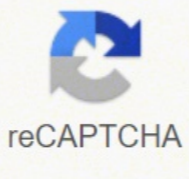




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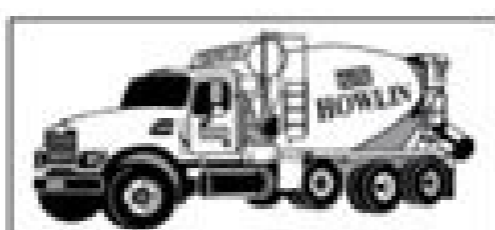


Open

Application for employment template for truck drivers



**2880 Dunkirk Way
Dunkirk, MD 20754**
Phone (201) 855-8800 Phone (410) 287-2800
Fax (410) 257-8583



DRIVER'S APPLICATION FOR EMPLOYMENT

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 protected group status.

APPLICATION TO COMPLETE
(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____

List your address of residency for the past 3 years.

Current Address

Street _____	City _____
State _____ Zip Code _____	Phone _____ HowLong? _____
	yr,mo.
Street _____	City _____ State & Zip Code _____
Street _____	City _____ State & Zip Code _____
Street _____	City _____ State & Zip Code _____
Street _____	City _____ State & Zip Code _____

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

Date of Birth ____/____/____ Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____

(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully. Use back of sheet, if needed. Conviction of a crime is not an automatic bar to employment all circumstances will be considered.

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 other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature _____ Date _____

EMPLOYMENT HISTORY

DRIVER APPLICATION:

Applicant Name:	Social Security #:
Current Address:	Date of Birth:
City: St. Zip	

Residence Past 3 Years

Address:	St.	Zip	How Long?
City:	St.	Zip	How Long?
Address:	St.	Zip	How Long?
City:	St.	Zip	How Long?

Experience and Qualifications - Driver

MAKE A PHOTO COPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE!!!
Applicant list the states and license numbers of all licenses held for the past 3 years.

STATE	LICENSE #	EXPIRATION DATE	CLASS A, B,	ENDORSEMENTS

DRIVING EXPERIENCE

Equipment Class	Type of Equipment Van, Flat, Tank, etc.	DATES		Approx # of Miles Total
		From	To	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

Accidents/Crashes for the past 3 years or more

DATE	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

Moving Traffic Convictions and Forfeitures for the past 3 years.

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

DRIVERS APPLICATION

Approved Driver Application Form

Your Details

Surname	First Name(s)	CID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Mobile Phone Number	
<input type="text"/>	<input type="text"/>	
Driving Licence Number		
<input type="text"/>		
Driving Licence Country of Issue	Date of passing category B (car) manual driving test	
<input type="text"/>	<input type="text"/>	

Have you ever been disqualified from driving? If yes please provide details

Do you have (or have pending) any conviction in connection with a motor vehicle during the last three years? If so please provide details of the offence and sentence.

Do you have any current endorsements (penalty points) on your Driving Licence? If yes please provide details

Do you have any restrictions placed on your driving Licence by the DVLA? If yes please provide details

Has a Company or Underwriter refused you insurance or imposed any special terms or conditions? Provide details if so

Do you have (or have any recent history of) defective vision or hearing (not corrected by glasses or contact lenses or hearing aid) or diabetes or physical or mental infirmity or fits of any kind or other medical condition which may affect your ability to drive? If yes please give details.



EMPLOYMENT RECORD

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position 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? Yes No

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position 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? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position 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? Yes No

TO BE READ AND SIGNED BY 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. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care 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(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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

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

DATE _____

APPLICANT'S SIGNATURE _____

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

DATE _____

APPLICANT'S SIGNATURE _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

JAT of Fort Wayne, Inc.

Driver Application for Employment
(You must sign each area that is highlighted in yellow)

JAT of Fort Wayne, Inc. Phone: (202) 452-8447
5231 Industrial Road Fort Wayne, Indiana 46825 Fax: (202) 452-9990
Email: pyates@jatoffortwayne.com

Last Name _____ First _____ Middle _____ SSN _____

Date of Birth (MM/DD/YYYY) ____/____/____ (Dates Only) (The U.S. Department of Transportation requires that driver applicants state their date of birth - 391.21(b)(2).)

Current Address _____ City _____ State _____ ZIP _____

List any other addresses at which you have resided during the past 3 years:

Address _____ City _____ State _____ ZIP _____ From ____/____ to ____/____

Address _____ City _____ State _____ ZIP _____ From ____/____ to ____/____

Address _____ City _____ State _____ ZIP _____ From ____/____ to ____/____

Address _____ City _____ State _____ ZIP _____ From ____/____ to ____/____

Phone (____) _____ County of Residence _____ School District _____ (Ohio Only)

Position Applying For _____ Temporary ___ Part Time ___ Full Time ___

Are you applying as an employee or owner operator? _____

Who referred you? _____ Rate of Pay Expected _____

Have you worked for JAT before? ___ Dates: From ____ To ____ Position _____

Reason for Leaving _____

Names of Relatives Working for JAT _____

Are you currently employed? ___ If not, how long since leaving last employment? ___ Yr(s) ___(Mos)

Education

Highest Grade Completed _____ College _____ Trade School _____

Last School Attended _____ City _____ State _____

Driving School Attended _____ City _____ State _____ Completion Date _____

Driver Application Page 1 of 14
11/02/2002

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Frethis Frethis form It can be used by any HR department to record new employees in the company database. Paid Planhelp New Hires comes on board with your company by contacting your experience from 1st day ... free of charge all non-conformities and typing them in this training model before planning a cor ... paid Planyou can use this form for Collect information about crimes involving staff members or customers. Edit the ... Employee FREAN PAY increases the model of the module that you can use your HR communications in Hr.FreeBoost with the help of a short employee survey! It is easy to add y ... freehandle the process of promoting employees by customizing this drag and releases justification ... Freefer finding new people to hire in your company is a difficult task, ask your employees ... resignation model of liberation your HR department. Good job positioning: discover which important trucking companies recruit from school. Use this recruitment ... Store your recruitment processes with this recruitment assessment survey model. There are many costs that come into training, then pay attention to any fine print. P ... freeyou can customize this employee corrective action module in various ways, add your ... freedcument any commercial expense for which an employee must be refunded with this ... Plandirect deposits paid are more commonly made with Transfers of electronic funds made ... FreeThis is an employee disciplinary action form that you can use in your organization to K ... 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It is easier than writing the security accident on paper, and you can add all the requested information that can help solve the problem. PAID planname to store the records of work assignments with this fully editable service record module ... the complaint form for sexual harassment of Freedcis can be used as a result of sexual abuse in the ... Paid Planahoy, Matey! Looking to recruit new sailors for your kitchen? Here's how to start like a truck driver. Search for a truck driving the school, there are hundreds of driving schools for trucks in the country. Personalize IT Furthe ... paid Plancustomizes this Internet access request form template in any way you want and use it in ... Planbridge paid for the gap between your company and the internship candidates! Make it easy for them ... Planyou paid can use this form template to evaluate an internship to your company. This rea €

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