

Application for Employment

COMPANY JLP Transport, Inc. ADDRESS PO Box 124
CITY Horicon STATE Wisconsin ZIP 53032

**The purpose of the is application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.*

TO THE APPLICANT:

JLP TRANSPORT, INC. DOES NOT DISCRIMINATE IN HIRING OR EMPLOY ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION. CONSIDERATION OF THIS APPLICATION WILL BE GIVEN. HOWEVER, BY RECEIVING THIS DOCUMENT, JLP TRANSPORT, INC. IS UNDER NO OBLIGATION OF EMPLOYMENT TO THE APPLICANT.

General Information

Date: _____ Social Security #: _____

Name: _____
(First) (Middle Initial) (Last)

Phone Number: (_____) _____ DOB: _____

Current Address: _____
(Number) (Street)

(City) (State) (Zip)

Emergency Contact _____ Phone #: _____

You must circle a YES or a NO

Are you 18 years of age or older? **YES** **NO**

Do you have the legal right to live and work in the U.S.? **YES** **NO**

If hired, can you provide the documentation required by U.S. Law? **YES** **NO**
(If hired, documented proof of legal right to work is required.)

Since the age of 18, have you ever been convicted of a misdemeanor or felony? **YES** **NO**
If so, please advise nature and date.

NOTE: A conviction will not necessary disqualify you from employment. Each conviction will be judged on its own merits with respect to time, circumstance and seriousness.

Education:

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8
 High School: 9 10 11 12
 College: 1 2 3 4
 Post-Graduate: 1 2 3 4

The following information is required by the U.S. Department of Transportation, Section 391.21. Your application will not be considered if all information is not furnished.

Previous Residency

Please furnish the addresses at which you resided during the past 3 years. Begin with the most recent.

Number	Street	City	State	Zip	Length/Dates of Residency

Commercial Motor Vehicle Operator’s License

Please furnish the issuing state, number, and expiration of each unexpired commercial motor vehicle operator’s license or permit that has been issued to you in the lines provided below.

State	Number	Expiration	License/Permit

You must circle a YES or NO

Have you ever been denied a license, permit or privilege to operate a motor vehicle? **YES NO**

If so, please explain _____

Has one ever been suspended or revoked? **YES NO**

If so, please explain _____

Have you ever been disqualified for violation of Safety Regulations? **YES NO**

If so, please explain _____

Employment Record

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July 1987, applicants must show all commercial driver employment for the seven years immediately preceding this three year period. 391.21 (b) (10) (11)

Are you currently employed? **YES** **NO**

 If so, may we contact your present employer? **YES** **NO**

If you are accepted for employment, when would you be available? _____

List below present and past employment, BEGINNING WITH MOST RECENT

Name of Employer – Past or Present	Address	Phone	Position Held & Reason For Leaving	Dates (From – To)

Driving Experience

Class of Equipment	Dates (From – To)	Approximate # of miles (Total)
Straight Truck		
Tractor and Semi-trailer		
Tractor- 2 trailers		
Other		

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 and from whom: _____

Accident Record for the past 3 years

Date of Accident	Nature of Accident (head on, rear end, etc.)	Location of Accident City/State	# of fatalities	# of Injured

Traffic Convictions and Forfeitures for the past 3 years (do not include parking violations)

Date	Location	Charge	Penalty

Applicant: Read and sign before submitting this application.

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty and reason for non-consideration or subsequent dismissal if hired or denial of authorization to drive. It is also agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his/her furnishing such information. I understand that nothing contained in this application or in the granting of any interview or a road test is intended to create an employment contract between this company and myself, for either employment, authorization to drive, or for the providing of any benefits. I agree to furnish such additional information that may be necessary and complete such examinations as may be required to complete my application file including, but not limited to a pre-employment negative urine test and successful completion of human performance evaluation including, but not limited to a Department of Transportation physical. No promises regarding employment or authorization to drive have been made to me, and no such promises exist unless specifically made by this Company in writing. It is agreed and understood that if qualified, hired or contract started, I may be on a probationary period during which time I may be disqualified without recourse. I understand employment or authorization to drive with this carrier is on an "at-will" basis that allows me to quit, be fired, or lease agreement revoked at any time with or without notice and with or without cause. 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: _____