

JTS- COMMERCIAL DRIVER APPLICATION

Thank you for your interest in employment opportunities with JTS- Jeric Transportation Services, LLC! Please fill out the form below. When finished, please send to:

Jeric Transportation Services
PO Box 609
Edgar Springs MO 65462

Or, you may scan and email the completed form to info@jerictransportation.com.

APPLICANT INFORMATION

Date: _____

Full Name: _____

Main Phone: () _____ Alt. Phone: () _____

Date of Birth: _____ Social Security #: _____ - _____ - _____

Date of Last Physical Exam: _____

Position applying for: _____

Desired Salary/Wage: _____

Have you worked for this company before? Yes No

If yes, give dates: From _____ To _____

Reason for leaving?

Current and Previous Addresses for Three Years:

Address: _____ From: _____ To: _____

Address: _____ From: _____ To: _____

Address: _____ From: _____ To: _____

EDUCATION HISTORY:

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post Graduate: 1 2 3 4

Last School Attended: _____ Location: _____

EMPLOYMENT HISTORY:

Please supply a **complete record** of all employment for the past three (3) years, including any unemployment or self-employment periods, and all commercial driving experience for the past ten (10) years. You may list them in reverse order, starting with the most recent employer. If you are currently employed by this employer, please indicate where specified.

Company Name:	Are you currently employed by them? Yes No
Address:	Start Date: Mo Yr
Address Line 2:	End Date: Mo Yr
City: State: Zip:	Final Salary/Wage:
Manager/Supervisor Name:	Phone Number:
Were you subject to the FMCSRs while employed? Yes No	Reason for Leaving:
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	

Company Name:	Are you currently employed by them? Yes No
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(Please attach additional sheets for 10-year history, if necessary.)

DRIVING EXPERIENCE

Driver Licenses

State	License No.	Type	Exp. Date

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

If yes, please give details:

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

If yes, please give details:

Experience and Qualifications

Class of Equipment	Type of Equipment (please circle)	Dates Operated		Approximate # of Miles Driven
		(From Mo/Yr	To Mo/Yr)	
Straight Truck: Yes No	Van, Refer, Tank, Flat, Dump			
Tractor and Semi-trailer Yes No	Van, Refer, Tank, Flat, Dump			
Tractor and Two Trailers Yes No	Van, Refer, Tank, Flat, Dump			
Tractor and Three Trailers Yes No	Van, Refer, Tank, Flat, Dump			
Passenger (more than 8 passengers) Yes No	N/A			
Passenger (more than 15 passengers) Yes No	N/A			
Other				

List states operated in during the last five (5) years: _____

Do you have special driving courses/training completed? If so, please list:

List any Safe Driving Awards you hold and from whom:

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? Yes No

If yes, please give details:

Have you ever been convicted of a felony? Yes No

If yes, please give details:

Accident Record for Past three (3) Years or More (If none, write none)

Date of Accident <i>(most recent to least recent)</i>	Nature of Accident	# of Fatalities	# of People Injured	Hazardous Material Spill? <i>(Y/N and Material)</i>

(Please attach additional sheet if more space is needed)

Traffic convictions and forfeitures for the last three (3) years, other than parking violations (if none, write none)

Location	Date	Charge	Penalty

Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name	Address	Phone	Company

To Be Read and Signed by Applicant:

I agree to and understand that any misrepresentation given on this application shall be considered an act of dishonesty. I agree to and understand that this employer may investigate my background to obtain any and all necessary information about me on record, which will satisfy concerns pertaining to employment. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my application.

I agree to and understand that this application for employment in no way obligates this employer to employ or hire me. I also agree to and understand that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

This certifies 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.

Applicant Signature _____ **Date** _____