



C&J Bus Lines

Driver Employment
Application

Driver Application for Employment

Applicant Name: _____ Date _____
 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: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Street</td> <td style="width: 30%; border-bottom: 1px solid black;">City</td> <td style="width: 20%; border-bottom: 1px solid black;">State & Zip</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; text-align: right;">How long? yr/mo</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> Previous Address: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Street</td> <td style="width: 30%; border-bottom: 1px solid black;">City</td> <td style="width: 20%; border-bottom: 1px solid black;">State & Zip</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; text-align: right;">How long? yr/mo</td> <td style="border-bottom: 1px solid black;">____/____</td> </tr> </table>		Street	City	State & Zip	How long? yr/mo			Street	City	State & Zip	How long? yr/mo		____/____
Street	City	State & Zip											
How long? yr/mo													
Street	City	State & Zip											
How long? 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 Motor Vehicle Drivers) SSA # _____													
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 felony? YES NO													
<i>(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.)</i>													
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												

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: To:
Address:	Position Held:
City: State: Zip:	Reason for leaving:
Contact Person: Phone #:	
Were you subject to the FMCSRs** 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: To:
Address:	Position Held:
City: State: Zip:	Reason for leaving:
Contact Person: Phone #:	
Were you subject to the FMCSRs** 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: To:
Address:	Position Held:
City: State: Zip:	Reason for leaving:
Contact Person: Phone #:	
Were you subject to the FMCSRs** 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: To:
Address:	Position Held:
City: State: Zip:	Reason for leaving:
Contact Person: Phone #:	
Were you subject to the FMCSRs** 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"/>	

*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 of 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.

DOT DRUG & ALCOHOL TESTING

When applying for, or while performing in any previous DOT regulated position, have you ever refused or received a positive test result for any pre-employment, random, or company directed drug or alcohol tests?

Please circle one = **Yes No**

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.	ENDORSEMENTS	EXP. 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	YES	NO				
Tractor and Semi-Trailer	YES	NO				
Tractor - Two Trailer	YES	NO				
Tractor - Three Trailer	YES	NO				
Motorcoach –School bus	YES	NO	More than 8 passengers			
Motorcoach-School Bus	YES	NO	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:

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 available at 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: _____

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE
BY ALL FMCSA/ PSP ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for the employment with **Jalbert Leasing Inc.**, (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **Jalbert Leasing Inc.**, (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program(PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy

of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/18/2018