

# James H. Clark & Son, Inc.

4100 South 500 West ■ Murray, UT. 84123  
801-266-9322 800-453-7222 Ext.123 Fax 801-269-1553

## Employment Application

Full Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
(If less than 3 years at current address)

S.S.# \_\_\_\_\_ Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Class of License \_\_\_\_\_ Exp Date \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_

Position Applying For \_\_\_\_\_

How many years verifiable experience do you have driving tractor/trailer? \_\_\_\_\_

How many years experience do you have driving tractor/trailer over the road? \_\_\_\_\_

List all drivers' licenses in your possession or held in the last three years:

<u>State</u>	<u>License #</u>	<u>Class</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____

List special courses, training, schools (including dates) you have attended:

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

### **Accident Record:** (List All Accidents During Past 3 Years)

(Omissions in this section will be considered as falsification & will result in disqualification.)

<u>Date of Accident</u>	<u>Nature of Accident</u>	<u>Fatalities?</u>	<u>Injuries?</u>	<u>At Fault?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### **Traffic Record:** (List All Traffic Citations and Infractions for Past 3 Years)

(Omissions in this section will be considered as falsification & will result in disqualification)

<u>Date</u>	<u>Location</u>	<u>Charge</u>	<u>Penalty</u>	<u>Vehicle Type</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Former Employment:** (Show all employment for past 10 years, include all breaks in employment and explain why, on the back of this sheet. Be complete and accurate. Applications missing information will not be processed.)

Most Recent Employer                      Address                      City                      State    DOT Regulated?

Dates Worked (From/To)                      Phone Number                      Position                      Reason You Left?

Previous Employer                      Address                      City                      State    DOT Regulated?

Dates Worked (From/To)                      Phone Number                      Position                      Reason You Left?

Previous Employer                      Address                      City                      State    DOT Regulated?

Dates Worked (From/To)                      Phone Number                      Position                      Reason You Left?

Previous Employer                      Address                      City                      State    DOT Regulated?

Dates Worked (From/To)                      Phone Number                      Position                      Reason You Left?

Previous Employer                      Address                      City                      State    DOT Regulated?

Dates Worked (From/To)                      Phone Number                      Position                      Reason You Left?

**Education:** High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Last Grade Completed \_\_\_\_\_ Year Graduated \_\_\_\_\_  
 College Attended \_\_\_\_\_ Degree Earned \_\_\_\_\_

**Military Experience:** (Please list all military experience including dates, rank, discharge status)

**Personal References:** (Please list 3 personal references. Include name, phone#, and relationship)

**Physical History:** Date of last physical \_\_\_\_\_ Doctor \_\_\_\_\_  
 Are you physically capable of heavy manual work? \_\_\_\_\_  
 Are you physically capable of lifting 42 lbs. over head and 75 lbs. to waist level? \_\_\_\_\_  
 Are you using a controlled substance legally prescribed by a medical practitioner? \_\_\_\_\_  
 If yes, do you have a release from your medical practitioner to operate heavy equipment and/or drive a tractor trailer while taking the substance? \_\_\_\_\_

**The following questions MUST be answered to be considered for employment:**

Has any license, permit, or driving privilege ever been suspended or revoked? \_\_\_\_\_

If yes, please explain and give date of occurrence, on the back of this sheet.

Have you ever been convicted, or forfeited a bond, for driving while under the influence of drugs or alcohol? \_\_\_\_\_ If yes, when \_\_\_\_\_ where \_\_\_\_\_

Do you read, write, speak, and understand the English language fluently? \_\_\_\_\_

Have you ever tested positive for a controlled substance? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please provide a complete explanation, in writing, on a separate sheet.

Have you ever been known by another name other than the one on this application? \_\_\_\_\_

If yes, what name? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Who Referred You? \_\_\_\_\_

Applicants for positions that require driving a commercial motor vehicle (CMV) at anytime will be required to undergo controlled substances testing and, at our discretion, alcohol testing prior to employment. They will also be subject to further testing throughout their period of employment, as per FMCSA and company policy. Applicants will also be asked to sign forms for release of information from previous employers in all cases where driving a CMV was one of their functions. Failure to sign will prevent James H. Clark & Son, Inc. from using them as a CMV driver, as per FMCSA and company policy.

I certify 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. It is agreed and understood by me that any misrepresentation of information given shall be considered as falsification and grounds for immediate disqualification. It is agreed and understood by me that James H. Clark & Son Inc. or it's agents may investigate my background to ascertain any and all information of concern to my record, whether same is of record or not. I release James H. Clark & Son, Inc., it's agents, & all persons and companies named herein from all liability for any and all damages on account of their furnishing such information. It is understood that as part of the background check that former employers will be asked to disclose all work related history as well as any drug and alcohol test results and/or problems with drug and/or alcohol while in their employ. I hereby release all companies and their agents from all liability resulting from the release of information concerning drug & alcohol testing, problems, refusal to test, treatment programs prescribed, etc.

I agree to furnish such additional information and complete such examinations as may be required to complete this qualification file. It is agreed and understood by me that this application for qualification in no way obligates James H. Clark & Son, Inc. to employ me. If requested to do so, I agree to submit to physical and/or psychological testing, including but not limited to analysis and testing for drugs and/or alcohol. I understand that the information in this application will be used, and that previous employers will be contacted, for purposes of investigation as required by FMCSR Part 391.23. I understand that I am not a James H. Clark & Son, Inc. employee until such time as I come to the James H. Clark & Son, Inc. terminal in Murray, Utah and pass a DOT pre-employment drug screen, pass a road test administered by James H. Clark & Son, Inc. and satisfactorily complete the James H. Clark & Son, Inc. orientation.

Legible Signature \_\_\_\_\_ Date \_\_\_\_\_



4100 South 500 West / P.O. Box 651130  
Salt Lake City, Utah 84165-1130  
800-453-7222 / 801-266-9322  
Fax 801-269-1553

## Consumer Report Disclosure and Authorization Form

I, \_\_\_\_\_, understand that consumer reports which may contain public record information may be requested in connection with my application/employment for the truck driving position. I authorize, without reservation, any party or agency contacted by USIS to furnish the above mentioned information.

I have the right, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which have been previously furnished within the three years period preceding my request. I hereby consent to your obtaining the above information, and agree that such information which may be obtained, and my employment history with you if I am hired, may be supplied to other companies.

I hereby authorize procurement of consumer report(s). If hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment as a driver.

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Applicant/Employee Signature

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Date

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Printed Name