

DRIVERS APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____

Company JFM LOGISTICS, LLC
Address 435 North Third Street, PO Box 68
City Womelsdorf State PA Zip 19567

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 to 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 49CFR 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 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 PLACE 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

(answer all questions - please print)

Position(s) Applied for _____

Name _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

Street Zip Code Phone _____ How Long? _____
yr/mo

Previous Addresses _____ How Long? _____

Street City State & Zip Code yr/mo

Street City State & Zip Code How Long? _____
yr/mo

Street City State & Zip Code How Long? _____
yr/mo

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

Date of Birth ____/____/____ Can you provide proof of age?

(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

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. -

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

| EMPLOYER | | | DATE | |
|---|--|--|---------------|-----------|
| NAME | | | FROM | / TO |
| ADDRESS | | | MO. YR. | / MO. YR. |
| CITY STATE ZIP | | | POSITION HELD | |
| CONTACT PERSON PHONE NUMBER | | | SALARY/WAGE | |
| WERE YOU SUBJECT TO THE FMCSRS * WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

| EMPLOYER | | | DATE | |
|---|--|--|---------------|-----------|
| NAME | | | FROM | / TO |
| ADDRESS | | | MO. YR. | / MO. YR. |
| CITY STATE ZIP | | | POSITION HELD | |
| CONTACT PERSON PHONE NUMBER | | | SALARY/WAGE | |
| WERE YOU SUBJECT TO THE FMCSRS * WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

| EMPLOYER | | | DATE | |
|---|--|--|---------------|-----------|
| NAME | | | FROM | / TO |
| ADDRESS | | | MO. YR. | / MO. YR. |
| CITY STATE ZIP | | | POSITION HELD | |
| CONTACT PERSON PHONE NUMBER | | | SALARY/WAGE | |
| WERE YOU SUBJECT TO THE FMCSRS * WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

| EMPLOYER | | | DATE | |
|---|--|--|---------------|-----------|
| NAME | | | FROM | / TO |
| ADDRESS | | | MO. YR. | / MO. YR. |
| CITY STATE ZIP | | | POSITION HELD | |
| CONTACT PERSON PHONE NUMBER | | | SALARY/WAGE | |
| WERE YOU SUBJECT TO THE FMCSRS * WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

*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.

*The Federal Motor Carrier Safety Regulations (FMCSRs) 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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

| 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 MARK YES OR NO

| CLASS OF EQUIPMENT | YES OR NO | CIRCLE TYPE OF EQUIPMENT | DATES | | APPROX. NO. OF MILES (TOTAL) |
|--------------------------|-----------|--------------------------------|------------|----------|------------------------------|
| | | | FROM (M/Y) | TO (M/Y) | |
| STRAIGHT TRUCK | | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| TRACTOR AND SEMI-TRAILER | | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| TRACTOR-TWO TRAILERS | | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| TRACTOR-THREE TRAILERS | | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| MOTORCOACH-SCHOOL BUS | | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| MOTORCOACH-SCHOOL BUS | | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| OTHER | | (VAN, TANK, FLAT, DUMP, REFER) | | | |

LIST STATES OPERATED IN FOR LAST FIVE 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)

THE 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: _____