

JMC EXPRESS INC

3035 BELLBROOK CENTER DRIVE Memphis, TN 38116

APPLICATION FOR DRIVER QUALIFICATION

AS REQUIRED BY §391 FMCSR (DOT SAFETY REGULATIONS)

Applicants are considered for job without regard to race, color, creed, age, sex, handicap, or national origin.

[] Company driver	[] Owner Operator	[] Part Time	[] Full Time
Name: First PRINT Current Address	Middle	Cell # (Home # (Last) (Area)
Number Other Address	Street	City	ST Zip
(Past 3 Years) Number Email Address:	Street	City	ST Zip
Date of Birth Socia	Security #	Drivers License # / State	Exp. Date
First CDL Class A:	Original Stat	te CDL issued	Original Date issued
First CDL Class A: Spouse / Emergency Contact: Nar TO BE READ AND SIGNED BY APPLI This certifies that I completed this a	ne Address CANT / DRIVER	s Phone #	

Date

Driver's Signature

Applicant's Name:

EMPLOYMENT RECORD FOR PAST TEN (10) YEARS LISTING ALL EMPLOYERS

Address: Telephone (Begin with your present job or most recent job & work to	packwards. Keep dates in order.
Were you subject to Federal Motor Carrier Safety Regulations? Yes No	Current or Most Recent Employer:	Supervisor's Name
Address:	Were you subject to Federal Motor Carrier Safety Regulations? Were you subject to DOT regulated drug & alcohol testing?	[] Yes [] No
Second from Current Employer: Supervisor's Name: Supervisor's Name: Supervisor's Name: Were you subject to Federal Motor Carrier Safety Regulations? Foolition Held: Reason For Leaving? Reason For Leaving? Supervisor's Name: Forth from Current Employer: Forth from Cu	Address:	Telephone /
Were you subject to DOT regulated drug & alcohol testing? Note Note	Position Held: Reason For Leaving?	
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Reason For Leaving?	Were you subject to rederal Motor Carrier Safety Regulations? Were you subject to DOT regulated drug & alcohol testing?	[]Yes []No []Yes []No
Reason For Leaving?	Address:	Telephone () Date From
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Nere you subject to Pederal Motor Carrier Safety Regulations? Yes No Yes No No No No No No No N	Third from Current Employer:	Supervisor's Name:
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	osition Held: Reason For Leaving?	# of Accidents:# of States driven in:

10-year history must be <u>COMPLETE</u>, if unemployed for any period of time - state unemployed.

Phone Numbers <u>MUST</u> be listed for Application to be processed.

Copy if more room is needed.

				List All Di	LICI rivers lic	ENSE ense/p	ermits h	eld in t	he pa	et :	3 4021	**	
	State License			License Nu	Drivers license/permits held in the Number Type			no p.					
					- 4	- 71			Expiration Date			Date	
Check End	dorsements	s that you	have	: []Con	nbinations	I 1H	azardous	Matariale	. [1	Air	2		
indicate A	LL Restrict	<u>ions</u> on y	our C	:DL:			azai acac	Wateriale	, [1	AII	Brakes	s []T	anks
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LIST	Date Date	moving	trafi	ric convictio	ns and fo	rfeiture	es for the	past 3	/ears	(If r	one v	vrite no	nel
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List all acci	idente/incid			A	CCIDENT	RECO	RD						
Elot all aco	dentamicius	ents with v	enicie	es for the past :	3 years, incl	lude all p	oreventable	and non-	preve	ntabl	e wheth	ner or no	ot on MVR
	Type of			Accident	NONE WI	RIIEN	ONE)						
Date	Vehicle			ar end, etc.)	Preven	table	Fatal	ities	Ι,	njuri		1	ount of
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Tractor w/ V													
Tractor w/ F													
Tractor with												-	
Straight Tru Dump Truck	ck												
Other (Spec		-											
C. Have you	u ever beer u ever beer	n convicte	ed for	nse, permit, o ermit or privil r driving while r possession,	ege suspe under the	nded or	r revoked?	•			[[]Yes]Yes []Yes	[] No [] No [] No
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G. Have you	u ever beer	1 convicte	ed of	a felony? a Misdemean							_] Yes	[] No [] No
i. Have you	u ever beer	n disquali	fied to	O drive by For	doral Blate	r Carrio	r Safatu D				_] Yes	[]No
If "Yes"	is marked o	on any of	the a	bove, give da	te & detail	s:	r Salety R	egulatio	ns?			[]Yes	[] No
2. Have y 3. Have y 4. Have	you ever ha you ever re you ever vi	ad a verific fused to	be tes	of this applicatest with a responding to the standard of the above it	est?	or mgn	er r]	[] Yes] Yes] Yes	[] No [] No [] No
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