

To comply with Federal Law, will you be able to establish your right to work in the U.S.?(circle one) Yes No

Have you been convicted of a felony within the past ten years? (circle one) Yes No

If yes, please explain: _____

Do you have Hepatitis A, Salmonella, Typhus or any other illness, which can be spread by serving, preparing, or handling of food products? (circle one) Yes No

EDUCATION

High School _____	Address _____	Year Completed _____
College _____	Address _____	Year Completed _____
Courses _____	Did you graduate? (circle one)	Yes No

EMPLOYMENT

All applicants must provide the following information on all employers during the preceding 3 years. Attach a separate sheet if necessary. In addition, all driver applicants must provide information on employers for whom they operated a commercial motor vehicle in the past 10 years.

EMPLOYER			DATE	
Name			From Mo. Yr.	To Mo. Yr.
Address			Position	
City	State	Zip	Salary/Wage	
Contact Person		Phone No.	Reason for leaving	
Job Duties and responsibilities:				
Were you subject to Federal Motor Carrier safety regulations with this employer? Yes _____ No _____				
Did you perform a safety sensitive function for this employer? Yes _____ No _____				

EMPLOYER			DATE	
Name			From Mo. Yr.	To Mo. Yr.
Address			Position	
City	State	Zip	Salary/Wage	
Contact Person		Phone No.	Reason for leaving	
Job Duties and responsibilities:				
Were you subject to Federal Motor Carrier safety regulations with this employer? (circle one) Yes No				
Did you perform a safety sensitive function for this employer? (circle one) Yes No				

EMPLOYER			DATE	
Name		From		To
		Mo.	Yr.	Mo. Yr.
Address			Position	
City	State	Zip	Salary/Wage	
Contact Person		Phone No.	Reason for leaving	
Job Duties and responsibilities:				
Were you subject to Federal Motor Carrier safety regulations with this employer? (circle one) Yes No				
Did you perform a safety sensitive function for this employer? (circle one) Yes No				

Accident record for the past 3 years (Attach additional sheet if needed):

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES

Traffic convictions and forfeitures for the past 3 years, other than parking violations (attached additional sheet if needed)

DATE	LOCATION	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS

I certify that the following is the only license I possess:

STATE	LICENSE NUMBER	EXPIRATION DATE	TYPE OF LICENSE

- Circle One
- 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
- If the answer to either A or B is yes, attach a statement giving details.
- C. Have you had more than one year of interstate experience requiring a CDL? Yes No

If answer to C is no, have you completed the required training for drivers with less than one year of experience in interstate commerce? (must show proof) Yes No

Driving Experience:

Class of Equipment	Type of Equipment (van,reefer,tank,etc)	Dates from	Dates to	Approximate # of miles driven
Straight truck				
Tractor-Semi trailer				
Tractor-Tandem trailer				
Other				

List states operated in for the past five years: _____

As per § 40.25 (j) please answer the following questions:

1. Have you ever tested positive or refused to test on any per-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? (circle one) Yes No
2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return to duty requirements? (circle one) Yes No

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

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. I authorize you to make such investigations and inquiries my personal, employment, driving, or 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 such persons from all liability in responding to inquiries and releasing information in connection with my application interview(s). Any false information may result in immediate discharge. I understand also, that I am required to abide by all rules and regulations of this company.

Date

Applicant's Signature

**JOB DESCRIPTION
CUSTOMER SERVICE/DRIVER**

1. REPORTING RELATIONSHIP

Reports to the Distribution Manager

2. POSITION SUMMARY

Responsible for serving CiCi's Managers and Franchisees by making efficient, on time deliveries with major emphasis on "customer service".

3. INTERFACE

This job interfaces with warehouse personnel, customer service personnel, other drivers, general managers, district managers, franchisees, restaurant employees and occasionally guests.

4. REQUIRED EXPERIENCE AND TRAITS

Must be 21 years of age, have a Class A CDL, must pass DOT physical and drug tests, have a clear MVR, must be able to speak and read English, have a willingness to serve, have a positive attitude, self started, strong work ethic, high energy, reliable, and one year over the road experience

5. MEASUREMENT

- * Customer Comments
- * Distribution Manger Review
- * Co-workers Comments
- * Cleanliness (personal and vehicle)

6. RESPONSIBILITIES

1. Make local and out of town deliveries to CiCI's Restaurants
2. Unload trailer and put all items in their designated area within each restaurant as per company policies and procedures (i.e. check order, stack flour, etc.)
3. Fill out and turn in all Daily Logs, post Trip Inspection reports, invoices and manifests
4. Keep tractor and trailer clean (inside and out)
5. Follow all state, local, and DOT rules and regulations
6. Maintain good relationships with restaurants, warehouse personnel, other drivers, office personnel, and restaurant guests
7. Pick up backhauls insuring counts, proper loading, and proper temperature control
8. Be in JMC uniform while making all deliveries
9. Observe all safe working rules and regulations
10. Any other duties as set forward by management

