



JF EXPRESS FR8, LLC

Marysville, Ohio

Phone: (614) 315-5243 | Fax: (614) 328-9984 | MC: 731418 | USDOT: 2096850

Driver Application Form

General Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
(First, Middle, Last)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_
(Street, City, State, Zip Code)

Addresses for last 3 years

Address: \_\_\_\_\_ Duration: \_\_\_\_\_
(Street, City, State, Zip Code) (Months and/or Years)

Address: \_\_\_\_\_ Duration: \_\_\_\_\_
(Street, City, State, Zip Code) (Months and/or Years)

Address: \_\_\_\_\_ Duration: \_\_\_\_\_
(Street, City, State, Zip Code) (Months and/or Years)

Driver's License

DL Number: \_\_\_\_\_ DL State: \_\_\_\_\_ DL Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

DL Class: Please select only one DL Endorsements: Please select only one
A B C D E Non-CDL Double/Triple Tanker HazMat Tanker Passenger
School Bus

Qualifications

Have you ever worked for JF Express Fr8 LLC before? Yes No
If yes, what date: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_
Month/Year Month/Year

Are you currently employed? Yes No

Do you have driving experience? (If yes, please enter it below) Yes No

Type of Equipment: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Miles Operated: \_\_\_\_\_
Type of Equipment: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Miles Operated: \_\_\_\_\_
Type of Equipment: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Miles Operated: \_\_\_\_\_

Education and Skills

Check the highest grade complete:
High School 9 10 11 12
Name and City/State: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Graduate? \_\_\_\_
College 1 2 3 4
Name and City/State: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Graduate? \_\_\_\_
Graduate School 1 2 3 4 5 6
Name and City/State: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Graduate? \_\_\_\_

Past Driving Record

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
Have you ever been disqualified for violation(s) of the Federal Motor Carrier Safety Regulations? Yes No
Has any license, permit, or privilege ever been suspended or revoked? Yes No
Have you ever been convicted of a felony? (Conviction will not necessarily disqualify an applicant from employment) Yes No
Please explain all "YES" answers from above:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Please list all states and provinces in which you operated a commercial motor vehicle during the past five years:

Please list any other relevant experience:

Please list any safe driving awards you have received:

Is there any reason you may not be able to perform all the duties of the position for which you are applying?  Yes  No

If yes, describe: \_\_\_\_\_

Do you have the legal right to work in the United States?  Yes  No Can you provide proof of age?  Yes  No

### Accidents

Have you been involved in an accident in the past 3 years? *(If yes, please complete the information below)*  Yes  No

Date of Accident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_ Type of vehicle operated: \_\_\_\_\_

Describe the Accident: \_\_\_\_\_

No. of injuries: \_\_\_\_\_ No. of Fatalities: \_\_\_\_\_ Was HazMat (other than from fuel tanks) released?  Yes  No

Date of Accident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_ Type of vehicle operated: \_\_\_\_\_

Describe the Accident: \_\_\_\_\_

No. of injuries: \_\_\_\_\_ No. of Fatalities: \_\_\_\_\_ Was HazMat (other than from fuel tanks) released?  Yes  No

Date of Accident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_ Type of vehicle operated: \_\_\_\_\_

Describe the Accident: \_\_\_\_\_

No. of injuries: \_\_\_\_\_ No. of Fatalities: \_\_\_\_\_ Was HazMat (other than from fuel tanks) released?  Yes  No

Date of Accident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_ Type of vehicle operated: \_\_\_\_\_

Describe the Accident: \_\_\_\_\_

No. of injuries: \_\_\_\_\_ No. of Fatalities: \_\_\_\_\_ Was HazMat (other than from fuel tanks) released?  Yes  No

Date of Accident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_ Type of vehicle operated: \_\_\_\_\_

Describe the Accident: \_\_\_\_\_

No. of injuries: \_\_\_\_\_ No. of Fatalities: \_\_\_\_\_ Was HazMat (other than from fuel tanks) released?  Yes  No

Have you been involved in more than 5 accidents in the past 3 years? *(If yes, please use additional sheets of paper)*  Yes  No

### Violations

Have you been involved in any violations in the past 3 years? *(If yes, please complete the information below)*  Yes  No

Date of Violation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_ Type of vehicle operated: \_\_\_\_\_

Describe the Violation: \_\_\_\_\_

Fine: \$ \_\_\_\_\_ DOT Regulation Cited: \_\_\_\_\_

Date of Violation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_ Type of vehicle operated: \_\_\_\_\_

Describe the Violation: \_\_\_\_\_

Fine: \$ \_\_\_\_\_ DOT Regulation Cited: \_\_\_\_\_

Date of Violation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_ Type of vehicle operated: \_\_\_\_\_

Describe the Violation: \_\_\_\_\_

Fine: \$ \_\_\_\_\_ DOT Regulation Cited: \_\_\_\_\_

Date of Violation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_ Type of vehicle operated: \_\_\_\_\_

