DRIVER EMPLOYMENT APPLICATION

J.V. Gander Distributors, Inc. 319 Water Street, Apalachicola, Florida 32329 (850) 653-8889 info@JVGander.com

An Equal Opportunity Employer

APPLICANT INFORMATION

LAST

MIDDLE

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

FIRST NAME	E	NAME		NAME		
DUONE		FAAAU				
PHONE		EMAIL				
DATE OF BII	RTH	SOCIAL S	ECURITY#			
DATE OF APPLICATIO	N	POSITION APPLIED FOR			DATE AVAILABLE FOR WORK	
Do you ha	ve legal right to work in t	the United States?	□ YES □	NO		
·	0 0					
			OUS THREE YEARS RE			
		Attach dadh	tional sheet if more sp	ace is needed		ZIP # OF YEARS
	STREET		CITY		STATE	CODE AT ADDRESS
CURRENT						
MAILING						
PREVIOUS						
PREVIOUS						
DDEMIONS						
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not have	No person who operates a commercial motor vehicle shall at any time have more than or not have more than one motor vehicle license, the information for which is listed below. additional sheets if needed. STATE LICENSE # TYPE/CLASS ENDO				licenses held for t	the past 3 years; attach EXPIRATION
						DATE
		F	PREVOIUSLY HELD LICENS	SES		
			DRIVING EXPERIENCE			
CLASS OF EQUIPMEN	T TYPE OF EQUIPMENT (VA	IN TANK FLAT FTC)		DATE FR	OM DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT	THE OF EQUITMENT (VA	illy, PAINI, FEAT, ETC.,		DATETI	OW DATE TO	INITES (TOTAL)
TRUCK TRACTOR &						
SEMI-TRAIL	ER					
TRACTOR & 2 TRAILERS						
TRACTOR &						
TANKER						
OTHER						
						Page 1 of 4

Attach additional sheet if more space is needed. Check this box if none DATES			ACCIDENT RECORD I	FOR THE	PAST 3	VFARS			
NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.) TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) Attach additional sheet if more space is needed. Check this box if none CONVICTED (MONTHYPER) WOLATION MOLATION THE FEDERAL TY (Forfeled bond, collateral and/or points) Have you ever been denied a license, permit, or privilege to operate a motor vehicle? EMPLOYMENT HISTORY The Federal Motor Carrier Safety Regulations (49 CFR 93).2.1) require theat all applicants wishing to drive a commercial vehicle list: employment for the last three (3) years. In addition, if you have a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained. Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary) you are required to list the complete mailing address, including street number, city, state, zig; and complete all other information. CURRENT (MOST RECENT) EMPLOYER NAME ADDRESS PHONE REASON FOR LEAVING EXPLAN ANY GAPS IN MOLYTR SALARY SALARY SALARY							inono 🗆		
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While emplo	While employed here, were you subject to the Federal Motor Carrier Safety Regulations?							10		
_	Was the job designated as a safety-sensitive function in any Department of Transportation-regulated									
mode subjec	t to alcohol and controlled substances testing as r	equired b	y 49 CFR, p	art 40?			_ \	'ES	□ N	10
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SCHOOL	NAME & LOCATION		OF STUDY	YEARS	GRADI		DET	ΓAILS		
High School				COMPLETED	Y	N				
College										
Other										
OTHER QUALIFICATIONS										
Please list a	ny other qualifications that you have and which yo	u believe	should be	considered.						

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature	Da	te
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Applicant Name (printed)		