

Application for Employment

James River Transportation

Office Use Only: Location: _____

Signature of Applicant _____ Date of Application _____

Name _____ Phone: (____) _____
First Middle Last

*Current Address _____
Street City State Zip

*If the above address is less than three years, list below all residences for the past three years. (Use an extra sheet if needed)

Street City State Zip

Street City State Zip

Position applying for: _____ Full-time _____ Part-Time _____

Who referred you? _____ Where did you here about JRBL? _____

Have you ever worked for JRBL before? _____ Dates: From: _____ To: _____
Month/Year Month/Year

Where? _____ Rate of Pay: _____ Position: _____

Reason for leaving? _____

Names of any relatives employed by JRBL _____

Are you currently employed? _____ If not, how long since your last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 MBA PHD

Last school attended: _____
Name Address

GENERAL

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Have you ever worked for JRBL under another name? _____ If so, under what name? _____

DRIVER EXPERIENCE & QUALIFICATION

ANSWER THE QUESTIONS IN THIS SECTION ONLY IF APPLYING FOR DRIVER POSITION

Date of Birth _____

The U.S. Department of Transportation requires that driver applicants state their date of birth. (§ 391.21 (b)(2))
(Month/day/year)

Social Security No. _____ - _____ - _____

LICENSES

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?
Yes _____ No _____

If you have answered "Yes" to A, B or C, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment _____

Type of Equipment _____

(Van, Tank, Flat, Etc.)

Dates	From	To	Approximate Total Miles
Motor Coach			
School Bus			
Straight Truck			
Tractor & Semi-Trailer			

List states operated in during last five years

List special courses or training that will help you as a driver

List driving awards held and who awards were presented by

ACCIDENT REVIEW FOR PAST 3 YEARS (ATTACH SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING VIOLATIONS

Location	Date	Charge	Penalty

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the ten years immediately preceding this year period. §391.21 (b)(10),(11)

Start with **last or current** position, including military experience, and work back. (Attach a separate sheet of paper if necessary)

Current Employer: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____

Position Held: _____ From: _____ To: _____
Month/Year Month/Year

Salary _____

In this position, were you: Subject to the FMCSR's? _____ Alcohol and drug tested under DOT regulation? _____ Reason for Leaving: _____

Company: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____ - _____

Position Held: _____ From: _____ To: _____
Month/Year Month/Year

Salary _____

In this position, were you: Subject to the FMCSR's? _____ Alcohol and drug tested under DOT regulation? _____ Reason for Leaving: _____

Company: _____ Supervisor's Full Name: _____

Address: _____ Zip: _____ Phone: (____) _____ - _____

Position Held: _____ From: _____ To: _____
Month/Year Month/Year

Salary _____

In this position, were you: Subject to the FMCSR's? _____ Alcohol and drug tested under DOT regulation? _____ Reason for Leaving: _____

Company: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____ - _____

Position Held: _____ From: _____ To: _____
Month/Year Month/Year

Salary _____

In this position, were you: Subject to the FMCSR's? _____ Alcohol and drug tested under DOT regulation? _____ Reason for Leaving: _____

MAINTENANCE EXPERIENCE & QUALIFICATIONS

INDICATE TRAINING & EXPERIENCE IN THE FOLLOWING	FORMAL TRAINING	YEARS OF EXPERIENCE
DIESEL ENGINE REPAIR		
BODY WORK		
HEAVY TRANSMISSION REPAIR		
AUTO PAINTING		
ELECTRICAL REPAIR		
BRAKES		
LIGHT MAINTENANCE		
WELDING		
AIR CONDITIONING/HEAT		
ENGINE COOLING SYSTEMS		
MACHINE SHOP		
AUTOMOTIVE AUDIO/VIDEO		
AUTOMOTIVE DETAILING		

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history and alcohol and drug test history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include and investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____ **Date**

_____ **Applicant Signature**

FOR OFFICE USE – DO NOT WRITE IN THIS SPACE

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE							
	Superior	Good	Fair	Below Average	Poor	Record on File	Interviewers Initials
Application							
Interview							
Physical Exam							
Past Employment							
Road Test							
Police & Traffic Record							

INTERVIEWED BY: _____ **DATE:** _____

COMMENTS:

INTERVIEWED BY: _____ **DATE:** _____

COMMENTS:

INTERVIEWED BY: _____ **DATE:** _____

COMMENTS:
