JBF EXPRESS

Applications are 1	APPLICA received and employees are	hired without reg	gard to race, creed, co	lor, sex, religion, age, natio	onal origin or physica	l or mental handicap
		PERS	SONAL INFOR	MATION		
Name:					Social Securi	ty #
	(Last)	(Fi	irst)	(Middle)	Phone #	
				•	I Hone π	
Address					How Long	?
Previous address	(Street)	(C	ity)	(State & Zip)		
if current address					TT T (
is less than 3 years (attach additional	(Street)	(C	ity)	(State & Zip)	How Long	
sheet if necessary)	(1111)	(-	57	γ,		
Are you 18 or Older	? Yes □ No □			Are you a citiz	en of the United	States? Yes □ No □
If you are not a citize	en of the U.S. can you	provide proo	f that you can leg	ally be employed in t	he II S ?	Yes □ No □
in you are not a citize	on of the O.S. can you	provide proof	i tilat you can ieg	any be employed in t	ne 0.5	163 🗆 110 🗆
		EMPLO	OYMENT INFO	RMATION		
Position(s) applying	for:		Shift Pref	Serence: 1 st 2 nd 3 rd	Date available	:
Type of employment: ☐ Full time ☐ Part time ☐ Temporary Salary of					Salary expe	ectation \$
What days and hours	s if part time? Mon, To	ues, Wed, Th	urs, Fri, Sat, Sun		Hours:	
Do you have transpo	rtation to work? Y	es □ No □]		(Fi	rom) (To) am or pm
Have you ever applie	ed for a job with us? Y	es □ No □	Н	ave you ever worked	for us before?	Yes □ No □
Have you ever been	convicted of a crime?	If yes, please	provide details: _			
Are there any experie	ences, skills, or qualifi	cations that y	ou feel would be	beneficial to work w	ith our company	?
		EDUC	CATIONAL INF	ORMATION		
Schooling	Name of School	Location	Years	Degree/Major	Did you	Degree/Certificate Received
High School			Completed		Graduate	Received
G.H.						
College						
Graduate School						
		1				
Specialized or Professional Training	5					
Specialized or	3					

MILITARY SERVICE RECORD				
Were you in the U.S. Armed Forces? Yes □ No □	If yes, which Branch?			
List Duties in the Service including special training:	Did you receive a dishonorable discharge? Yes \square No \square]		

			PRIOR WOR	RK RECORD			
List the most current f		t for at least	3 years and/or o	commercial dr			t 10 years to be shown. ditional sheet if
necessary)	Ma	ny we contac	t the employer	s listed below	v?		
Employer Name	Address		Phone #		Supervisor & Title		Salary \$
Position(s) Held	Duties				Date to		Date From
Reason for leaving							
Employer Name	Address		Phone #		Supervisor & Title		Salary \$
Position(s) Held	Duties	Duties			Date to		Date From
Reason for leaving							
Employer Name	Address		Phone #		Supervisor & Title		Salary \$
Position(s) Held	Duties				Date to		Date From
Reason for leaving							
		REFEREN	CES (Do not list	t relatives unle	ss work related)		
Recommended by:							
NAME	Add	ress		Occupation		Phone	e#
NAME	Add	ress		Occupation		Phone	e #
NAME	Add	ress		Occupation		Phone	e #
sufficient cause for dismissa I further understand and aga authorize past employers, re	al. ree to your company eferences, and other p	policy on verify persons to answe	rue and compete. If ing references. I au er all questions aske	thorize use of any	information in this applic ability, character, reputati	ation to v	application shall be considered verify my statements, and I revious employment record. I es a drug test, background check,
	11		Dulant 1	A1:		D	
Signature of App	piicant		Printed name of	Applicant		Date	

