



## An Equal Opportunity Employer Employment Application

### Please Print

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

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Business Telephone: (\_\_\_\_) \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_

Social Security No. \_\_\_\_\_ Cell Telephone: (\_\_\_\_) \_\_\_\_\_

Present Address: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Permanent Address if different from present address:

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

### Employment Desired

Position Applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work? ..... Yes \_\_\_ No \_\_\_

Regular part-time work? ..... Yes \_\_\_ No \_\_\_

Temporary work, e.g., summer or holiday work? ..... Yes \_\_\_ No \_\_\_

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From \_\_\_\_\_

Are you available to work on weekends? ..... Yes \_\_\_ No \_\_\_

Are you available to work overtime, if necessary? ..... Yes \_\_\_ No \_\_\_

If hired, on what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for R.V.Jensen, Inc. before? .....Yes\_\_\_No\_\_\_  
If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for R.V. Jensen, Inc.? ..... Yes\_\_\_No\_\_\_  
If yes, state name(s) and relationship \_\_\_\_\_

Why are you applying for work at R.V. Jensen, Inc.? \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? ..... Yes\_\_\_No\_\_\_

Are you at least 18 years old? ..... Yes\_\_\_No\_\_\_  
(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ..... Yes\_\_\_No\_\_\_

Are you able to perform the essential functions of the job for which you are applying? ..... Yes\_\_\_No\_\_\_  
If no, describe the functions that cannot be preformed. \_\_\_\_\_

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(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Are you able to perform all other duties of the job for which you are applying? .....Yes\_\_\_No\_\_\_  
If no, describe the functions that cannot be preformed. \_\_\_\_\_

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(Note: Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) .....Yes\_\_\_No\_\_\_  
If yes, state nature of the crime(s), when and where convicted and disposition of the case \_\_\_\_\_

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the positions(s) applied for may, however, be considered.)

Are you currently employed? ..... Yes\_\_\_No\_\_\_  
If so, may we contact your current employer? ..... Yes\_\_\_No\_\_\_

**Education, Training and Experience**

School	Name Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School				
College/ University				
Vocational /Business				
Health Care				

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? ..... Yes \_\_\_ No \_\_\_

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at R.V. Jensen, Inc.? If so, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Answer the following questions if you are applying for a professional position

Are you licensed/certified for the job applied for? ..... Yes \_\_\_ No \_\_\_

Name of license/certification \_\_\_\_\_

Issuing state \_\_\_\_\_

License/certification number \_\_\_\_\_

Has your license/certification ever been revoked or suspended? ..... Yes \_\_\_ No \_\_\_

If yes, state reason(s), date of revocation or suspension and date of reinstatement. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Military Service

Have you obtained any special skills or abilities as the result of service in the military? . . . . . Yes \_\_\_ No \_\_\_

If so, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name \_\_\_\_\_

Address: (No.) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address: (No.) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address: (No.) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE	LOCATION	CHARGE	PENALTY

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	INJURIES	FATALITIES

EMPLOYMENT RECORD

NOTE: DOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN

CURRENT OR PREVIOUS EMPLOYERS:

1. NAME: \_\_\_\_\_ TELE:(\_\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUPV: \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

2. NAME: \_\_\_\_\_ TELE:(\_\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUPV: \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

3. NAME: \_\_\_\_\_ TELE:(\_\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUPV: \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

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

THIS CERIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

NOTE: A MOTOR CARRIER MAY REQUIRE AN APPLICANT TO PROVIDE INFORMATION IN ADDITION TO THE INFORMATION BY THE FEDERAL MOTOR CARRIERS SAFETY REGULATIONS.

## Additional Employment History

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer \_\_\_\_\_

Address: (No.) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

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

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your position and Duties \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

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

Name of Employer \_\_\_\_\_

Address: (No.) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

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

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your position and Duties \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

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

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contract to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Date: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Company: \_\_\_\_\_ Reviewed By: \_\_\_\_\_  
 Address: \_\_\_\_\_ Title: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*PLEASE PRINT LEGIBLY\*\*\* READ CAREFULLY AND COMPLETE EACH QUESTION FULLY\*\*\*

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
 Business Telephone: (\_\_\_\_) \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_  
 Cell Telephone: (\_\_\_\_) \_\_\_\_\_  
 Present Address: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 3 YEARS:

Address: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 Address: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ HOW LONG? \_\_\_\_\_

(ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES HELD	LICENSE NO.	TYPE	STATE	EXPIRATION DATE

DRIVING EXPERIENCE

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

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 revoke? Yes \_\_\_\_\_ No \_\_\_\_\_

IF THE ANSWER TO EITHER "A" OR "B" IS YES, ATTACH STATEMENT GIVING DETAILS



MOTOR CARRIER NAME:

## PREVIOUS PRE-EMPLOYMENT ALCOHOL & CONTROLLED SUBSTANCES TESTING

**\*\*\*\*TO BE COMPLETED BY PROSPECTIVE EMPLOYEE\*\*\*\***

THE FOLLOWING REQUESTED INFORMATION IS REQUIRED BY FEDERAL MOTOR CARRIER  
SAFETY REGULATION TITLE 49, PART 40, SECTION 40.25 (J)

PLEASE READ THE FOLLOWING INFORMATION VERY CAREFULLY AND ANSWER THE  
QUESTIONS TO THE BEST OF YOUR KNOWLEDGE. FAILURE TO COMPLETE THIS  
QUESTIONNAIRE PRECLUDES ANY CHANCE OF EMPLOYMENT WITH THIS COMPANY.

