

# JBF EXPRESS

## APPLICATION FOR EMPLOYMENT FOR ALL APPLICANTS

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin or physical or mental handicap

### PERSONAL INFORMATION

**Name:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
(Last) (First) (Middle)

**Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_ **How Long?** \_\_\_\_\_  
(Street) (City) (State & Zip)

Previous address  
if current address

is less than 3 years \_\_\_\_\_ **How Long?** \_\_\_\_\_  
(attach additional sheet if necessary) (Street) (City) (State & Zip)

Are you 18 or Older? Yes  No

Are you a citizen of the United States? Yes  No

If you are not a citizen of the U.S. can you provide proof that you can legally be employed in the U.S.? Yes  No

### EMPLOYMENT INFORMATION

Position(s) applying for: \_\_\_\_\_ Shift Preference: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> Date available: \_\_\_\_\_

Type of employment:  Full time  Part time  Temporary Salary expectation \$ \_\_\_\_\_

What days and hours if part time? Mon, Tues, Wed, Thurs, Fri, Sat, Sun Hours: \_\_\_\_\_  
(From) (To) am or pm

Do you have transportation to work? Yes  No

Have you ever applied for a job with us? Yes  No  Have you ever worked for us before? Yes  No

Have you ever been convicted of a crime? If yes, please provide details: \_\_\_\_\_

Are there any experiences, skills, or qualifications that you feel would be beneficial to work with our company? \_\_\_\_\_

### EDUCATIONAL INFORMATION

Schooling	Name of School	Location	Years Completed	Degree/Major	Did you Graduate	Degree/Certificate Received
<b>High School</b>						
<b>College</b>						
<b>Graduate School</b>						
<b>Specialized or Professional Training</b>						
<b>Trade, Business or Technical School</b>						

### 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  No



# Driver's Application

Experience and Qualifications					
Drivers License	Date of Birth	State	License #	Type	Expiration Date

Driving Experience				
Class of Equipment	Type of Equipment (Van, Tank, Flat, etc)	Date From	Date To	Approximate Total Miles

Accident record for past 3 years or more (attach additional sheet if necessary)			
Dates	Nature of Accident (Head-on, Rear-end, Upset, etc)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 years-other than parking violations (attach additional sheet if necessary)			
Location	Charge	Penalty	Date

- 1) Have you ever been denied a license, permit or privilege to operate a motor vehicle?    Yes                       No
- 2) Has any license, permit or privilege ever been suspended or revoked?                      Yes     No

**IF THE ANSWER TO EITHER (1) or (2) IS YES, PLEASE PROVIDE STATEMENT GIVING DETAILS**

(Attach sheet if necessary)

**TO BE READ AND SIGNED BY APPLICANT**

Note: A motor carrier may require an applicant to provide information required by the Federal Motor Carrier Safety Regulations

## POLICY

The facts set forth above in my application for employment are true and compete. If employed, I understand that false statements on this application shall be considered sufficient cause for dismissal.

I further understand and agree to your company policy on verifying references. I authorize use of any information in this application to verify my statements, and I authorize past employers, references, and other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release 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, and DMV/MVR.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed name of Applicant

\_\_\_\_\_  
Date

**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** , **Nights** , **Either**
- 3) Days willing to work? **Mon** , **Tues** , **Wed** , **Thurs** , **Fri** , **Sat** , **Sun**
- 4) Are you willing to work overtime? **Yes** , **No**   
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** , **B** , **Intra State** , **Inter State**
- 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** , **No**
- 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** , **Airfreight** , **Sales** , **Typing** , **Computer** , **Border and Customs Clearing** , **Billing** , **other** \_\_\_\_\_
- 19) Which computer programs are you proficient in: \_\_\_\_\_

- 
- a) We have a drug policy requiring scheduled or random testing
  - b) We will run a back ground check and DMV/MVR
  - c) 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)

I have read, understand and accept the information in this questionnaire. The answers I have furnished are true and I understand if employed that false statements shall be considered sufficient cause for dismissal.

I further understand and agree to your company policy on verifying references. I authorize use of any information in this application to verify my statements, and I authorize past employers, references, and other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release 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, and DMV/MVR.

\_\_\_\_\_  
(signature)\_\_\_\_\_  
(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 mentioned conditions and hereby agree to comply with them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date

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I understand that if I voluntarily quit or abandon my job before a six month period, I will reimburse JBF Express the cost of my pre-employment drug testing, estimated between \$50 and \$100.

I give JBF Express permission to deduct this expense from my last paycheck.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date

**AUTHORIZATION TO SECURE  
MOTOR VEHICLE REPORT**

**I, \_\_\_\_\_, do hereby authorize Floss Insurance Agency,  
Inc. to secure a Motor Vehicle Driver's Report, via my driver's license number,  
which may be requested by the Insurance Carrier.**

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

Signature: \_\_\_\_\_

Full Name: (print) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

(Attach copy of driver's license)