

DOT DRIVER'S APPLICATION FOR EMPLOYMENT

3J Fuel Carriers

8020 E. Central, Suite 150 • Wichita, Kansas 67206

3Jdispatch@3jfuel.com • 316-260-2646

Applicant Name _____ Date of Application _____
(print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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.

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 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.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

Applicant Hired _____ Rejected _____

Date Employed _____ Point Employed _____

Department _____ Classification _____

(If rejected, summary report of reasons should be placed in file)

Signature of interviewing officer _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntarily Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____

APPLICANT TO COMPLETE

(Be sure to answer all questions – please print)

NAME: _____
 (First) (Middle) (Maiden Name, if any) (Last)

CURRENT ADDRESS: _____ HOW LONG? _____
 (Street) (City) (State & Zip Code)

DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____

TELEPHONE NUMBER: () _____ CELL NUMBER: () _____

IN CASE OF EMERGENCY CONTACT: _____ TELEPHONE NUMBER: () _____

ADDRESS FOR PAST THREE YEARS _____ HOW LONG? _____
 (Street) (City) (State & Zip Code)

_____ HOW LONG? _____
 (Street) (City) (State & Zip Code)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Do you have the legal right to work in the United States? _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate & intrastate commerce must provide the following information on all employers during the preceding three (3) years. List complete mailing addresses, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle¹ in intrastate or interstate commerce shall also provide an additional seven (7) years' information on those employers for whom the applicant operated such vehicle.

PLEASE LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT. ADD ANOTHER SHEET IF NECESSARY.

EMPLOYER	DATE			
	FROM MONTH	YEAR	TO MONTH	YEAR
NAME _____	POSITION HELD _____			
ADDRESS _____	SALARY/WAGE _____			
CITY _____ STATE _____ ZIP _____	REASON FOR LEAVING _____			
CONTACT PERSON _____ PHONE NUMBER _____				
WERE YOU SUBJECT TO THE FMCSRS ² WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>				
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 <input type="checkbox"/> NO <input type="checkbox"/>				

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
NAME _____		FROM MONTH YEAR	TO MONTH YEAR
ADDRESS _____		POSITION HELD _____	
CITY _____ STATE _____ ZIP _____		SALARY/WAGE _____	
CONTACT PERSON _____ PHONE NUMBER _____		REASON FOR LEAVING _____	
WERE YOU SUBJECT TO THE FMCSRs ² WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

EMPLOYER		DATE	
NAME _____		FROM MONTH YEAR	TO MONTH YEAR
ADDRESS _____		POSITION HELD _____	
CITY _____ STATE _____ ZIP _____		SALARY/WAGE _____	
CONTACT PERSON _____ PHONE NUMBER _____		REASON FOR LEAVING _____	
WERE YOU SUBJECT TO THE FMCSRs ² WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

EMPLOYER		DATE	
NAME _____		FROM MONTH YEAR	TO MONTH YEAR
ADDRESS _____		POSITION HELD _____	
CITY _____ STATE _____ ZIP _____		SALARY/WAGE _____	
CONTACT PERSON _____ PHONE NUMBER _____		REASON FOR LEAVING _____	
WERE YOU SUBJECT TO THE FMCSRs ² WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

EMPLOYER		DATE	
NAME _____		FROM MONTH YEAR	TO MONTH YEAR
ADDRESS _____		POSITION HELD _____	
CITY _____ STATE _____ ZIP _____		SALARY/WAGE _____	
CONTACT PERSON _____ PHONE NUMBER _____		REASON FOR LEAVING _____	
WERE YOU SUBJECT TO THE FMCSRs ² WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

¹Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

²The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate or intrastate

commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No

IF THE ANSWER TO EITHER A OR B IS YES, GIVE
DETAILS

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	Yes <input type="checkbox"/> No <input type="checkbox"/>	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX NO. OF MILES (TOTAL)
			From (M/Y)	To (M/Y)	
STRAIGHT TRUCK	Yes <input type="checkbox"/> No <input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR & SEMI-TRAILER	Yes <input type="checkbox"/> No <input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS	Yes <input type="checkbox"/> No <input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS	Yes <input type="checkbox"/> No <input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS *	Yes <input type="checkbox"/> No <input type="checkbox"/>	---			
MOTORCOACH - SCHOOL BUS **	Yes <input type="checkbox"/> No <input type="checkbox"/>	---			
OTHER					

*More than 8 passengers **More than 15 passengers

LIST STATES OPERATED IN FOR LAST FIVE (5)
YEARS:

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED:
(Name)

(City, State)

TO BE READ AND SIGNED BY APPLICANT

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.

Signature:

Date:

Application Valid 30 days