

DATE OF APPLICATION: _____

APPLICATION

COMPANY J & K Express, LLC
 ADDRESS 1733 W Lane Ave
 CITY Columbus STATE OH ZIP 43221

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.

TO BE READ AND SIGNED BY APPLICANT

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 also understand that I have the right to:

- Review information provided by 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

Applicant Signature: X _____ Date ____/____/____

DRIVER NAME	_____	_____	_____
	(LAST)	(FIRST)	(MIDDLE)
ADDRESS	_____		
CITY	_____	STATE	ZIP _____
TELEPHONE NUMBER	_____	CELL PHONE NUMBER	_____
DATE OF BIRTH	_____	SOCIAL SECURITY NUMBER	_____

PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS

1) ADDRESS	_____				
CITY	_____	STATE	ZIP	FROM	TO _____
2) ADDRESS	_____				
CITY	_____	STATE	ZIP	FROM	TO _____
3) ADDRESS	_____				
CITY	_____	STATE	ZIP	FROM	TO _____

WORK EXPERIENCE

In accordance with §391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years. If you are an owner operator, list carriers leased to.

PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.

CURRENT OR LAST EMPLOYER COMPANY NAME: _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____		FROM: _____	TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			

SECOND LAST EMPLOYER COMPANY NAME: _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____		FROM: _____	TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			

THIRD LAST EMPLOYER COMPANY NAME: _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____		FROM: _____	TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			

* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

** Any gaps in employment and/or unemployment must be explained.

WORK EXPERIENCE (ADDENDUM PAGE 1)

Driver Applicant Name: _____
Social Security Number: _____

FOURTH LAST EMPLOYER COMPANY NAME: _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____		FROM: _____	TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			

FIFTH LAST EMPLOYER COMPANY NAME: _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____		FROM: _____	TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			

SIXTH LAST EMPLOYER COMPANY NAME: _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____		FROM: _____	TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			

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