



# Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Last First Middle Initial (optional for Non-CDL Drivers)

Address: \_\_\_\_\_  
 Street City State Zip Code

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Number of years at current residence: \_\_\_\_\_ Please include previous address(es) if less than three (3) years at.

Previous address(es): \_\_\_\_\_

If necessary, best time to call you at home is: \_\_\_\_\_ am pm Type of employment desired: Full-Time Part-Time

May we contact you at work? Yes No Position applying for: \_\_\_\_\_  
 If YES, number and best time to call

If you are under 18 and it is required \_\_\_\_\_ am pm If they have been explained to you, are you able to meet the attendance requirements of the position: Yes No

can you furnish a work permit? Yes No Will you work overtime if required? Yes No  
 If NO, please explain:

Are you legally eligible for employment in the US? Yes No

Date available for work \_\_\_\_\_ Have you ever pled "guilty" or "no contest" to, or been convicted of a felony? Yes No

What is your desired salary range or hourly rate of pay? \_\_\_\_\_  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ If YES, please provide date(s) and details: Date(s): \_\_\_\_\_

## License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License Number	Expiration Date
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A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No  
 If yes, give details \_\_\_\_\_

B. Has any license, permit, or privilege ever been suspended or revoked? Yes No  
 If yes, give details \_\_\_\_\_

## Accident History (3 years)

If no accidents within the last 3 years - check here.

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?
_____	_____	_____	_____	Yes No
_____	_____	_____	_____	Yes No
_____	_____	_____	_____	Yes No

## Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years - check here.

DATE CONVICTED (month/year)	VIOLATION (other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

## Educational Background

	High School	Secondary (College/Tech)	Other (Grad School, etc.)
Location	_____	_____	_____
Years Completed	_____	_____	_____
Degree/Diploma	_____	_____	_____
Major/Minor	_____	_____	_____

## Skills and Qualifications

Summarize any special training skills, license and/or certificates that may assist you in performing the position for which you are applying. Include Commercial Drivers License class and endorsements, if applicable.

\_\_\_\_\_

\_\_\_\_\_

## References (Please do not include family members or relatives.)

Name	Relationship to You	Telephone Number	Years Known
_____	_____	_____	_____
_____	_____	_____	_____

## Driving Experience - For CDL Drivers Only

If no driving experience within the last 3 years - check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES		APPROXIMATE NUMBER OF MILES
		FROM	TO	
Straight Truck	Van, Reefer, Tank, Flat	_____	_____	<b>OR</b>
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____	
Tractor - Two Trailers	Van, Reefer, Tank, Flat	_____	_____	
Tractor - Three Trailers	Van, Reefer, Tank, Flat	_____	_____	
Motorcoach - School Bus (Greater than 8 passengers)	N/A	_____	_____	
Motorcoach - School Bus (Greater than 15 passengers)	N/A	_____	_____	
Other: _____	Van, Reefer, Tank, Flat	_____	_____	_____

## Employment History

Please list your most recent employment first. All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

Most Recent Employer	Telephone #	Month Year		Month Year	
		/	/	/	/
_____	_____	_____	_____	_____	_____
Street Address	City	State		Zip Code	
Starting Job Title/Final Job Title	_____	Initial Compensation	Hourly	Salary \$	Per
Immediate Supervisor and Title	_____	Final Compensation	Hourly	Salary \$	Per
Why did you leave?	_____	May we contact for reference?		Yes	No

Summarize the type of work performed and job responsibilities:

What were the things you liked least about the position?

**For CDL Drivers Only:** Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? 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

\*\*The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

## Employment History (continued)

Employer	Telephone #	Month / Year	Month / Year	Dates Employed
Street Address	City	State	Zip Code	
Starting Job Title/Final Job Title		Initial Compensation Hourly	Salary \$	Per
Immediate Supervisor and Title		Final Compensation Hourly	Salary \$	Per
Why did you leave?		May we contact for reference? Yes No		
Summarize the type of work performed and job responsibilities:				
What were the things you liked least about the position?				
<b>For CDL Drivers Only:</b> Were you subject to the Federal Motor Carrier Safety Regulations** while employed? 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				

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Street Address	City	State	Zip Code	
Starting Job Title/Final Job Title		Initial Compensation Hourly	Salary \$	Per
Immediate Supervisor and Title		Final Compensation Hourly	Salary \$	Per
Why did you leave?		May we contact for reference? Yes No		
Summarize the type of work performed and job responsibilities:				
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## Employment History

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

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If not addressed on previous page, have you ever been fired or asked to resign from a job?

Yes

No

If YES, please explain:

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## Applicant Statement

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for one year from the date of application. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the company's owner. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand and agree that if I am hired and as a condition of my employment, I am waiving my right to a jury trial in any action or proceeding related to my employment with J & S General Contracting. I also understand and agree that if hired and as a condition of my employment, I am waiving my right to be a member in a class action in any action or proceeding related to my employment with J & S General Contracting. I understand that I am waiving my right to a jury trial and to participate in a class action voluntarily and knowingly, and free from duress and coercion.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

J & S General Contracting is an Equal Opportunity Employer.

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## DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_