Describe the Violation: \_\_\_\_\_

Fine: \$ \_\_\_\_\_ DOT Regulation Cited: \_\_\_\_\_

Date of Violation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_ Type of vehicle operated: \_\_\_\_\_

Describe the Violation: \_\_\_\_\_

Fine: \$ \_\_\_\_\_ DOT Regulation Cited: \_\_\_\_\_

Have you been involved in more than 5 violations in the past 3 years? *(If yes, please use additional sheets of paper)*  Yes  No

Employment Information

List all periods of employment and unemployment in reverse order starting with the most recent. CFR § 391.51(b) requires 3 years of history to be verified and 7 subsequent years to be recorded for a total of 10 years of employment history, or to the extent of which the applicant has worked. (If use additional copies of this form if more space is needed.)

Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ Position: \_\_\_\_\_  
(Street, City, State, Zip)  
Supervisor: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Year) (Month/Year)  
Reason for Leaving: \_\_\_\_\_  
CDL Required?  Yes  No      Were you subject to the FMCSR while employed?  Yes  No  
Was the job a safety-sensitive function in any DOT-regulated mode subject to alcohol and controlled substance testing required by 49 CFR Part 40?  Yes  No

If gap between employers, indicate reason:  Unemployed  Attending school  Self-Employed  Other: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ Position: \_\_\_\_\_  
(Street, City, State, Zip)  
Supervisor: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Year) (Month/Year)  
Reason for Leaving: \_\_\_\_\_  
CDL Required?  Yes  No      Were you subject to the FMCSR while employed?  Yes  No  
Was the job a safety-sensitive function in any DOT-regulated mode subject to alcohol and controlled substance testing required by 49 CFR Part 40?  Yes  No

If gap between employers, indicate reason:  Unemployed  Attending school  Self-Employed  Other: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ Position: \_\_\_\_\_  
(Street, City, State, Zip)  
Supervisor: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Year) (Month/Year)  
Reason for Leaving: \_\_\_\_\_  
CDL Required?  Yes  No      Were you subject to the FMCSR while employed?  Yes  No  
Was the job a safety-sensitive function in any DOT-regulated mode subject to alcohol and controlled substance testing required by 49 CFR Part 40?  Yes  No

If gap between employers, indicate reason:  Unemployed  Attending school  Self-Employed  Other: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ Position: \_\_\_\_\_  
(Street, City, State, Zip)  
Supervisor: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Year) (Month/Year)  
Reason for Leaving: \_\_\_\_\_  
CDL Required?  Yes  No      Were you subject to the FMCSR while employed?  Yes  No  
Was the job a safety-sensitive function in any DOT-regulated mode subject to alcohol and controlled substance testing required by 49 CFR Part 40?  Yes  No

If gap between employers, indicate reason:  Unemployed  Attending school  Self-Employed  Other: \_\_\_\_\_

Applicant Certification

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By signing this statement I certify that this application for employment was completed by me and that all entries on it and the information contained within it are true and correct to the best of my knowledge. As required by § 383.21 of the FMCSR's, I only have one motor vehicle operator's license.

Furthermore, I authorize you (JF Express Fr8 LLC and/or other agencies) 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/contract decisions. I hereby release any and all of the employers, the schools, the health care providers, JF Express Fr8 LLC and their subsidiaries, as well as the other persons associated with this application for employment/contract and the subsequent processes and procedures from all liability in response to inquiries and the releasing of information in connection with my application. In the event of employment/contract, I understand that false or misleading information given in my application or interview(s) may be considered fraud and could be construed as criminal, and may be grounds for termination and permanent discharge from this company. I understand that I am required to abide by all rules and regulations of JF Express Fr8 LLC as outlined in the company policies and statements.

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(d) and (e). I understand that I have the right to:

- a) Review the information provided by previous employers;
- b) Have errors in the information corrected by previous employers and for those previous employers to resent the corrected information to the prospective employer; and
- c) 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.

I understand JF Express Fr8 LLC is a drug-free, alcohol-free workplace.  Yes  No

I understand that in addition to pre-employment drug and alcohol testing, I may be subject to random testing.  Yes  No

As a prospective employee/contractor, a response to the following questions is required by Section 40.25(j):

1. Have you 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 covered by DOT agency drug and alcohol testing rule during the past three years?  Yes  No
2. If you answered yes, can you provide/obtain proof that you successfully completed DOT return-to-duty requirements?  Yes  No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*JF Express Fr8 LLC is an equal opportunity employer and does not discriminate on the basis of race, color, religion, gender, age, sexual orientation, national origin or ancestry, physical or mental disability, marital status, pregnancy, veteran status, medical condition, or any other protected status as defined by the law.*

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**For Completion by Company Representative**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Hired?  Yes  No      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Dispatcher: \_\_\_\_\_