**DRIVER EMPLOYMENT APPLICATION**

J & K Materials and Trucking

2651 Alabama River Pkwy, Montgomery, AL 36110

(334) 279-0036

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

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| **APPLICANT INFORMATION** |
| FIRST NAME |  | MIDDLE NAME |  | LAST NAME |  |
| PHONE |  | EMAIL |  |
| DATE OF BIRTH |  | SOCIAL SECURITY # |  |
| DATE OF APPLICATION |  | POSITION APPLIED FOR |  | DATE AVAILABLE FOR WORK |  |

Do you have legal right to work in the United States? [ ]  Yes [ ]  No

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| **PREVIOUS THREE YEARS RESIDENCY** |
|  | STREET | CITY | STATE | ZIP CODE | # OF YEARS AT ADDRESS |
| CURRENT |  |  |  |  |  |
| MAILING |  |  |  |  |  |
| PREVIOUS |  |  |  |  |  |
| PREVIOUS |  |  |  |  |  |
| PREVIOUS |  |  |  |  |  |

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| **LICENSE INFORMATION** |
| No person who operates a commercial motor vehicle shall at any time have more than one driver’s license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; *attach additional sheets if needed*.  |
| STATE | LICENSE # | TYPE / CLASS | ENDORSEMENTS | EXPIRATION DATE |
|  |  |  |  |  |
| PREVIOUSLY HELP LICENSES |
|  |  |  |  |  |
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| **DRIVING EXPERIENCE** |
| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC,) | DATE FROM | DATE TO | APPROX # OF MILES (TOTAL) |
| STRAIGHT TRUCK |  |  |  |  |
| TRACTOR & SEMI-TRAILER |  |  |  |  |
| TRACTOR & 2 TRAILERS |  |  |  |  |
| TRACTOR & TANKER |  |  |  |  |
| OTHER |  |  |  |  |

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| **ACCIDENT RECORD FOR THE PAST 3 YEARS** |
| DATES(List most recent first) | NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.) | # FATALITIES | # INJURIES | CHEMICAL SPILLS (Y/N) |
|  |  |  |  |  |
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| **TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)** |
| *Attach additional sheets if more space is needed.* Check box if none. [ ]  |
| DATE CONVICTIED (Month / Year) | VIOLATION | STATE OF VIOLATION | PENALTY |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? [ ]  YES [ ]  NO

If yes, explain:

Has any license, permit, or privilege ever been suspended or revoked? [ ]  YES [ ]  NO

If yes, explain:

Have you ever been convicted of a felony? [ ]  YES [ ]  NO

If yes, explain:

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| **EMPLOYMENT HISTORY** |
| The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial 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 is excess of one (1) month must be explained.*** Start with the last or current position, including any military experience, and work backwards; *attach separate sheets if necessary*. You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.  |
| **CURRENT (MOST RECENT) EMPLOYER** |
| NAME |  | PHONE |  |
| ADDRESS |  |
| POSITION HELD |  | FROM (MO / YR) |  | TO (MO / YR) |  |
| REASON FOR LEAVING |  | SALARY |  |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) |  |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? [ ]  YES [ ]  NOWas the job designated as a safety-sensitive function in any Department of Transportation-regulated [ ]  YES [ ]  NOMode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? |

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| **SECOND (MOST RECENT) EMPLOYER** |
| NAME |  | PHONE |  |
| ADDRESS |  |
| POSITION HELD |  | FROM (MO / YR) |  | TO (MO / YR) |  |
| REASON FOR LEAVING |  | SALARY |  |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month / year & reason) |  |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? [ ]  YES [ ]  NOWas the job designated as a safety-sensitive function in any Department of Transportation-regulated [ ]  YES [ ]  NOMode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? |

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| **THIRD (MOST RECENT) EMPLOYER** |
| NAME |  | PHONE |  |
| ADDRESS |  |
| POSITION HELD |  | FROM (MO / YR) |  | TO (MO / YR) |  |
| REASON FOR LEAVING |  | SALARY |  |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) |  |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? [ ]  YES [ ]  NOWas the job designated as a safety-sensitive function in any Department of Transportation-regulated [ ]  YES [ ]  NOMode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? |

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| **EDUCATION** |
| SCHOOL | NAME & LOCATION | COURSE OF STUDY | YEARS COMPLETED | GRADUATE Y N | DETAILS |
| High School |  |  |  |[ ] [ ]   |
| College |  |  |  |[ ] [ ]   |
| Other |  |  |  |[ ] [ ]   |

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| **OTHER QUALIFICATIONS** |
| Please list any other qualifications that you have and which you believe should be considered. |

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| **TO BE READ & SIGNED BY APPLICANT** |
| I authorize you to make investigations (including contacting current & prior employers) into my personal, employment, financial, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company. I understand that the information I provide regarding my current and/or prior employers may be used, and those employers(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. 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 resend 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.

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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.  |
| APPLICANT SIGNATURE |  | DATE |  |
| APPLICANT NAME (Printed) |  |