

Driver Application for Employment

Home James Transportation Services, Ltd.

511 Zerex Street Unit 207

Fraser, CO 80442

833-2RIDE-WP

Date: _____

Applicant Name: _____
Last First Middle

Home Phone: _____ Email Address: _____

Cell Phone: _____ Date of Birth: _____

Social Security Number: _____ - _____ - _____

Driver License: _____
Number State Type Expiration

Mailing Address: _____
Street/PO Box City State Zip Code

Previous Three Years Physical Address

Street City State Zip Code From/To

Street City State Zip Code From/To

Street City State Zip Code From/To

Street City State Zip Code From/To

*for a Word version of this document please call the office or request via email info@ridehj.com

EMPLOYMENT

Applying for: Part Time Full Time

Did someone refer you? No Yes If yes, who? _____

Have you ever worked for this company before? No Yes

If yes, Dates: From _____ to _____

Position _____

Reason for leaving _____

Names of any relatives employed by this company:

Are you currently employed? No Yes If yes, where? _____

If yes, do you plan on continuing to work for them in addition to Home James? No Yes

If no, how long since leaving last employment? _____

EDUCATION

Highest level of education completed:

Year	Degree	Name of School	Location
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MILITARY EXPERIENCE

Have you ever served in the U.S. Armed Forces? No Yes If yes, which branch of service:

Describe any military training received relevant to the position for which you are applying.

Are you currently serving in Military Reserves? No Yes

Are you currently serving in National Guard? No Yes

GENERAL

Have you ever been convicted of a felony? No Yes
If yes, please explain below.

Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

DRIVER EXPERIENCE AND QUALIFICATIONS

The Federal Motor Carrier Safety Regulations (49CFR391.21 (b) (2) requires that driver applicants state their date of birth and Social Security Number. If you did not note this on page 1, please do so.

PHYSICAL HISTORY

The Federal Motor Carrier Safety Regulations (49CFR391 Subpart E) requires that all driver applicants pass certain physical tests before they are hired to drive a motor vehicle.

Do you have a Department of Transportation prescribed examination (DOT Physical):
 No Yes If yes, when does it expire? _____
if you have not completed this, you may do so after being hired

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? No Yes

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons applying for a driving position to answer the following questions:

- 1) Within the last two years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work? No Yes

- 2) Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work? No Yes

- 3) If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements? No Yes

Applicants Signature: _____ Date: _____

DRIVER LICENSE INFORMATION

If you have held different driver licenses over the past 3 years you must list them here:

State	License Number	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

No Yes

B. Has any license, permit or privilege ever been suspended or revoked?

No Yes

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?

No Yes

If you answered “Yes” to A, B, or C, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates From/To	Approximate Total Miles
Straight Truck	_____	_____	_____
Tractor and Semi-Trailer	_____	_____	_____
Twin	_____	_____	_____
Other	_____	_____	_____

List states operated in during the last five years: _____

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

List safe driving awards held and who awards were presented by:

ACCIDENT HISTORY

Accident Review for the past 3 years (attach a separate sheet of paper if more space is needed).

Date	Nature of Accident (Head-On, Rear-End, etc.)	# Fatalities	# Injuries	# Vehicles Towed	Citation Issued?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Having accidents on your record is not an automatic bar to employment - all circumstances will be considered.

MOTOR VEHICLE DRIVING RECORD (MVR)

Traffic Convictions and Forfeitures for the past 3 years other than parking violations.

Date	Location	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT RECORD

The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment must be explained.

Start with the last or current position, including any military experience, and work back (Attach separate sheet if necessary.)

Current Employer: _____ Supervisor's Name: _____

Address: _____

Phone: _____ Position Held: _____

From/To: _____ Salary _____

Reason for Leaving:

EMPLOYMENT RECORD CONTINUED

Previous Employer: _____ Supervisor's Name: _____

Address: _____

Phone: _____ Position Held: _____

From/To: _____ Salary _____

Reason for Leaving:

Previous Employer: _____ Supervisor's Name: _____

Address: _____

Phone: _____ Position Held: _____

From/To: _____ Salary _____

Reason for Leaving:

Previous Employer: _____ Supervisor's Name: _____

Address: _____

Phone: _____ Position Held: _____

From/To: _____ Salary _____

Reason for Leaving:

REFERENCES

Applicants must list a minimum of three (3) non-family references. If you wish to list more, you may attach a separate sheet.

Reference #1 Name: _____ Company Name: _____

Reference Phone Number: _____ Reference Email Address: _____

Dates of Employment if applicable, From/To: _____

Positions Held if applicable: _____ Reason for Leaving: _____

Reference #2 Name: _____ Company Name: _____

Reference Phone Number: _____ Reference Email Address: _____

Dates of Employment if applicable, From/To: _____

Positions Held if applicable: _____ Reason for Leaving: _____

Reference #3 Name: _____ Company Name: _____

Reference Phone Number: _____ Reference Email Address: _____

Dates of Employment if applicable, From/To: _____

Positions Held if applicable: _____ Reason for Leaving: _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and other persons named herein from all liability for any damages on account of his furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. 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 investigative Consumer Report, including information regarding my character, personal 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 employment file. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer. 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.

Applicant's Signature

Date

Applicant's Printed Name

**FOR OFFICE USE - DO NOT WRITE IN THIS SPACE
PROCESS RECORD**

Applicant Hired? Yes No

Hire Date: _____
(If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY, NOTIFY: _____ Phone: _____

THIS SECTION TO BE FILLED IN BY OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good Average	Fair	Below	Poor
1. Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. DOT Physical Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Past Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Written Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Policy & Traffic Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>