



Application for Employment

PLEASE PRINT

PO Box 397 | Troutdale, OR 97060
Ph: 503-665-4121 | Fx: 503-669-7707

POSITION APPLYING FOR _____ DATE OF APPLICATION _____

APPLICANT'S NAME _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____ HOW LONG? _____
(STREET)(CITY) (STATE & ZIP)

SOCIAL SECURITY # _____ DOB _____

PHONE (_____) _____ CELL PHONE (_____) _____ Email _____

Have you ever been employed here before? Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____

Type of employment desired Full time Part time Temporary Seasonal

I authorize the release of my driving record to be used in consideration for employment..... Yes No

Have you ever been denied a license, permit or privilege to operate a motor vehicle? *..... Yes No

*(IF YES, PLEASE EXPLAIN)

EMPLOYMENT HISTORY

(DOT requires that employment for 3 years and/or Commercial Driving experience for the past 10 years be shown)

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor		Reason for Leaving	
Job Responsibilities			
WERE YOU SUBJECT TO THE FMCSR'S? <input type="checkbox"/> Yes <input type="checkbox"/> No			
WERE YOU IN A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor		Reason for Leaving	
Job Responsibilities			
<p>WERE YOU SUBJECT TO THE FMCSR'S? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>WERE YOU IN A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor		Reason for Leaving	
Job Responsibilities			
<p>WERE YOU SUBJECT TO THE FMCSR'S? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>WERE YOU IN A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor		Reason for Leaving	
Job Responsibilities			
<p>WERE YOU SUBJECT TO THE FMCSR'S? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>WERE YOU IN A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

DRIVING QUALIFICATIONS (SHOW ALL LICENSES HELD IN LAST 3 YEARS)

DRIVER LICENSE	STATE	LICENSE NUMBER	CLASS	EXPIRATION

DRIVING EXPERIENCE

CLASS OF EQUIP.	TYPE OF EQUIP.	DATES		APPROX. # OF MILES TOTAL
		FROM	TO	

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE NEEDED)

DATE	NATURE OF ACCIDENT (HEAD ON, REAR END, ETC)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE	CHARGE	LOCATION	PENALTY

PAST ADDRESSES (ATTACH SHEET IF MORE SPACE IS NEEDED)

	STREET	CITY	STATE & ZIP CODE	HOW LONG?
1				
2				
3				
4				

EDUCATIONAL BACKGROUND

Name and Location	Years Completed	Did you Graduate?		Course of Study
		Major	Degree	
High School				
College		Major	Degree	
Other				

REFERENCES

NAME	TELEPHONE #	YEARS KNOWN

Other Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you a being able to perform job related functions in the position for which you are applying.

TO BE READ AND SIGNED BY APPLICANT

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.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer other than an authorized officer, has the authority to make any assurance to the contrary. I further understand that any such assurances must be in writing and signed by authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ DATE _____

AN EQUAL OPPORTUNITY EMPLOYER