



### J3 Company, LLC.

P.O. Box 129 Comfort, Texas 78013/ Office: 830/ 995-5100 Fax: 830/ 995-5199

Today's Date		Position(s) Applied for			
Last Name		First Name	Middle Name		Maiden/Former Names
Address		City		State	Zip Code
Telephone Number ( )		Date of Birth		Social Security Number:	

#### Previous Addresses

List addresses for the Last Three Years

Address		City	State	Zip Code
Address		City	State	Zip Code
Address		City	State	Zip Code

#### Past Employment

**Do Not Leave Any Blanks**

Fill out this section in its entirety. List your current or most recent employer first. Account for employment experience for **past the past 10 years**, including military service.

#### Previous Employer

Company Name:		Address:			
City:		State:	Zip Code:		
Telephone Number: ( )		Position Held:		Immediate Supervisor's Name and Contact Number:	
Starting Date:		Ending Date:		Starting Rate:	Ending Rate:
Describe Duties:					
Reason for leaving:					
Was your position subject to the FMCSR's?			Was your position subject to DOT alcohol & controlled substance testing?		

#### Previous Employer

Company Name:		Address:			
City:		State:	Zip Code:		
Telephone Number: ( )		Position Held:		Immediate Supervisor's Name and Contact Number:	
Starting Date:		Ending Date:		Starting Rate:	Ending Rate:
Describe Duties:					
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#### Previous Employer

Company Name:		Address:			
City:		State:	Zip Code:		
Telephone Number: ( )		Position Held:		Immediate Supervisor's Name and Contact Number:	
Starting Date:		Ending Date:		Starting Rate:	Ending Rate:
Describe Duties:					
Reason for leaving:					
Was your position subject to the FMCSR's?			Was your position subject to DOT alcohol & controlled substance testing?		

**MVR Information**

**Answer All Questions-Leave No Blanks**

**Driving Experience:**

Valid driver's license number and issuing state \_\_\_\_\_ Class \_\_\_\_\_ Expires \_\_\_\_\_

List states operated in for the last three years \_\_\_\_\_

Has your license ever been revoked/suspended? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Number of Total Miles
		From	To	
	<b>Leave No Blanks</b>	<b>Leave No Blanks</b>	<b>Leave No Blanks</b>	<b>Leave No Blanks</b>
Straight Truck	_____	_____	_____	_____
Tractor & Semi-Trailer	_____	_____	_____	_____
Tractor-Two Trailers	_____	_____	_____	_____
Motor coach-School Bus	_____	_____	_____	_____
Other	_____	_____	_____	_____

Restrictions \_\_\_\_\_ (If no driver's license, please check none) None \_\_\_\_\_

Endorsements \_\_\_\_\_

**List All Accidents for the past 3 years. If there are not any accidents to report, then write "NONE".**

- Date \_\_\_\_\_ Location \_\_\_\_\_  
Describe \_\_\_\_\_
- Date \_\_\_\_\_ Location \_\_\_\_\_  
Describe \_\_\_\_\_
- Date \_\_\_\_\_ Location \_\_\_\_\_  
Describe \_\_\_\_\_

**List All Traffic Citations for the past 3 years, including the above reported vehicle accidents. Write "NONE" if none to report.**

- Date \_\_\_\_\_ Location \_\_\_\_\_  
Describe \_\_\_\_\_
- Date \_\_\_\_\_ Location \_\_\_\_\_  
Describe \_\_\_\_\_
- Date \_\_\_\_\_ Location \_\_\_\_\_  
Describe \_\_\_\_\_

**List All Alcohol/Drug Related Driving Offenses (DWI, DUI, Etc.) Write "NONE" if none to report.**

- Date \_\_\_\_\_ Location \_\_\_\_\_  
Describe \_\_\_\_\_
- Date \_\_\_\_\_ Location \_\_\_\_\_  
Describe \_\_\_\_\_

**CRIMINAL HISTORY:** Have you ever been convicted, plead guilty, or accepted deferred adjudication as a result of any misdemeanor or felony criminal charge filed against you in state, federal or military court? **YES NO**

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

Applicant Print Name: \_\_\_\_\_

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

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