Driver's Application

Experience and Qua Drivers License					
	Date of Birth	State	License #	Type	Expiration Date
			1	<u> </u>	
Driving Experience					
Class of Equipment	Type of Eq	uipment	Date From	Date To	Approximate Total Miles
	(Van, Tank	, Flat, etc)			
Accident record for		ore (attach additional she	eet if necessary)		
Dates		re of Accident	Fatalities		Injuries
	(Head	l-on, Rear-end, Upset, etc)			
	<u> </u>		•		\
Traffic Convictions a	and Forfeitures f	or the past 3 years-other t	than parking viola	tions (attach a	additional sheet if necessary)
Traffic Convictions a Location	nnd Forfeitures f Cha		than parking viola Penalty	tions (attach a	additional sheet if necessary) Date
				tions (attach a	
				tions (attach a	
				tions (attach a	
				tions (attach a	
				tions (attach a	
Location	Char		Penalty		
1) Have you ever been	Char	permit or privilege to oper	Penalty ate a motor vehicle	? Yes 🗆	Date No
1) Have you ever been	Char	ge	Penalty ate a motor vehicle		Date
1) Have you ever been 2) Has any license, pe	n denied a license	permit or privilege to oper	Penalty ate a motor vehicle oked?	? Yes □ Yes □	No No No No No No No No
1) Have you ever been 2) Has any license, pe	n denied a license	permit or privilege to oper ever been suspended or revo	Penalty ate a motor vehicle oked?	? Yes □ Yes □	No No No No No No No No
1) Have you ever been 2) Has any license, pe	n denied a license	permit or privilege to oper ever been suspended or revo	rate a motor vehicle oked? ROVIDE STATEM tif necessary)	? Yes □ Yes □	No No No No No No No No
1) Have you ever been 2) Has any license, pe IF THE ANSWER T	n denied a license rmit or privilege of Column (1) of	permit or privilege to oper ever been suspended or revolution (2) IS YES, PLEASE PL (Attach sheet	rate a motor vehicle oked? ROVIDE STATEM t if necessary) GNED BY APPLICATION	? Yes □ Yes □ MENT GIVIN	No No IG DETAILS
1) Have you ever been 2) Has any license, pe IF THE ANSWER T	n denied a license rmit or privilege of Column (1) of	permit or privilege to oper ever been suspended or revo or (2) IS YES, PLEASE PI (Attach shee TO BE READ AND SIG	rate a motor vehicle oked? ROVIDE STATEM t if necessary) GNED BY APPLICATION	? Yes □ Yes □ MENT GIVIN	No No IG DETAILS
1) Have you ever been 2) Has any license, pe IF THE ANSWER T	n denied a license rmit or privilege of Column (1) of	permit or privilege to oper ever been suspended or revolver (2) IS YES, PLEASE Pl (Attach sheet TO BE READ AND SIGnequire an applicant to provide information of the provide of the provid	rate a motor vehicle oked? ROVIDE STATEM if necessary) GNED BY APPLICATION required by the	? Yes □ Yes □ MENT GIVIN	No No IG DETAILS
1) Have you ever been 2) Has any license, pe IF THE ANSWER T	n denied a license rmit or privilege of CO EITHER (1) of the A motor carrier may	permit or privilege to oper ever been suspended or revolver (2) IS YES, PLEASE PL (Attach sheet TO BE READ AND SIGnequire an applicant to provide information of the provide informatio	Penalty Tate a motor vehicle oked? ROVIDE STATEM tif necessary) GNED BY APPLICATE OF THE PROPERTY OF THE PRO	? Yes Yes MENT GIVIN CANT Federal Motor Can	No No No Sig DETAILS arrier Safety Regulations
1) Have you ever been 2) Has any license, pe IF THE ANSWER T Note	Char In denied a license If the control of the co	permit or privilege to oper ever been suspended or revolution (2) IS YES, PLEASE Plant (Attach sheet TO BE READ AND SIGnequire an applicant to provide information of the provide infor	Penalty Tate a motor vehicle oked? ROVIDE STATEM tif necessary) GNED BY APPLICOMMENT of the companion required by the complex of the comple	? Yes Yes MENT GIVIN CANT Federal Motor Canthat false statements	No
1) Have you ever been 2) Has any license, pe IF THE ANSWER T Note The facts set forth above in sufficient cause for dismissing I further understand and agri	TO EITHER (1) of the A motor carrier may application for enal.	permit or privilege to oper ever been suspended or revolver (2) IS YES, PLEASE Pl (Attach sheet TO BE READ AND SIGnequire an applicant to provide information of the provided informa	Penalty Tate a motor vehicle oked? ROVIDE STATEM if necessary) GNED BY APPLICON The properties of the control	? Yes Yes Yes MENT GIVIN CANT Federal Motor Canthat false statementation in this application in this application.	No
1) Have you ever been 2) Has any license, pe IF THE ANSWER T Note The facts set forth above in sufficient cause for dismiss: I further understand and agrauthorize past employers, re-	The company perferences, and other positions of the company perferences.	permit or privilege to oper ever been suspended or revolver (2) IS YES, PLEASE Pl (Attach sheet TO BE READ AND SIGN require an applicant to provide inf POI ployment are true and compete. If olicy on verifying references. I aut rsons to answer all questions aske	rate a motor vehicle oked? ROVIDE STATEM t if necessary) GNED BY APPLIC formation required by the occurrence of the property of the occurrence of the property of the occurrence of the occurre	? Yes Yes Yes MENT GIVIN CANT Federal Motor Cantat false statementation in this applicharacter, reputat	No

