicted of a felony? Yes() No() If yes, please explain fully on a separate sheet of paper. Convictions of a crime are not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied?

EDUCATION:

CIRCLE HIGHEST GRADE COMPLETED:
HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

OTHER INFORMATION:

EMERGENCY CONTACT PERSON: _____

Home phone number: (_____) _____ Cell phone number: (_____) _____

Work phone number: (_____) _____ Relationship: _____

EXPERIENCE AND QUALIFICATIONS:

List all driver licenses or permits held in the past 3 years.

	STATE	LICENSE NUMBER	CLASS	EXPIRATION DATE
CDL DRIVER LICENSES				

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes() No()

Has any license, permit or privilege ever been suspended or revoked? Yes() No()

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes() No()

If the answer is yes to the above questions, please provide details.

List any trucking, transportation or other experience that may help you in your work for this company as a driver.

List courses or training not shown elsewhere on this application.

List forklift training and experience.

How many years' years of experience driving a commercial motor vehicle do you have? _____

How many years over the road driving experience do you have? _____

How many years of local driving experience do you have? _____

List states you operated in for the last five years. _____

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

Which safe driving awards do you hold and from whom?

Do you know and understand how to properly complete Driver's Daily Logs? Yes() No()

Do you know and understand Federal Motor Carrier's Safety Regulations? Yes() No()

Have you ever been discharged or lost driver approval because of an accident? Yes() No()

Have you ever been refused motor vehicle insurance? Yes() No()

Drivers approved by this Company are held personally responsible for all traffic laws they break. Do you accept this rule? Yes() No()

DRIVING EXPERIENCE:

List all experience. If no experience write NONE beside the listed equipment.

CLASS OF EQUIPMENT (Check Yes or No)	CIRCLE TYPE OF EQUIPMENT	DATE FROM – TO (Month/Year)	APPROXIMATE NUMBER of MILES per YEAR
STRAIGHT TRUCK Yes() No()	VAN, TANK, FLAT, DUMP, REEFER		
TRACTOR AND SEMI-TRAILER Yes() No()	VAN, TANK, FLAT, DUMP, REEFER		
TRACTOR – TWO TRAILERS Yes() No()	VAN, TANK, FLAT, DUMP, REEFER		
MOTORCOACH – SCHOOL BUS Yes() No()			

ACCIDENT RECORD FOR PAST 3 YEARS:

(Attach additional sheet if more space is needed.)

List all personal vehicle and commercial motor vehicle accidents. If no accidents write NONE in the boxes below.

	NATURE OF ACCIDENT (Backing, Head-on, Rear End, etc)	FATALITIES (Yes or No)	INJURIES (Yes or No)	WERE YOU CITED? (Yes or No)
LAST ACCIDENT Date:				
PREVIOUS ACCIDENT Date:				
NEXT PREVIOUS ACCIDENT Date:				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS:

(Attach sheet if more space is needed)

List all violations. If no convictions or violations, write NONE across the boxes below.

LOCATION	DATE	VIOLATION	PENALTY

TEN YEAR EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete phone numbers, street numbers, city, state, zip codes and supervisor name and title.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years’ information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYER	DATE FROM / TO	
Name:	Month / Year:	Month / Year:
Address:	Position Held:	
City / State / Zip:	Salary / Wage	
Contact Person:	Phone Number:	
Title:	Fax Number:	
Were you subject to the FMCSRs while employed? Yes () No ()		
Was 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? Yes () No ()		
Reason for Leaving:		

EMPLOYER	DATE FROM / TO	
Name:	Month / Year:	Month / Year:
Address:	Position Held:	
City / State / Zip:	Salary / Wage	
Contact Person:	Phone Number:	
Title:	Fax Number:	
Were you subject to the FMCSRs while employed? Yes () No ()		
Was 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? Yes () No ()		
Reason for Leaving:		

EMPLOYER	DATE FROM / TO	
Name:	Month / Year:	Month / Year:
Address:	Position Held:	
City / State / Zip:	Salary / Wage	
Contact Person:	Phone Number:	
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Reason for Leaving:		

APPLICANT PLEASE READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

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, married status, veteran status, non-job related disability, or any other protected group status,

I understand that the information in this application will be used, and that prior employers will be contacted, for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations I authorize you to make such investigations and inquiries of my personal, medical history and other related matters as necessary in arriving at an employment decision or for employment purposes in the event that I am employed by you. As part of such inquiries and investigations, I authorize you to obtain reports on me defined as “consumer reports” under the **Fair Credit Reporting Act**, Provisions of Section 604(b)(2)(A). I hereby release former employers, schools, health care providers, division of motor vehicles, and other persons from all liability in responding to inquiries and releasing information in connection with my application. I hereby authorize procurement of consumer report(s). If hired, this authorization shall remain on file and shall service as ongoing authorization for you to procure consumer reports at any time during my employment period.

In the event of employment, I understand that false or misleading information given on this application or in interviews may result in discharge.

I agree to conform to the rules and regulations of JBS CARRIERS, and I understand my employment and compensation can be terminated with or without cause, and with or without notice at any time.

I consent to take physical examinations and to provide samples of my blood and/or urine for analysis and consent to breath alcohol testing when requested during the course of my employment as required by Department of Transportation regulations or company policy.

This certifies that this application was completed by me, and that all entries contained on the application are true and complete to the best of my knowledge.

DATE

APPLICANT’S SIGNATURE

TO SUBMIT APPLICATION

**Mail application to:
JBS CARRIERS
Attn: Bennie Hill
1770 Promontory Circle
Greeley, CO 80634**

OR

Fax to: 970-336-6612