

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: 1st 2nd 3rd 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
High School						
College						
Graduate School						
Specialized or Professional Training						
Trade, Business or Technical School						

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

PRIOR WORK RECORD

NOTE: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years to be shown. List the most current first. (Attach additional sheet if necessary)

May we contact the employers listed below? _____

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		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				

REFERENCES (Do not list relatives unless work related)

Recommended by: _____

NAME	Address	Occupation	Phone #
NAME	Address	Occupation	Phone #
NAME	Address	Occupation	Phone #

POLICY

The facts set forth above in my application for employment are true and complete. 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

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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**
 - 5) What date are you able to start? _____
 - 6) What hourly wage do you require to start? _____
 - 7) Do you have a Commercial Drivers License (CDL)? **Yes** **No**
 - 8) If you have a CDL - What class license **A** **B** **Intra State** **Inter State**
 - 11) If you have a CDL - 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** 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: _____
-

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.

(signature)

(printed name)

(date)