



Position applying for: Company Driver

Applicant information date: _____

Company: JM Materials

Address: 4595 US HWY 380 City: Decatur State: TX Zip: 76234

Applicant name: _____ Phone: _____

Date of birth: _____ (The Age Discrimination of Employment Act of 1967 prohibit discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age)

SS#: _____ Email address: _____

Emergency contact name: _____ Relation: _____

Do you have dependable transportation to & from work? Yes ___ No ___

Physical exam expiration date: _____

Current & previous three years addresses:

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

Have you worked for this company before? Yes ___ No ___

If Yes, Dates: From _____ To _____

Reason For leaving? _____

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

Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___

Is there any reason you might be unable to perform the functions of the job for which you have applied {As described in the job description)? Yes ___ No ___

Have you ever been convicted of a felony? Yes ___ No ___

If you answered "Yes" to any questions above, give details _____



Employment History

Give a complete record of employment for the past three years, including any unemployment or self--employment periods, and all commercial driving experience for the past ten (10) years.

Company name: _____

From: _____ to: _____

Address: _____ phone: _____

Position held: _____

Were you subject to the FMCSRS while employed here? Yes _____ no _____

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes _____ no _____

Company name: _____

From: _____ to: _____

Address: _____ phone: _____

Position held: _____

Were you subject to the FMCSRS while employed here? Yes _____ no _____

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes _____ no _____

Company name: _____

From: _____ to: _____

Address: _____ phone: _____

Position held: _____

Were you subject to the FMCSRS while employed here? Yes _____ no _____

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes _____ no _____



Company Name: _____

From: _____ To: _____

Address: _____ Phone: _____

Position held: _____

Were you subject to the FMCSRS while employed here? Yes _____ No _____

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____

Company Name: _____

From: _____ To: _____

Address: _____ Phone: _____

Position held: _____

Were you subject to the FMCSRS while employed here? Yes _____ No _____

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____

Company Name: _____

From: _____ To: _____

Address: _____ Phone: _____

Position held: _____

Were you subject to the FMCSRS while employed here? Yes _____ No _____

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____

Company Name: _____

From: _____ To: _____

Address: _____ Phone: _____

Position Held: _____

Were you subject to the FMCSRS while employed here? Yes _____ No _____

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____



Driving Experience

Class of equipment from to approximate number of miles straight truck tractor & semitrailer tractor & two trailers tractor & triple trailers other

Class of Equipment	From	To	Material hauled
TRUCK & PUP			
STRAIGHT TRUCK			
TRUCK & END DUMP			
BELLY DUMP			
LIVE BOTTOM			

List states operated in for the last 5 years: _____

List special courses/training completed (PTD/DDC, hazmat, etc.): _____

List any safe driving awards you hold & from whom: _____

Accident record for past three (3) years. (Attach sheet if more space is needed)

Date of Accident	Nature of Accident (head on, rear end, etc.)	Location of Accident	Fatalities (Y or N)

Traffic convictions and Forfeitures for the last 3 years (other than parking violations)

Date	Location	Charge	Penalty



Personal References

List Three (3) Persons for References, Other Than Family Members, Who Have Knowledge of Your Safety Habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty. It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information. 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 an investigating 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 application file. It is agreed and understood that this application in no way obligates the motor carrier to employ or hire the applicant. It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature _____ Date _____

For office use only

Applicant Hired _____	Rejected _____
Date Employed _____	Point Employed _____
Department _____	Classification _____
(If Rejected, Summary Report of Reasons Should Be Placed in File)	
Print Name of Interview Officer _____	
Signature Of Interview Officer _____	

TERMINATION OF EMPLOYMENT

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntarily Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____



Certification of Violations/Annual Review of Driving Record

INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER RESPONSIBILITY: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER- CERTIFICATION OF VIOLATIONS

Driver Name:		Social Security Number:		Birth date:	
Home Terminal (City & State):		Driver License Number:		State:	Expiration date:
I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under part 383) for which I have been convicted or forfeited bond or collateral during the last 12 months. If you have no violations, check the box: None <input type="checkbox"/>					
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED		

If no violations are listed above, i certify that i have not been convicted or forfeited bond or collateral on account of any violation (other than those i have under part 383) required to be listed during the past 12 months.

Date Of Certification _____ Driver signature _____

COMPLETED BY MOTOR CARRIER- ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above-named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving
- Does not adequately meet satisfactory safe driving performance
- Is disqualified to drive a motor vehicle pursuant to Section 391.25

Hire Date: _____

Action Taken: _____

Reviewed By: _____ Date: _____
Signature

Printed name _____ Title _____

JM Materials _____ **Decatur, TX** _____
Motor Carrier Name Address



Background Check Authorization Form

I understand that: employment by, or eligibility to drive under the operating authority of *JIM* Materials, Inc., or to broker through TBT, or as a condition of my continued employment/eligibility with *JIM* Materials, Inc. or TBT, that *JIM* Materials, Inc. may obtain a consumer report that includes, but is not limited to: my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV and DOT records, FMCSA Drug and Alcohol Clearinghouse records, any other public records, and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to *JIM* Materials, Inc. procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, *JIM* Materials, Inc. will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for eligibility with *JIM* Materials, Inc. I further understand that such a report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

I further understand that if I refuse to provide consent for *JIM* Materials, Inc. to conduct queries of FMCSA Drug and Alcohol Clearinghouse, *JM* Materials, Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Signature

Date

Printed Full Legal
Name

Date of Birth

Address

Social Security Number

City, State, Zip Code

Phone Number

Driver's License Number

State of Issue