



1355 E. Archwood Avenue
Akron, Ohio 44306
Phone: 330-375-0905
Email: mhickin@jmjtransporation.com
FAX Application: 330-375-0907

Employment Application - Driver

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Every question must be answered. If the answer is "none," then write "None," not N/A."

Date of Application: _____ Position Applied For: _____

Full Name: _____ Date of Birth: ____/____/____

Current Address: _____

Phone Number: _____

Email: _____

SS#: _____

List Any Prior Addresses you have lived in the past three years:

Experience

Straight Truck Experience: _____ # of Years: _____

Semi (List types of equipment such as van, flat etc.)

Type: _____ # of Years: _____

Type: _____ # of Years: _____

Type: _____ # of Years: _____

Traffic Violations

Date: _____ Location: _____ Charge: _____ Type of Vehicle: _____

Date: _____ Location: _____ Charge: _____ Type of Vehicle: _____

Accidents

Date: _____ Location: _____ Description: _____ Vehicle: _____

Date: _____ Location: _____ Description: _____ Vehicle: _____

Driver licenses held in the last three years

State of License: _____ License number: _____ Expiration date: _____

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State of License: _____ License number: _____ Expiration date: _____

Are you currently diagnosed with clinical alcoholism or drug addiction, using an amphetamine, narcotic, or any other habit-forming drug? An exception would be a drug that is prescribed by a licensed medical practitioner and you have been advised that the prescribed drug will not adversely affect your ability to safely operate a commercial motor vehicle. If yes, please explain: _____

Do you have any physical impairments that are listed in Section 391.41 of the Fleet Safety Compliance Manual that would limit your driving eligibility? _____ If yes, please explain:

Have you ever been denied a driver's license? _____ If yes, when? _____

Reason: _____

Have you ever been convicted of a felony? _____ If yes, list date and nature of offense: _____

List all schools or training related to trucking that you have attended: _____

Circle the highest level of education you have completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 GED

Have you ever served in the Armed Forces? _____ If yes, did you receive an honorable discharge? _____

Are you a U.S. citizen? _____ If foreign national, do you have a valid green card? _____

List the states in which operated in the last three years: _____

List three references other than relatives

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

List all employment during the last three years

Company: _____ Supervisor's name: _____

Address: _____ Phone: _____

Fax: _____ Dates employed from: _____ to: _____

Position: _____ Reason for leaving: _____

Was this job subject to Federal Motor Carrier Safety Regulations? Yes No

Were you subject to drug and alcohol testing under DOT rules? Yes No

Company: _____ Supervisor's name: _____

Address: _____ Phone: _____

Fax: _____ Dates employed from: _____ to: _____

Position: _____ Reason for leaving: _____

Was this job subject to Federal Motor Carrier Safety Regulations? Yes No

Were you subject to drug and alcohol testing under DOT rules? Yes No

Company: _____ Supervisor's name: _____

Address: _____ Phone: _____

Fax: _____ Dates employed from: _____ to: _____

Position: _____ Reason for leaving: _____

Was this job subject to Federal Motor Carrier Safety Regulations? Yes No

Were you subject to drug and alcohol testing under DOT rules? Yes No

Company: _____ Supervisor's name: _____

Address: _____ Phone: _____

Fax: _____ Dates employed from: _____ to: _____

Position: _____ Reason for leaving: _____

Was this job subject to Federal Motor Carrier Safety Regulations? Yes No

Were you subject to drug and alcohol testing under DOT rules? Yes No

List any driving experience in the last ten years NOT listed above

Company: _____ Supervisor's name: _____
Address: _____ Phone: _____
Fax: _____ Dates employed from: _____ to: _____
Position: _____ Reason for leaving: _____

Company: _____ Supervisor's name: _____
Address: _____ Phone: _____
Fax: _____ Dates employed from: _____ to: _____
Position _____ Reason for leaving: _____

Company: _____ Supervisor's name: _____
Address: _____ Phone: _____
Fax: _____ Dates employed from: _____ to: _____
Position _____ Reason for leaving: _____

Company: _____ Supervisor's name: _____
Address: _____ Phone: _____
Fax: _____ Dates employed from: _____ to: _____
Position _____ Reason for leaving: _____

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Address: _____ Phone: _____
Fax: _____ Dates employed from: _____ to: _____
Position: _____ Reason for leaving: _____

Company: _____ Supervisor's name: _____
Address: _____ Phone: _____
Fax: _____ Dates employed from: _____ to: _____
Position: _____ Reason for leaving: _____

This certifies that this application has been completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature:

Date:



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AUTHORIZATION TO RUN MVR REPORT

I, _____, give my permission to run a check on my MVR report.

Driver's License # _____

Social Security # _____

Date of Birth _____

Years of driving experience _____

Applicant's Signature

I certify that all information herein is true and correct. I also hereby authorize this company to perform all background checks and investigations necessary to verify the information that I have provided. I understand that falsification or omissions by me of pertinent information shall be grounds for declining my application or revoking my safety clearance if discovered after its issuance.

Signed _____ Date _____

I understand that I have provided the above information so that the company may determine whether I meet their safety character and experience criteria. I also understand that decisions based on this information are provisional and that final decision is contingent upon my successfully passing a physical and drug screen as provided for in federal regulations.

Signed _____ Date _____



**REQUEST FOR INFORMATION FROM
PREVIOUS EMPLOYER**

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

I, (Print name) _____ Social Security Number: _____
First, Middle Initial, Last

hereby authorize that:

Previous Employer: _____

Street Address: _____ Telephone : _____

City, State, Zip _____ Fax: _____

may release and forward information requested by Section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Mark Hickin, JMJJ Transportation

Applicant's Signature Date

This is in compliance with §382.405(f) and (h) which states:
(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the driver's request.
(h) An employer shall release information regarding a driver's records as directed by the specific written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent,
§382.413 (a)(1)(2), (d) further state:
(a)(1) An employer shall, pursuant to the driver's written authorization, inquire about the following information on a driver from the driver's previous employers, during the preceding two years from the date of application, which are maintained by the driver's previous employers under §382.401(b)(1)(i) through (ii).
(a)(2) The information obtained from a previous employer may contain any alcohol and drug information the previous employer obtained from other previous employers under paragraph (a)(1) of this section.
(d) The prospective employer must provide to each of the driver's previous employers the driver's specific, written authorization for release of the information in paragraph (a) of this section.
(e) The release of any information under this section may take the form of personal interviews, telephone interviews, letters, or any other method of transmitting information that ensures confidentiality.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

COMPLETE THIS SECTION AS IT PERTAINS TO PART 382. SEE §382.413 (a)(1), ABOVE YES NO

- 1. Has this person ever tested positive for a controlled substance in the last two years?
- 2. Has this person ever had an alcohol test with a Breath Alcohol concentration 0.04 or greater in the last two years?
- 3. Has this person ever refused a required test for drugs or alcohol in the last two years?

If YES to any of the above questions, please give the Substance Abuse Professional's name, address and phone number for further reference.

Name: _____
Street: _____
City, State, Zip: _____ Telephone: _____
Additional questions: Did this person have any accidents? _____ Dates of employment? _____ to _____
Reason for leaving: _____ Eligible for re-hire? _____
Was this employee a driver? _____ If yes, what type of equipment? _____
Section 2 completed by (signature) _____ Date _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) faxed to previous employer mailed to previous employer Date: _____
Information received from: _____ Date: _____
Recorded by: _____ Method: Fax Mail Phone Personal Interview