

JCMR

Driver Qualification Application

Office Use Only

Home Terminal: _____	Truck Number: _____	Start Date: _____
Short name: _____	Physical Exp. Date: _____	Rate of Pay: _____

Note: Please Answer or check all questions even if answers are “No” or “None” do not leave blanks. This application will not be considered unless completed. Please print in ink.

Driver’s Last Name: _____ First: _____ Middle: _____
 Present Street Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Years Living There: _____ Months: _____

Social Security Number: _____ Date of Birth: _____
 Driver’s License Number: _____ State Issued: _____ Date
 Issued: _____ Expiration Date: _____
 Home Phone: (_____) _____ Cell Phone: (_____) _____
 In Case of Emergency Contact: _____ Phone: (_____) _____
 Address: _____

Are you authorized to work in the United States: _____ Yes _____ No
 If you are a resident alien, please give your alien number from your Resident Alien Card, Form I-551:

Have you ever applied to be qualified as a driver for JCMR? _____ Yes _____ No
 If so, when? _____
 How were you referred to JCMR? _____

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____ Yes _____ No
- B. Has your motor vehicle operator’s license, permit, or privilege been suspended or revoked? _____ Yes _____ No
- C. Have you ever been disqualified from driving a motor vehicle under the DOT regulations? _____ Yes _____ No
- D. Have you ever been convicted for driving under the influence of alcohol or drugs? _____ Yes _____ No
- E. Have you ever been convicted of a crime involving or related to drugs or alcohol? _____ Yes _____ No
- F. Have you ever been convicted of a serious traffic violation, as in careless/reckless driving etc.? _____ Yes _____ No
- G. Have you ever been convicted of any other felony or misdemeanor? _____ Yes _____ No
- H. Have you, within the five years preceding the date of this application:
 - 1. Undergone an alcohol test in which a concentration of 0.02 or greater has been indicated? _____ Yes _____ No
 - 2. Undergone a controlled substance test in which a positive result has been verified? _____ Yes _____ No
 - 3. Refused to undergo either an alcohol or controlled substance test? _____ Yes _____ No

EMPLOYMENT RECORD FOR LAST TEN (10) YEARS

Begin with your present or most recent job and work backwards in order, listing your employment for at least ten years, including all full and part-time employment. All time must be accounted for, including military services, self-employment, and periods of unemployment. Use supplementary sheet if necessary.

Begin With Most Recent Employer

Company Name: _____ From: _____ To: _____
Address: _____ Phone Number: (_____) _____
City: _____ Type Equipment Driven: _____
State: _____ Zip: _____ Areas in which you Drove: _____
Position: _____ Total No. Accidents: _____
Reason for Leaving: _____
Was this employer subject to 49 CFR Part 40, Drug & Alcohol Testing Requirement? ____ Yes ____ No

Company Name: _____ From: _____ To: _____
Address: _____ Phone Number: (_____) _____
City: _____ Type Equipment Driven: _____
State: _____ Zip: _____ Areas in which you Drove: _____
Position: _____ Total No. Accidents: _____
Reason for Leaving: _____
Was this employer subject to 49 CFR Part 40, Drug & Alcohol Testing Requirement? ____ Yes ____ No

Company Name: _____ From: _____ To: _____
Address: _____ Phone Number: (_____) _____
City: _____ Type Equipment Driven: _____
State: _____ Zip: _____ Areas in which you Drove: _____
Position: _____ Total No. Accidents: _____
Reason for Leaving: _____
Was this employer subject to 49 CFR Part 40, Drug & Alcohol Testing Requirement? ____ Yes ____ No

Company Name: _____ From: _____ To: _____
Address: _____ Phone Number: (_____) _____
City: _____ Type Equipment Driven: _____
State: _____ Zip: _____ Areas in which you Drove: _____
Position: _____ Total No. Accidents: _____
Reason for Leaving: _____
Was this employer subject to 49 CFR Part 40, Drug & Alcohol Testing Requirement? ____ Yes ____ No

Company Name: _____ From: _____ To: _____
Address: _____ Phone Number: (_____) _____
City: _____ Type Equipment Driven: _____
State: _____ Zip: _____ Areas in which you Drove: _____
Position: _____ Total No. Accidents: _____
Reason for Leaving: _____
Was this employer subject to 49 CFR Part 40, Drug & Alcohol Testing Requirement? ____ Yes ____ No

List any addresses you have maintained during the past three years other than your present address:

1. Street: _____ City: _____ State: _____ Zip: _____ How long?: _____
2. Street: _____ City: _____ State: _____ Zip: _____ How long?: _____
3. Street: _____ City: _____ State: _____ Zip: _____ How long?: _____

EDUCATION/TRAINING

List Driver Training courses or driving schools attended:

1. _____ Date Completed: _____
2. _____ Date Completed: _____

DRIVER'S LICENSE – LIST ALL DRIVER LICENSES

Note: Holders of a Commercial Driver License must not have an air brake restriction.

State	License Number	Class	Endorsements	Expiration Date

TRAFFIC CONVICTIONS AND FORFEITURES – LIST FOR PAST TEN YEARS
(Use additional sheet if necessary).

Includes On-Duty or Off-Duty and while in personal vehicle (other than parking violations. If none, write NONE).

Date	Location (City and State)	Charge (If speeding, how fast?)	Penalty

ACCIDENT RECORD – LIST FOR THE PAST TEN YEARS
(Use additional sheet if necessary).

List any involvement with truck and car including property damage including preventable and non-preventable. If none, write NONE.

Date	Type of vehicle	Description (rear-end etc)	P/NP	Fatalities	Injuries	Amount of Prop. Damage?	City/State	Employer

List Three (3) References:

1. Name: _____ Address: _____ Occupation: _____ Phone: _____

2. Name: _____ Address: _____ Occupation: _____ Phone: _____

3. Name: _____ Address: _____ Occupation: _____ Phone: _____

PHYSICAL CONDITION

Are you physically capable of heavy manual work that may be required in the loading and unloading of cargo and the operation of over-the-road tractors and semi-trailers? _____ Yes _____ No
If accommodation is required, please explain:

APPLICANT'S STATEMENT

I hereby acknowledge that prior to submitting this application, I have been informed that the information provided herein may be used, and that my references and prior employers may be contacted, for the purpose of investigating my background.

I hereby authorize **JCMR** to investigate all statements in this application and to secure any necessary information from any of my references, prior employers, or other sources identified herein.

I hereby release **JCMR** and any of my references, prior employers, or other sources identified herein from any and all liability arising from their giving or receiving information about me, or my driving record or employment history. I hereby authorize any law enforcement agency or court of record to furnish **JCMR** information concerning my motor vehicle records, or any felony or misdemeanors of which I have been convicted.

I understand that any false or misleading statements in this application will be sufficient cause for rejection of my application if **JCMR** has not already qualified me and for immediate disqualification if it has.

If this application is for qualification as a Company Driver, I agree that **JCMR** is not obligated to employ me. I further agree that, if I am employed as a Company Driver, I have the right to terminate my employment at any time for any reason and that **JCMR** has the same right. Any false, misleading or incomplete statement of the information requested in this application will be sufficient ground for termination.

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.

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

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE PRECEEDING STATEMENT.

SIGNATURE OF APPLICANT: _____ DATE: _____