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Position applied for _____

1641 N Ash
 P.O. Box 389
 Russell, KS 67665-0389
 785/483-6492

JADANSA, Inc.

NAME _____
First Middle Last Phone Number

ADDRESS _____
Street City State Zip Code

Date of Birth _____ Social Security No. _____

Previous Addresses
 (for past 3 years)

Street City State Zip Code

Street City State Zip Code

Street City State Zip Code

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

Have you worked for this company before? YES or NO When? _____

Reason for leaving _____

Are you employed now? YES or NO

If not, how long since leaving last employment? _____

Have you ever been convicted of a felony? YES or NO If yes, please explain on a separate piece 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? YES or NO

If yes, explain if you wish _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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.

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. List employers starting with the most recent employer first. List additional employers on a separate sheet including the same information.

LAST EMPLOYER: NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____ CONTACT PERSON _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

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 or NO

2nd LAST EMPLOYER: NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____ CONTACT PERSON _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

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 or NO

3rd LAST EMPLOYER: NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____ CONTACT PERSON _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

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 or NO

4th LAST EMPLOYER: NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____ CONTACT PERSON _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

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 or NO

Includes vehicles having a GVWR of 26,000 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 apply to anyone operating a motor vehicle on a high way 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 to used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in quantity requiring placarding.

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED), IF NONE WRITE NONE.

DATE	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)

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

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR--TWO TRAILERS				
OTHER				

