



J & C Transport, LLC.
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 www.jctransportllc.com

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)		
Work Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Are you 18 or over? ____Yes ____No			
Title of Position Applying For:			Date Available to Work:

Driver's License Information: List all licenses held within the previous 3 years.

License Number	Class	State	Exp. Date

Have you ever had any driver's license denied, suspended, revoked, or canceled by any state agency?

Yes No If yes, give state of issuance and explanation of the circumstances. (Use backside if space is needed).

Driving Experience

Types of Equipment	Dates		Approx Mileage Driven
	To	From	Total
Truck, tracker/trailer, tank, etc.			

List all traffic violation convictions for the previous 3 years (write NONE, if none)

Date	Location	Violation	Commercial Vehicle
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

List all accidents for the previous three (3) years (write NONE, if none)

Date	Nature of Accident	Fatalities	Injuries

Employment History

List all employment for the previous three (3) years, all driving jobs for the previous ten (10) years, including any gaps between employers.

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	
City, State, ZIP			
Titles and Duties:			Telephone:
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	
City, State, ZIP			
Titles and Duties:			Telephone:
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	
City, State, ZIP			
Titles and Duties:			Telephone:
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	
City, State, ZIP			
Titles and Duties:			Telephone:
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			<input type="checkbox"/> Yes <input type="checkbox"/> No

For Driver applicants of commercial motor vehicles that require a Commercial Driver's License (CDL) the applicant must disclose their controlled substance and alcohol status requirement of 49 CFR Part 40.25(j).

As a perspective driver employee, you will have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to resend the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. Driver employees who have previous Department of Transportation regulated employment history in the preceding three (3) years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment.

The prospective employer has not yet received the requested information from the previous employer(s), and then the five (5) business day deadline will begin when the perspective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

"I certify that this application was completed by me, and that all the information in it is true and complete to the best of my knowledge."

Applicant Signature

Date Signed

PART ONE		TO BE COMPLETED BY PROSPECTIVE EMPLOYEE	
Name (Full) First	M.I. Last	Social Security Number:	
Previous Employer:		Phone:	
Address:		Fax:	
City, State, Zip		Email:	
To release all information regarding my services, character and conduct while in your employ, and you are released from any and all liability, which may result from furnishing such information to the prospective employer listed below:			
Perspective Employer:		Phone:	
Address:		Fax:	
City, State, Zip		Email:	
<p>In compliance with Part 319.23(j), release of this information must be made in a written form that ensures confidentiality, such as fax, email or letter.</p>			
_____		_____	
Applicant's Signature		Date	

PREVIOUS EMPLOYEE DRIVER INQUIRY			
PART TWO		TO BE COMPLETED BY PREVIOUS EMPLOYER	
1.	The applicant named above was employed by from:	Month/Year	to Month/Year
2.	What kind(s) of work did the applicant do?		
3.	Did the applicant drive a motor vehicle for you? Circle choice(s).	Straight Truck	Tractor Semi-Trailer
		Bus	Passenger Vehicle
		Other	Other
4.	Was the applicant a safe and efficient driver? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5.	Was the applicant involved in any accidents? If so, include brief explanation and dates (d/m/y):		
6.	Was the driver ever place out-of-service for hours of service violations? <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation:		
7.	Did the applicant misuse alcohol or use a controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8.	Was the applicant's general conduct satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9.	Reason for leaving your employ: <input type="checkbox"/> Discharged <input type="checkbox"/> Laid Off <input type="checkbox"/> Resigned		
10.	REMARKS:		
Print Name:		Position:	
Signature:		Date:	
<p>The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49 CFR Part 391.23.</p>			