**RELATIVE TO PRE-EMPLOYMENT SUBSTANCE ABUSE AND ALCOHOL MISUSE  
TESTING, AS A POTENTIAL EMPLOYEE APPLYING FOR A POSITION AS A  
COMMERCIAL MOTOR VEHICLE OPERATOR WITH ANY MOTOR CARRIER  
EMPLOYER, IN THE PAST TWO YEARS HAVE YOU:**

- TESTED POSITIVE FOR SUBSTANCE ABUSE?.....Yes \_\_\_ No \_\_\_
- REFUSED A SUBSTANCE ABUSE TEST?.....Yes \_\_\_ No \_\_\_
- TESTED POSITIVE FOR AN ALCOHOL MISUSE TEST?.....Yes \_\_\_ No \_\_\_
- REFUSED AN ALCOHOL MISUSE TEST?.....Yes \_\_\_ No \_\_\_

IF YOU HAVE ANSWERED “YES” TO ANY ONE OF THE ABOVE QUESTIONS YOU MUST  
PROVIDE THE FOLLOWING INFORMATION (Section 382.605, Title 49, CFR):

- YOUR SUBSTANCE ABUSE PROFESSIONAL’S (SAP):

NAME: \_\_\_\_\_,

ADDRESS: \_\_\_\_\_,

TELEPHONE NUMBER:(\_\_\_\_)\_\_\_\_\_.

- COPY OF YOUR SAP PROGRAM CERTIFYING COMPLETION OF ALL REQUIREMENTS **OR**
- COPY OF YOUR SAP PROGRAM **AND**
- COPY OF YOUR RETURN-TO-DUTY NEGATIVE TEST RESULT **AND**
- COPY OF ALL YOUR FOLLOW-UP TESTS ADMINISTERED IN COMPLIANCE WITH YOUR SAP PROGRAM.

I CERTIFY THAT THE ABOVE INFORMATION PROVIDED BY ME IS TRUE AND CORRECT.

(PRINT NAME) \_\_\_\_\_ (SIGN) \_\_\_\_\_ (SOC.#) \_\_\_\_\_ (DATE) \_\_\_\_\_

# REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER

THE INFORMATION REQUESTED IS REQUIRED BY FEDERAL MOTOR CARRIER SAFETY REGULATIONS, TITLE 49, SECTIONS 40.25 AND 391.23

## SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

DATE: \_\_\_\_\_  
RE: \_\_\_\_\_  
SS#: \_\_\_\_\_

PERIOD OF EMPLOYMENT: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

I HEREBY AUTHORIZED YOU TO RELEASE/VERIFY ALL INFORMATION REGARDING MY IDENTIFICATION, EMPLOYMENT HISTORY, CHARACTER, CONDUCT, ALCOHOL AND CONTROLLED SUBSTANCES TESTING, AND ACCIDENT RECORD FOR THE PAST 3 YEARS TO:

PROSPECTIVE EMPLOYER: \_\_\_\_\_  
ATTENTION: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
STREET: \_\_\_\_\_ FAX NO.: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

## SECTION 2: PREVIOUS EMPLOYER TO COMPLETE AS IT PERTAINS TO FMSCR SECTION 40.25

IF DRIVER WAS NOT SUBJECT TO PAST 382 TESTING REQUIREMENTS WHILE EMPLOYED BY THIS EMPLOYER, PLEASE CHECK HERE  AND SKIP TO SECTION 391.23 (OVER).

1. Has this person tested positive for a controlled substance in the past three years?.....Yes \_\_\_ No \_\_\_
2. Has this person refused a controlled substance test in the past three years?.....Yes \_\_\_ No \_\_\_
3. Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the past three years?.....Yes \_\_\_ No \_\_\_
4. Has this person refused a required alcohol test in the past three years?.....Yes \_\_\_ No \_\_\_
5. Has this person violated any other DOT drug and alcohol regulation?.....Yes \_\_\_ No \_\_\_

If YES to any of the above questions, please give Substance Abuse Professional's name, address and phone number for further reference:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

THIS SECTION COMPLETED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

(CONTINUED)

**SECTION 3: PREVIOUS EMPLOYER TO COMPLETE AS IT PERTAINS TO FMCSR SECTION 391.23**

APPLICANT'S ACCIDENT RECORD FOR THE PREVIOUS 3 YEARS

DATE OF ACCIDENT	LOCATION CITY/STATE	NUMBER OF INJURIES	NUMBER OF FATALITIES	HAZARDOUS MATERIALS RELEASE (OTHER THAN FUEL FROM FUEL TANKS)
				Yes___ No___
				Yes___ No___
				Yes___ No___

**SECTION 4: APPLICANT'S PERFORMANCE HISTORY**

	EXCELLENT	GOOD	FAIR	POOR
QUALITY OF WORK				
CO-OPERATION WITH OTHERS				
SAFETY HABITS				
DRIVING SKILLS				
ATTENDANCE RECORD				

Why did applicant leave? \_\_\_\_\_

Would you re-hire? \_\_\_\_\_

Did applicant have custody of money or valuables? \_\_\_ Was Driver's license ever suspended or revoked?

COMMENTS: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

**SECTION 5: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

THIS FORM WAS  MAILED  FAXED DATE: \_\_\_\_\_

COMPLETE BELOW WHEN INFORMATION IS OBTAINED:

DATE: \_\_\_\_\_  MAIL  FAX  PHONE  INTERVIEW

RECEIVED BY: \_\_\_\_\_ FILE CLOSED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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