Printed name of Applicant

Date

Signature of Applicant

JBF EXPRESS

General Questions & Information (please mark n/a if not applicable to position applying for)

1)	Are you interested in working Part Time □, Full Time □, Casual □, Any □					
2)	Which shifts are you willing to work? Days \Box , Nights \Box , Either \Box					
3)	Days willing to work? Mon \square , Tues \square , Wed \square , Thurs \square , Fri \square , Sat \square , Sun \square					
4)	Are you willing to work overtime? Yes \square , No \square Over time is paid at time and ½ after working 40 hours. A half-hour break period is not paid.					
5)	Are you willing to run scheduled line hauls requiring an overnight stay? Yes □, No □					
6)	Are you willing to run occasional "specials" requiring an overnight stay? Yes □, No □					
7)	What date are you able to start?					
8)	What hourly wage do you require to start?					
9)	Do you have a Commercial Drivers License (CDL)? Yes □, No □					
10)	What class license A \Box , B \Box , Intra State \Box , Inter State \Box					
11)	What endorsements? Haz-Mat □, Air Brake □, Other □					
12)	Have you had any vehicle accidents or incidences in the last 3 years? (Even if it was minor such as denting a building or damaging a sign, etc) Yes □, No □ Comments:					
13)	If you answered yes to #12 – were there any injuries? Yes \Box , No \Box					
14)	Do you have any marks on your license? Yes □, No □ If yes, how many? What for?					
15)	Have you ever had any lost-time injures? Yes □, No □					
16)	Do you have a Medical Examiner's Certificate (DOT Physical)? Yes □, No □					
17)	Can you operate a pallet jack Yes □, No □, tow motor Yes □, No □, and a fork lift Yes □, No □					
18)	What other related experience do you have? Dispatching \Box , Airfreight \Box , Sales \Box , Typing \Box , Computer \Box , Border and Customs Clearing \Box , Billing \Box , other					
19)	Which computer programs are you proficient in:					
a) b) c)	We have a drug policy requiring scheduled or random testing We will run a back ground check and DMV/MVR We have a dress code requiring adherence					
d)	Please attach a copy of your license and physical to this application (we'll make a copy)					
	read, understand and accept the information in this questionnaire. The answers I have furnished are true and I understand if employed that atements shall be considered sufficient cause for dismissal.					
authoriz release	runderstand and agree to your company policy on verifying references. I authorize use of any information in this application to verify my statements, and I are past employers, references, and other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I all such persons from any liability or damages on account of furnishing such information. I am aware that your company requires a drug test, background check, IV/MVR.					
(signat	ure) (printed name) (date)					

JBF Express Pre-Employment Urinalysis Consent Form

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 Code of Federal Regulations, Section 391.103, all driver applications of this company must be test for controlled substances as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances.

I understand that a positive test result for controlled substances will render me unqualified to operate a commercial motor vehicle.

The Medical Review Officer will maintain the results of my test. Negative and positive results will be reported to the company. If the results are positive, the controlled substance will be identified. The results will not be released to any other partied without my written authorization.

I understand the above m	entioned conditions and hereby agree to	comply with them.	
Signature	Name Printed	Date	
	ntarily quit or abandon my job before a setimated between \$50 and \$100.	six month period, I will reimburse	JBF Express the cost of my pre-
I give JBF Express permi	ssion to deduct this expense from my las	t paycheck.	
Signature	Name Printed	Date	

AUTHORIZATION TO SECURE MOTOR VEHICLE REPORT

I,, do hereby authorize Floss Insurance Agence Inc. to secure a Motor Vehicle Driver's Report, via my driver's license number which may be requested by the Insurance Carrier.			
wnich may i	be requested by the insurance Carrier.		
Date:			
Signature:			
Full Name: (print)			
Date of Birth:			
Drivers License #:			
(Attach copy of driver's license)			