7. PHYSICAL REQUIREMENTS

1. Meet all DOT physical requirements as described in the Federal Motor Carriers Safety Regulations Section 391 Subpart E
2. Be able to lift 75 pounds
3. As a normal part of executing responsibilities be required to engage in the following:
 - a. Sitting/driving 40%
 - b. Lifting 30%
 - c. Walking 20%
 - d. Other 10%

8. ENVIRONMENTAL EXPOSURE

1. Be required to walk in and out of kitchen areas resulting in exposure to heat, humidity, cold
2. Be able to work well with limited supervision
3. Be exposed to potentially frustrating situations, deadlines, and time pressures
4. Be able to work days, nights, and/or weekends as required

JMC Restaurant Distribution, LP

1080 W. Bethel Road Coppell, TX 75019 972-745-4200 972-745-9307 fax
980 Cobb Place Blvd. Suite 240 Kennesaw, GA 30144 770-528-1170 770-528-1176 fax
910 Progress Drive Richmond, IN 47374 765-966-6800 765-966-6068 fax

I, _____ Social Security Number: _____
(print name)

Date of Birth: _____ hereby authorize

Previous Employer: _____ Email: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

Dates of Employment: From _____ To _____.

to release and forward the information requested concerning my Alcohol and Controlled Substances Testing, my driving / accident history within the previous three years, and my general conduct as an employee.

In compliance with §40.25(g) and 391.23(h) release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

(applicants signature)

(date)

The above applicant has made application to this company for a position as a driver. Your reply to the following questions will be appreciated and considered strictly confidential. We will gladly reciprocate at any time called upon.

Sincerely,

JMC Restaurant Distribution, LP

SECTION 1: ACCIDENT HISTORY

1. Is the employment record with your company correct as stated above? Yes No
2. Reason for leaving your employ? Circle One: Discharged Laid Off Resigned Other

Remarks: _____

3. Was this employee within the past (3) years subject to Federal Motor Carrier Safety Regulations? Yes No
4. Did he/she drive a motor vehicle for you? (circle one) Yes No If yes, what type? Straight truck _____
Tractor-Semitrailer _____ Bus _____ Cargo Tank _____ Doubles/Triples _____ Other _____
5. If there is no safety history to be reported check here. _____

6. **Accidents:** Complete the following for any accidents that involved the applicant in the 3 years prior to the application date shown above for this driver.

Date	Location	No. of injuries	No. of Fatalities	Hazmat Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were retained under internal company policies: _____

SECTION 2: DRUG AND CONTROLLED SUBSTANCE HISTORY
(please circle one answer)

7. Has this person ever tested positive or adulterated or substituted a test specimen for a Controlled Substance?
Yes No
8. Has this person ever had an Alcohol test with a breath alcohol concentration of 0.04 or greater?
Yes No
9. Has this person ever refused to submit to a required test for Controlled Substance or Alcohol test?
Yes No
10. Has this person committed other violations of the DOT Alcohol Misuse and Controlled Substance Regulations?
Yes No
11. If this person has violated a DOT drug and/or alcohol regulation, did this person complete a SAP-prescribed Rehabilitation program in your employ, including return-to-duty and follow up tests?
Yes No
12. Did the applicant drink any alcoholic beverages while on duty? Yes No

If yes to any of the above, please give date of positive, refusal, or other violation and please forward documentation including follow-up tests that have been completed with this form.

13. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?
Yes No

SECTION 3: GENERAL CONDUCT

14. Was the applicant's general conduct satisfactory? Yes No

Remarks: _____

15. Is the applicant competent for the position sought? Yes No

Remarks: _____

16. Excellent Good Fair Poor Very Poor

Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving skills	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: _____

In answering these questions, include any required DOT drug or alcohol testing information obtained from previous employers in the previous 3 years prior to the application date shown above.

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Completed by: _____
(signature)

Date: _____

Telephone: _____

To Be Completed by JMC Restaurant Distribution, LP:

This form was: Faxed to the previous employer _____ Mailed _____ Emailed _____ Other _____

By: _____ Date: _____

Information received from: _____

Date Received: _____

Method received by: Fax _____ Mail _____ Email _____ Telephone _____ Other _____

Fair Credit Reporting Act Disclosure Statement

JMC, in accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508 as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving history may be obtained on you for employment purposes. Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations require these reports.

Any prospective applicant has the right:

- (i) To review information from previous employers;**
- (ii) To have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;**
- (iii) To have a rebuttal statement attached to the alleged erroneous information, if the previous employer cannot agree on the accuracy of the information. If you dispute any information found in such reports you have a right to place a written version of the dispute on file.**

Under Federal Motor Carrier Regulations 391.23 (5)(2) all requests can be made at any time but must be in writing no later Than 30 days after being employed or being notified of denial of employment.

(applicant's signature)

(date)

(print name)

(social security number)