



Did you graduate from high school:  YES  NO

If NO, highest grade completed: \_\_\_\_\_

Attend College:  YES  NO

If YES, how long: \_\_\_\_\_ Did you graduate:  YES  NO

Course of study / major: \_\_\_\_\_

**Special skills and qualifications including equipment operated:** Summarize special skills and qualifications acquired from employment or other experience you have that would be helpful in our evaluation of this application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever run a crew or been in a management position:  YES  NO

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied:  YES  NO

If yes, please explain (optional): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony (Conviction of a crime is not exclusion to employment, but will only be considered in relation to the specific job requirements):

YES  NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Addresses for the Past Three Years**

\_\_\_\_\_ **How Long:** \_\_\_\_\_

Street City State Zip

\_\_\_\_\_ **How Long:** \_\_\_\_\_

Street City State Zip

\_\_\_\_\_ **How Long:** \_\_\_\_\_

Street City State Zip

## EMPLOYMENT HISTORY

Please provide the following information on all previous employers during the past (7) seven years. (List from the most recent)

### Employer

Name: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Position Held: \_\_\_\_\_ Pay: \_\_\_\_\_

Duties & Resonsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSR's while employed: \_\_\_ YES \_\_\_ NO

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 \_\_\_ NO

### Employer

Name: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Position Held: \_\_\_\_\_ Pay: \_\_\_\_\_

Duties & Resonsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSR's while employed: \_\_\_ YES \_\_\_ NO

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 \_\_\_ NO

### Employer

Name: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Position Held: \_\_\_\_\_ Pay: \_\_\_\_\_

Duties & Resonsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSR's while employed: \_\_\_ YES \_\_\_ NO

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 \_\_\_ NO

**Employer**

**Name:** \_\_\_\_\_ **Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **Pay:** \_\_\_\_\_

**Duties & Responsibilities:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Were you subject to the FMCSR's while employed:** \_\_\_\_ YES \_\_\_\_ NO

**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 \_\_\_\_ NO

Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Regulations (FMCSR's) 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.

**ACCIDENT RECORD**

(For past 3 years or more—if none, write NONE)

Date	Nature of (head-on, rear-end, etc)	Fatalities	Injuries	Hazardous Mat. Spill
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**Last Accident:** \_\_\_\_\_

**Next Previous:** \_\_\_\_\_

**Next Previous:** \_\_\_\_\_

(Attach sheet if more space is needed)

**TRAFFIC CONVICTIONS / FORFEITURES**

(For past 3 years—other than parking violations—If none, write NONE)

Location	Date	Charge	Penalty
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**1:** \_\_\_\_\_

**2:** \_\_\_\_\_

**3:** \_\_\_\_\_

(Attach sheet if more space is needed)

# EXPERIENCE AND QUALIFICATIONS—DRIVER

(List all drivers' licenses or permits held in the past 3 years)

State	License #	Type	Expiration Date
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1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle:

\_\_\_\_ YES    \_\_\_\_ NO

Has any license, permit or privilege ever been suspended or revoked: \_\_\_\_ YES    \_\_\_\_ NO

If the answer is YES to either of the two previous questions, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DRIVING EXPERIENCE

Class of Equipment (check yes or no):

1: Straight Truck: \_\_\_\_ YES    \_\_\_\_ NO

2: Tractor and Semi-Trailer: \_\_\_\_ YES    \_\_\_\_ NO

3: Tractor – Two Trailers: \_\_\_\_ YES    \_\_\_\_ NO

4: Tractor – Three Trailers: \_\_\_\_ YES    \_\_\_\_ NO

5: Motorcoach – School Bus: \_\_\_\_ YES    \_\_\_\_ NO (more than 8 passengers)

6: Motorcoach – School Bus: \_\_\_\_ YES    \_\_\_\_ NO (more than 15 passengers)

7: Other: \_\_\_\_\_

Type of Equipment (check all that apply):

\_\_\_\_ VAN    \_\_\_\_ TANK    \_\_\_\_ FLAT    \_\_\_\_ DUMP    \_\_\_\_ REFER

Time on Equipment:

Class of	Type of	Dates (from M/Y to M/Y)	# of miles
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1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

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Po Box 1120 ♦ LONGVIEW, WA 98632

OFFICE: (360) 577-5691 OR 1-800-577-5691 ♦ FAX: (360) 577-0926

<http://www.jammiesenviro.com>

4: \_\_\_\_\_

5: \_\_\_\_\_

List states operated in for last (5) five years: \_\_\_\_\_

List any special courses or training you've taken that will help you as a driver:

Which safe driving awards do you hold and from whom: \_\_\_\_\_

## WORK REFERENCES

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Years Known: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Years Known: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Years Known: \_\_\_\_\_  
Occupation: \_\_\_\_\_

## **TO BE READ AND SIGNED BY APPLICANT**

I authorize Jammie's Environmental to make such investigations and inquiries of my personal, employment, financial 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 extended.) I hereby release employers, schools, health care 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 Jammie's Environmental.

I understand that information I provide regarding current and / or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- 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.

## **FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

This certifies that this application was read and completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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

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

(7)