Driver Application for Employment

FOR CUSTOMER USE ONLY

JAWCO Logistics, LLC. 246-B America Place Jeffersonville, IN 47130

Note to Applica	ant: Please advise pre-employme		you need any type of special	accommodation to comp	olete this appli	cation form or to take any		
*Qualified app marital, or vet		d for all positions	without regard to age, sex, ra	ce, color, religion, nation	ıal origin, sex	ual orientation, disability,		
Instructions:	Please type or print in black ink. Be sure to answer all questions. If any question does not apply to you Applicable" (N/A).							
				Date				
Position Applied for					Minimum Salar	y Requirement		
Who referred you to our company?		Employment Agency College Recruiting		○ Employee Referral - Nan	ne			
Have you ever worke	ed for this company? Yes No	Whe	re?			When?		
Have you ever applie	ed with this company?	Whe	re?			When?		
On what date will you employment is accep	u be available if your applicati	on for Wou	old you accept employment in another city	? Preferenc	e			
			General Informatio	n				
Last Name		First	Middle		Social Security	Number		
Present Address		City	State	Zip Code	How lor	?		
Previous Address (L	ast 3 Years)	City	State	Zip Code	How lor	7		
Previous Address (L	ast 3 Years)	City	State	Zıp code	How lor	ng?		
Telephone Number a		Wo	ork ()	*Date of Birth				
		red in the U.S. because o	of your visa or immigration status?					
Have you ever been	fired or asked to resign by an	employer?	if yes, please explain					
Have you ever been absolute bar to empl	convicted of a felony? (Note:		1 ' '					
Name of Person to b	e Notified in Case of Emerge			Telephone Nu	mber and Area Coo	de		

Government regulations require that we verify your identity and employment authorization (Form I-9) within three (3) working days of your date of hire. Please be prepared to submit proper documentation.

An Equal Opportunity Employer That Values Diversity

Education							
Circle highest grade completed:	1 2 3 4	5 6 7 8	High School:	1 2 3 4	College: 1 2	3 4	
Name and Address of Last School Attended		· · · · · · · · · · · · · · · · · · ·					
			·				
Operator's License Number State			Туре				Expiration Date
A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? See No See No See No See See No See See No See See See See See See See See See Se						spended or re	/oked?
C. Have you ever been disqualified subject to Yes No						statement	A, B, C, or D is yes, attach giving details.
D. Have you ever failed or refused a pre-emp return-to-duty process as described in 382			No No	employment? If ye	s, please provide proof that	you nave suc	cessitully completed the
			Driver Evensie	200			
Close of Faultaness		Dates	Driver Experie		Howlone		Miles Operated
Class of Equipment	From	То	Drive		How Long		anes Operated
Straight Truck			○ Snow	○ Fog ○ Ice	!		
Tractor and Semi-Trailer			○ Rain ○ Snow	○ Fog ○ Ice			
Tractor - Two Trailers			○ Rain ○ Snow	○ Fog ○ Ice		A	
Tanker			○ Rain○ Snow	○ Fog ○ Ice			
Auto Carrier			○ Rain○ Snow	○ Fog ○ Ice			
Refrigerated Equipment							
Other			○ Rain○ Snow	○ Fog ○ Ice			
List geographic areas 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?							
			information m	<u> </u>			
	Accident Hevi		t 3 Years (Attac ature of Accider		ore space is need		
Date			, Rear-end, Ups		Fata	lities	Injuries
Last Accident							
Next Previous							
Next Previous							
Next Previous							
Next Previous							
Next Previous							1



BRANDS INSURANCE AGENCY, INC.

PO. EDX 62267 - CINCINNATI,OH 45262-0267 - PHONE [513] 777-7775 - FAX [513] 777-7782 - WWW.BIAJCOM

** REQUEST FOR DRIVING RECORD **

I,	requ	est that Brands					
print name (exactly a	s it appears on license)						
Insurance order a copy of my driving record so that I can be							
considered for employment b	onsidered for employment byJAWCO Logistics, LLC						
	trucking co	mpany					
I authorize Brands Insurance to request a copy of my driving							
record from the state of							
I further authorize Brands Insurance to forward a copy of my driving abstract to							
the insurance company that underwrites the coverage for my potential emplo							
Driver License Number	Years of experience	Date of Birth					
Signature of Driver	_	Date					

PLEASE <u>FAX</u> MVR REQUESTS TO 513-755-5796 OR <u>EMAIL</u> TO: mvr@biai.com

'Transportation Specialists'