

**J&M TRUCKING & RED-MIX INC.**  
**800 Avenue O, Ely, NV 89301**  
AN EQUAL OPPORTUNITY EMPLOYER  
**DRIVER EMPLOYMENT APPLICATION**

Date: \_\_\_\_\_

Name In Full \_\_\_\_\_ Social Sec# \_\_\_\_\_

List your addresses of residency for the last 3 years

Present Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Phone# \_\_\_\_\_

Previous \_\_\_\_\_ How Long \_\_\_\_\_  
Address Street City State Zipcode

\_\_\_\_\_ How Long \_\_\_\_\_  
Street City State Zipcode

\_\_\_\_\_ How Long \_\_\_\_\_  
Street City State Zipcode

Date Of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

How Many Persons Do You Support? Wife \_\_\_\_ Children \_\_\_\_ Others \_\_\_\_\_

Do You Own an Automobile? \_\_\_\_\_ Have You Any "Sideline" Business Interests? \_\_\_\_\_

Explain \_\_\_\_\_

Kind Of Work Desired \_\_\_\_\_ Wages Expected \_\_\_\_\_

Have You Ever Been Employed Here? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Do You Have Any Relatives or Friends Working for Our Company?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

In Case of Accident Notify: Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone#: \_\_\_\_\_

Education	Name of Location or School	No. of years attend	Course Of School		Did You Graduate?	Date Of Leaving	
			General	Special		Mo.	Yr.
Grammar School							
High School							
Night School							
Correspondence							
College Or University							

Have you served an Apprenticeship? \_\_\_\_\_ How Long? \_\_\_\_\_ Trade? \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

Mechanical Experience \_\_\_\_\_

Do You Have a Current MSHA Certificate of Training? \_\_\_\_\_

Have You Ever Served in The Armed Forces of The United States? \_\_\_\_\_

State Rank and Branch of Service \_\_\_\_\_

Date Of Discharge \_\_\_\_\_ Reason \_\_\_\_\_

Are You Now Employed? \_\_\_\_\_ If yes where? \_\_\_\_\_

All driver applicants must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle \* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. (Note: List employers in reverse order starting with the most recent. Add another sheet as necessary.) The information supplied regarding previous employers may be used and employers contacted.

Employer Name and Address	Kind of work	Wages Per Hour	Started	Left	Reason for Leaving	Subject to FMCSRS and/or Dot Alcohol & Drug Testing
_____						
_____						
_____						
_____						
_____						

Includes 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.

Accident record for past 3 years or more (attach sheet if more space is needed) if no write n/a

Dates	Nature of accident (Head-on, rearend, etc.)	Fatalities	Injuries
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

**Experience and qualification**

	State	License no.	Type	Expiration date
Driver				
Licenses				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_

If the answer to either A or B is yes, attach a statement giving details

**Driving experience if none, write none**

Class of equip.	Type of equip. (Van, tank, flat, etc)	Dates From	Dates To	Approx. no of Miles (total)
Straight truck				
Tractor & Semi-trailer				
Tractor-two trailer				
Other				

Additional Remarks:

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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. 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.

NOTE: IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE STATEMENTS ON THIS APPLICATION MAY BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

The Use of This Application Does Not Indicate There Are Any Positions Open and Does Not in Any Way Obligate This Company.

Sign Here: \_\_\_\_\_  
Signature Of Applicant
Date

---Office Use Only---	
Was applicant hired? ___Yes ___No	If yes what position?
_____	
Date Hired	

**J&M TRUCKING & RED-MIX INC.**  
**800 Avenue O, Ely, NV 89301**  
AN EQUAL OPPORTUNITY EMPLOYER  
**Request For Information from Previous Employer**

I hereby authorize you to release the following information to: J&M Trucking for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

MAIL TO:

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Dear Sir/Madam:

The below named individual has made application to this company for a position as \_\_\_\_\_ and states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

\_\_\_\_\_  
Name of Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

1. Employed from \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_ at wage or salary of \_\_\_\_\_.
2. Did he/she drive a motor vehicle for you? \_\_\_\_\_ Straight Truck? \_\_\_\_\_ Tractor-Semitrailer? \_\_\_\_\_ Bus? \_\_\_\_\_ Other? \_\_\_\_\_
3. Was he/she a safe and efficient driver? \_\_\_\_\_

4. Reason for leaving your employ: Discharged \_\_\_ Lay Off \_\_\_ Voluntary Quit \_\_\_  
Military Duty \_\_\_ Other \_\_\_
5. Was his/her general conduct satisfactory? \_\_\_\_\_
6. Please advise history of past driving record if available for past three years. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONFIDENTIAL REPORT OF PERSONAL REFERENCE**

Please indicate your opinion by placing a check ( ✓ ) in the appropriate column.

<b>CHARACTERISTICS</b>	<b>EXCELLENT</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Any other remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

**Appendix G**

**NOTICE TO DRIVER APPLICANTS**

**CONTROLLED SUBSTANCES TESTING REQUIREMENT**

Our company has a vital interest in maintaining safe, healthful and efficient working condition for our customers, the public, and our employees. Using or being under the influence of alcohol and/or controlled substances on the job may pose serious safety and health risks not only for the user, but to all those who work with the user. The possession, use or sale of alcohol or and illegal controlled substances poses unacceptable risk to safe, healthful an efficient operation.

To meet this compelling interest, and in compliance with the Department of Transportation’s Alcohol and Controlled Substances Testing Requirements (49 CFR Part 382) drivers who wish to be considered for employment must agree to **SUBMIT TO PRE-EMPLOYMENT CONTROLLED SUBSTANCES TESTING**. All pre-employment drug tests will be conducted only after a contingent offer of employment is made.

By completing and signing this Notice and the attached Application of Employment, the driver applicant understands and agrees to submit to a pre-employment-controlled substances testing as provided for in the DOT Alcohol and Controlled Substances Policy.

**ANY DRIVER APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT.** Refusal of a driver applicant to agree to controlled testing at this time does not preclude applying for employment at some future date.

Date: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Date: \_\_\_\_\_

\_\_\_\_\_  
COMPANY REPRESENTATIVE