



# 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: \_\_\_\_\_

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY  
ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with JF EXPRESS FR8 LLC ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize JF EXPRESS FR8 LLC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015



## JF EXPRESS FR8, LLC

Marysville, Ohio

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

### FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-206), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained for employment purposes. These reports are required by Sections 382.413 and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Social Security Number



# Driver Information Sheet

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NAME:

PHONE:

E-MAIL ADDRESS:

DATE OF BIRTH:

DRIVER'S LICENSE NUMBER AND STATE ISSUED:

EXPIRATION DATE:

CDL?: Yes No CLASS?: ENDORSEMENTS?:

IF YES, YEAR ISSUED:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE:

**TRUCK INFORMATION:**

YEAR: MAKE: MODEL:

VIN: GVWR:

**TRAILER INFORMATION:**

YEAR: MAKE: MODEL:

VIN: GVWR:

TYPE OF HITCH:

## Request for Check of Driving Record

I hereby authorize you to release the following information to: JF EXPRESS FR8 LLC for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The applicant has authorized in writing the procurement of this report;
2. The applicant has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose: (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report, the applicant will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(g)).

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Date

TO: MTG  
ATTN: David Fleck  
Phone: 859.746.1242 Fax: 859.746.1262

The below-named person has applied for the position of OWNER/OPERATOR with JF EXPRESS FR8 LLC. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

NAME OF APPLICANT/DRIVER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FORMER ADDRESS: (IF DIFFERENT FROM LAST (3) YEARS): \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_-\_\_\_\_-\_\_\_\_ D/L # \_\_\_\_\_ STATE: \_\_\_\_\_

REQUESTED BY:

\_\_\_\_\_  
Printed name of requester

\_\_\_\_\_  
Date