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# C&J Bus Lines

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Driver Employment  
Application

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# Driver Application for Employment

Applicant Name: \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, physical or mental disability, sexual orientation, or any other federal protected class.

## APPLICANT TO COMPLETE

(answer all questions - please print legibly)

Position(s) applied for: \_\_\_\_\_ Part Time Full Time ( circle ) \_\_\_\_\_

List your addresses of residency for the past 3 years.

Current address:

\_\_\_\_\_

Street City

\_\_\_\_\_

State Zip Code How long? yr./mo

Previous Addresses:

\_\_\_\_\_

Street City State & Zip yr./mo

\_\_\_\_\_

Street City State & Zip yr./mo

Do you have the legal right to work in the United States? YES NO

Date of Birth: \_\_\_\_\_ Can you provide proof of age? YES NO  
 (Required for Commercial Drivers)

Have you worked for this company before?: YES NO

Where?: \_\_\_\_\_ Dates: From: \_\_\_\_\_ to \_\_\_\_\_

Rate of pay: \_\_\_\_\_ Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Are you now employed?: YES NO If not, how long since leaving last employment?: \_\_\_\_\_

Who referred you?: \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

Have you ever been bonded? YES NO Name of bonding company: \_\_\_\_\_

Have you ever been convicted of a crime? YES NO

***(Please note that a criminal conviction will not necessarily prevent employment. Depending on the position for which you are applying, any offer of employment may be conditioned upon your consent to and satisfactory results of a criminal background check.)***

Is there any reason you might be unable to perform the functions of the job for which you have applied? If yes, provide explanation ( optional):	Please circle one: YES NO
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## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce 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. Please list employers in reverse order, starting with the most recent. Add another sheet if necessary.

EMPLOYER	DATE
Name:	From: <span style="float: right;">To:</span>
Address:	Position Held:
City: <span style="float: right;">State: <span style="float: right;">Zip:</span></span>	Salary/Wage:
Contact Person: <span style="float: right;">Phone #:</span>	Reason for leaving:
Were you subject to the FMCSRs** while employed? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>	
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? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>	

EMPLOYER	DATE
Name:	From: <span style="float: right;">To:</span>
Address:	Position Held:
City: <span style="float: right;">State: <span style="float: right;">Zip:</span></span>	Salary/Wage:
Contact Person: <span style="float: right;">Phone #:</span>	Reason for leaving:
Were you subject to the FMCSRs** while employed? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>	
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? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>	

EMPLOYER	DATE
Name:	From: <span style="float: right;">To:</span>
Address:	Position Held:
City: <span style="float: right;">State: <span style="float: right;">Zip:</span></span>	Salary/Wage:
Contact Person: <span style="float: right;">Phone #:</span>	Reason for leaving:
Were you subject to the FMCSRs** while employed? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>	
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? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>	

EMPLOYER	DATE
Name:	From: <span style="float: right;">To:</span>
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Contact Person: <span style="float: right;">Phone #:</span>	Reason for leaving:
Were you subject to the FMCSRs** while employed? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>	
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? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>	

\*Includes vehicles having a GVWR or 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous material 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 or 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), 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 past 3 years (other than parking violations) if none, write none.

Location	Date	Charge	Penalty

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Has any license, permit or privilege ever been suspended or revoked? YES NO  
YES NO

If the answer to any of the above is yes, give details:

\_\_\_\_\_

\_\_\_\_\_

**DRIVING EXPERIENCE** Circle yes or no and provide information requested

CLASS OF EQUIPMENT			TYPE	DATES		Approx. No. of Miles Total
	YES	NO		FROM	TO	
Straight truck						
Tractor and Semi-Trailer						
Tractor - Two Trailer						
Tractor - Three Trailer						
Motorcoach –School bus			More than 8 passengers			
Motorcoach-School Bus			More than 15 passengers			

List states operated in for equipment above: \_\_\_\_\_

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 you in your work for this company.
List courses and training other than shown elsewhere in the application.
List special equipment or technical materials you can work with (other than those already shown)

**EDUCATION**

Highest Grade Completed:	Last School Attended:
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TO BE READ AND SIGNED BY APPLICANT

I certify that all the information on this application, and on my resume, if provided, is true and complete. I understand that any misrepresentation or omission may result in my disqualification from further consideration for employment and/or my termination from employment.

I authorize you to make such investigations and inquiries of my personal, employment, financial, motor vehicle and/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 made).

I hereby release employers, schools, healthcare 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 employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e).

I understand I have the right to:

1. Review information provided by previous employers;
2. Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
3. 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.

In consideration for the processing of my application for employment with C&J Bus Lines, I hereby RELEASE, INDEMNIFY, AND HOLD HARMLESS Jalbert Leasing Inc. d/b/a C&J Bus Lines, and all previous employers and other persons and organizations furnishing information in connection with C&J Bus Lines' investigation into my background from any and all liability based on their authorized receipt, disclosure, and use of the information gathered in processing my application for employment with them. A summary of your rights under the Fair Credit Reporting Act is also being provided to you and is available at [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

I understand that if hired, any offer is contingent upon proof of employment check and depending on the position for which I am hired, my submission to post offer employment eligibility, the completion of Form I-9, satisfactory criminal background records and if applicable drug test and medical examination to determine my ability to perform the essential functions of the job offered. I also understand that if offered a position I must satisfy a probationary period of 90 days.

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