

Driver Application for Employment

FOR CUSTOMER USE ONLY

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

Note to Applicant: Please advise us in advance if you need any type of special accommodation to complete this application form or to take any pre-employment test.

*Qualified applicants are considered for all positions without regard to age, sex, race, color, religion, national origin, sexual orientation, disability, marital, or veteran status.

Instructions: Please type or print in black ink. Be sure to answer all questions. If any question does not apply to you answer with "No" or "Not Applicable" (N/A).

Date _____

Position Applied for		Minimum Salary Requirement	
Who referred you to our company? <input type="radio"/> Mail in <input type="radio"/> Employment Agency <input type="radio"/> State Agency <input type="radio"/> Walk in <input type="radio"/> Employee Referral - Name _____			
<input type="radio"/> Advertisement <input type="radio"/> College Recruiting <input type="radio"/> Other _____			
Have you ever worked for this company? <input type="radio"/> Yes <input type="radio"/> No		Where?	When?
Have you ever applied with this company? <input type="radio"/> Yes <input type="radio"/> No		Where?	When?
On what date will you be available if your application for employment is accepted?		Would you accept employment in another city? <input type="radio"/> Yes <input type="radio"/> No	Preference

General Information

Last Name	First	Middle	Social Security Number	
Present Address	City	State	Zip Code	How long?
Previous Address (Last 3 Years)	City	State	Zip Code	How long?
Previous Address (Last 3 Years)	City	State	Zip code	How long?
Telephone Number and Area Code Home () Work ()			Date of Birth	
Are you prevented from becoming lawfully employed in the U.S. because of your visa or immigration status? <input type="radio"/> Yes <input type="radio"/> No				
Have you ever been fired or asked to resign by an employer? <input type="radio"/> Yes <input type="radio"/> No		If yes, please explain.		
Have you ever been convicted of a felony? (Note: A felony conviction is not an absolute bar to employment.) <input type="radio"/> Yes <input type="radio"/> No		If yes, please explain.		
Name of Person to be Notified in Case of Emergency			Telephone Number and Area Code ()	

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



BRANDS INSURANCE AGENCY, INC.

PO. BOX 62267 - CINCINNATI, OH 45262-0267 - PHONE [513] 777-7775 - FAX [513] 777-7782 - WWW.BIAI.COM

** REQUEST FOR DRIVING RECORD **

I, _____ request that Brands
print name (exactly as it appears on license)

Insurance order a copy of my driving record so that I can be

considered for employment by JAWCO Logistics, LLC
trucking company

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 employer.

Driver License Number

Years of experience

Date of Birth

Signature of Driver

Date

**PLEASE FAX MVR REQUESTS TO 513-755-5796
OR EMAIL TO: mvr@biai.com**

'Transportation Specialists'