



**JED Express Ltd.**  
R.R. # 1 South Mountain  
Ontario Canada, K0E-1W0  
Phone (613) 989-2838 / 800-387-0504  
Fax (613) 989-3216 / 800-980-2295  
*"Satellite Tracking and Communications"*

## Application for Drivers

Your application for JED Express

MUST include the following five items

1. Completed JED Express application
2. Current Drivers Abstract
3. Current CVOR Abstract
4. Current Criminal Record Check
5. Copy of Current Medical



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**"Satellite Tracking and Communications"**

APPLICATION FOR QUALIFICATION

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and JED Express.

**Instructions to Applicant**

Please answer all questions. If the answer to any questions is "No" or "None", do not leave the item blank, but write "No" or "None".

Date \_\_\_\_\_ Position applying for; Check one \_\_\_\_\_ Local Driver  
 \_\_\_\_\_ Long Haul

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

Phone Number ( ) \_\_\_\_\_ Emergency Phone Number ( ) \_\_\_\_\_

\* Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

- The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 of age.

Physical Exam Expiration Date \_\_\_\_\_

Current & Three Years Previous Addresses:

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Have you worked for this company before? \_\_\_ Yes \_\_\_ No  
 If yes, give dates: From \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

**Education History**

Please circle the highest grade completed Grade School 1 2 3 4 5 6 7 8 9 10 11 12  
 College 1 2 3 4 Post Graduate 1 2 3 4

Employment History

Give a Complete Record of all employment for the past **TEN** years, including any unemployment or self-employment, and all commercial driving experience. Do NOT leave any gaps in time.

Present or last Employer

From \_\_\_\_\_ to \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Were you subject to FMCSR\* while employed here? \_\_\_ 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

Present or last Employer

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Were you subject to FMCSR\* while employed here? \_\_\_ 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

Present or last Employer

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Were you subject to FMCSR\* while employed here? \_\_\_ 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

Present or last Employer

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Were you subject to FMCSR\* while employed here? \_\_\_ 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

From \_\_\_\_\_ To \_\_\_\_\_ Present or last Employer Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Were you subject to FMCSR\* while employed here? \_\_\_ 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

- The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

**Driving Experience**

Class of Equipment	Date From	Date To	Approx Number of Miles
Straight Truck			
Tractor and Semi-Trailer			
Tractor- Two trailers			
Tractor- Three Trailers			
Other			

List states operated in, for the last five years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, Haz-Mat, etc.): \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

**Accident Record for the past three years (attach sheet if more space is needed)**

Date of Accident	Nature of Accident (Head on, rear end)	Location of Accident	# of fatalities	# of people injured

**Traffic convictions and Forfeitures for the last three years (other than parking violations)**

Date	Locations	Charge	Penalty

**Driver's License (list each driver's license held in the past three years)**

State	License #	Type	Endorsements	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  
 C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? \_\_\_ Yes \_\_\_ No  
 D. Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No

If the answers to A, B, C, or D is "Yes", give details \_\_\_\_\_  
 \_\_\_\_\_

**Personal References**

List three persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**To be Read and Signed by Applicant**

*It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty. It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.*

*It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.*

*I agree to furnish such additional information and complete such examinations as may be required to complete my application file.*

*It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.*

*It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.*

*This certifies 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.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Remarks (For office use only)**

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



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## Medicals

We will now need a copy of your Commercial Vehicle medical for our files here is the office.

If you have a copy of your most recent please bring them in, if not all future medicals will need to be handed in.

Thanks  
Jessica McDonald  
Edwin Duncan

Drivers Name: \_\_\_\_\_

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

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